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.

Facility Name			FACILITY INFORMATION County		NPDES Permit	NPDES Permit Number	
,				Madison		INP000275	
Individual Reporting			Telephone Number			Reporting Date (month, day, year)	
Garad Huckleberry Email Address			76575	577434	06/25/2024	06/25/2024	
arad.huckleberi	v@o-i.com						
arad. Hackleber	y@0-1.com		NONCO	MPLIANCE INFORMATION			
Date (month, day, ear)	Outfall	Parameter		Permit Limit (Units/Daily/Weekly/Ave/Max/Min)		Monitored Value	
6/04/2024	001	O1 Fats, Oil & Grease		100 mg/l		115 mg/L	
Pate (month, day, ear)	Outfall	Outfall Parameter		Permit Limit (Units/Daily/Weekly/Ave/Max/Min)		Monitored Value	
	nce discharge ns is investig	e occurred on 00 ating the cause		024 which contained Fa elevated sample and the			

The period of noncompliance began on June 04, 2024. A bi-monthly sample is collected and this will determine our return to compliance.

Steps Taken or Planned to Reduce, Eliminate, and Prevent Reoccurrence of the Noncompliance:

Owens Contracted Heritage Crystal Clean (third party Indiana Spill Response completed the work) to provide maintenance and cleaning services to the API oil/water sperator system in March of 2024. The oil/water serpator system has both skimmers running and fully operational,

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 impresonment for) knowing violations.

SIGNATURE:

DATE (month, day, year): 6/25/2024