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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.

<b>Permit</b>	
<b>Permit #:</b>	<b>IN0003361</b>
<b>Major:</b>	No
<b>Permitted Feature:</b>	001 External Outfall
<b>Permittee:</b>	CARGILL, INC.
<b>Permittee Address:</b>	1502 WABASH AVE 1502 WABASH AVENUE LAFAYETTE, IN 479051066
<b>Discharge:</b>	<b>001-A</b> 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 07/01/23 to 07/31/23
<b>DMR Due Date:</b>	08/28/23
<b>Status:</b>	NetDMR Validated

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

<b>Principal Executive Officer</b>	
<b>First Name:</b>	Adam
<b>Last Name:</b>	Hudson
<b>Title:</b>	Plant Superintendent
<b>Telephone:</b>	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				
					Value NODI														
00400	pH	1 - Effluent Gross	0	--	Sample					=	7.77		=	7.77	12 - SU	0	01/30 - Monthly	GR - GRAB	
					Permit Req.						>=	6.0 DAILY MN		<=	9.0 DAILY MX				12 - SU
					Value NODI														
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample						=	6.0	=	6.0	19 - mg/L	0	01/30 - Monthly	GR - GRAB	
					Permit Req.							Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L				
					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				
					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									
					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				
					Value NODI														
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	1.28	80 - Mgal/mo						0	01/30 - Monthly	RT - RCOTOT	
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo									
					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 July-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_07_2023.pdf	pdf	26416.0
IN0003361_MMR_001A_07_2023_2.pdf	pdf	286475.0
IN0003361_MMR_001A_07_2023.pdf	pdf	290822.0
IN0003361_MMR_001A_07_2023_revision.pdf	pdf	172564.0
IN0003361_MMR_001A_07_2023_2_revision.pdf	pdf	67339.0

**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 12:59 (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	7	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	0 X Monthly	1 X Monthly	0 X Monthly	1 X Monthly	0 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
	Sat	1								
	Sun	2								
	Mon	3								
	Tue	4								
	Wed	5								
	Thu	6								
	Fri	7		7.77		8		6		5
	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								
	Mon	31								
MONTHLY AVERAGE						8		6		5
HIGHEST VALUE				7.77		8		6		5
LOWEST VALUE				7.77		8		6		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): <b>Adam Hudson</b>		Date (month, day, year) <b>8/4/2023</b>
Preparer's telephone number <b>765-420-6612</b>	Operator's certification number <b>N/A</b>	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Adam Hudson</i>		Date (month, day, year) <b>8/4/2023</b>



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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	7	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	0 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
	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								
	Mon 31								
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): <b>Adam Hudson</b>	Date (month, day, year) <b>8/4/2023</b>
	Preparer's telephone number <b>765-420-6612</b>	Operator's certification number <b>N/A</b>
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Adam Hudson</i>	Date (month, day, year) <b>8/4/2023</b>



**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

I	N	0	0	0	3	3	6	1
PERMIT NUMBER								

0	0	1	A
OUTFALL NO.			

0	7	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
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								
Mon	31								
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						

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



# 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

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28TH OF THE FOLLOWING MONTH.

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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

I	N	0	0	3	3	6	1
PERMIT NUMBER							

0	0	1	A
OUTFALL NO.			

0	7	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	31 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
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	7.77		2.757188	8	2.067891	6	1.7232425	5
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								
Mon	31	0.0413								
MONTHLY AVERAGE		0.0413			2.757188	8	2.067891	6	1.7232425	5
HIGHEST VALUE		0.0413	7.77		2.757188	8	2.067891	6	1.7232425	5
LOWEST VALUE		0.0413	7.77		2.757188	8	2.067891	6	1.7232425	5
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			0			0		0		0
TOTAL FLOW		1.2803								

<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 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):		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	



**August 4, 2023**

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

As previously reported in Cargill's June-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 July-2023.

A new flow monitoring system for Outfall 001A was commissioned on 8-3-2023.

If you should have any questions or comments regarding this, please contact Adam Hudson at 309-827-7143 or [adam\\_hudson@cargill.com](mailto:adam_hudson@cargill.com).

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Thank you.

*Adam Hudson*

Adam Hudson  
Plant Superintendent