DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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Permit #:		IN0055794			Permittee:			HUBER FA	MILY RES	TAURANT, INC.				Facility	/ :	H	HUBER FAMILY R	ESTAUR	ANT		
Major:		No			Permittee A	Address:		2421 ENGL (UNNAMED BORDEN, I	TRIB TO	THOMPSON CR)				Facility	Location:	(2421 ENGLE ROA UNNAMED TRIB BORDEN, IN 4710	TO THOM	1PSON	I CRK)	
Permitted	l Feature:	001 External Outfall			Discharge:	:		001-A KITCHEN V	VASTE: II	NT TO THOMPSON	I CR										
Report Da	ates & Status	2/10/1/07						Tarronizati	,,,,,,		· Oil										
Monitorin		From 12/01/23 to	12/31/23		DMR Due D	Date:		01/28/24						Status:		1	NetDMR Validated				
	ations for Form Compl	letion																			
FLOW ME	ETER(S) SHALL BE CAL	IBRATED AT LEAS	ST ONCE ANNUALL	Y. SEM	I PUBLIC CLA	RK COUNT	ΓΥ														
Principal	Executive Officer																				
First Nam	ne:	Katie			Title:			President						Teleph	one:	8	312-923-5525				
Last Nam	e:	Huber												·							
No Data I	ndicator (NODI)				•																
Form NO	DI:																				
Code	Parameter Nam	20	Monitoring Location	Season	n # Param. NODI		Qualifier 1	Value 1	Quantity or Qualifier		Units	Qualifier	1 Value 1	Qualifier 2	Quality or Concen Value 2	tration Qualifier 3	3 Value 3	Units	# of Ex	c. Frequency of Analysis	Sample Ty
Code	Nam	ie				Sample	Quaimer	value 1	Qualifier	z value z	Units	= Qualifier	11.44	Qualifier 2	value 2	Qualifier	value 3	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
00300	Oxygen, dissolved [DC	D]	1 - Effluent Gross	2		Permit Req.						>=	5.0 DAILY MN					19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB
						Value NODI															
						Sample						=	7.58			=	7.67	12 - SU		02/30 - Twice Per Month	
00400	pH		1 - Effluent Gross	0		Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	02/30 - Twice Per Month	GR - GRAB
						Value NODI		44.500		40.000	00 15/4				40.0		70.0	40		00/00 Turing Day Maryth	OD ODAD
V	Calida tatal ayananda	۵.	4 Effluent Cross	0		Sample Permit Req.		11.533 2.3 MO AVG	= <=	18.392 3.4 DAILY MX	26 - lb/d 26 - lb/d			= <=	48.0 30.0 MO AVG	= <=	76.0 45.0 DAILY MX	19 - mg/L 19 - mg/L		02/30 - Twice Per Month 02/30 - Twice Per Month	
X 00530	Solids, total suspende	a	1 - Effluent Gross	2		Value NODI													4		
						Sample	= 1	1.19	=	1.21	26 - lb/d			=	5.0	=	5.0	19 - mg/L		02/30 - Twice Per Month	GR - GRAB
X 00552	Oil and grease, hexane	e extr method	1 - Effluent Gross	0		Permit Req.	. <= (0.8 MO AVG	<=	1.1 DAILY MX	26 - lb/d			<=	10.0 MO AVG	<=	15.0 DAILY MX	19 - mg/L	2	02/30 - Twice Per Month	GR - GRAB
						Value NODI															
						Sample		0.787	=	1.14	26 - lb/d			=	3.285	=	4.73	19 - mg/L			
X 00610	Nitrogen, ammonia tot	al [as N]	1 - Effluent Gross	2		Permit Req.		0.1 MO AVG	<=	0.2 DAILY MX	26 - lb/d			<=	1.9 MO AVG	<=	2.8 DAILY MX	19 - mg/L	5	02/30 - Twice Per Month	GR - GRAB
						Value NODI		2.0574		0.0050	00 11-7-1				0.0		0.00	40/		04/00 Marathi	OD ODAD
00665	Dheenherus total fee	DI	1 - Effluent Gross	0		Sample Permit Req.		0.6574 Req Mon MO AVG	= i	0.6958 Reg Mon DAILY MX	26 - lb/d 26 - lb/d			=	2.8 Reg Mon MO AVG	=	2.98 Req Mon DAILY MX	19 - mg/L 19 - mg/L		· ·	GR - GRAB
00003	Phosphorus, total [as	r]	1 - Ellidelit Gloss	U		Value NODI													U	,	
						Sample	= (0.0285	=	0.029	03 - MGD									02/30 - Twice Per Month	TM - TOTAL
50050	Flow, in conduit or three	u treatment plant	1 - Effluent Gross	0		Permit Req.	. F	Req Mon MO AVG	i	Req Mon DAILY MX	03 - MGD								0	02/30 - Twice Per Month	TM - TOTAL
						Value NODI															
						Sample Pormit Page		8.587	=	10.164	26 - lb/d				36.0	=	42.0	19 - mg/L		02/30 - Twice Per Month	
X 80082	BOD, carbonaceous [5	day, 20 C]	1 - Effluent Gross	2		Permit Req.		1.9 MO AVG	<=	3.0 DAILY MX	26 - lb/d			<=	25.0 MO AVG	<=	40.0 DAILY MX	19 - mg/L	4	02/30 - Twice Per Month	GK - GKAB
						Value NODI				0.057	80 - Mgal/m	20								01/30 - Monthly	RT - RCOTO
82220	Flow, total		1 - Effluent Gross	0		Sample Permit Req.			=	Req Mon MO TOTAL									0	•	RT - RCOTO
02220	i iuw. iulai		i - Elliuelli Gioss	U															- U		

Value NODI

Permit

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

	Parameter	Manitaring Logation	Field	Tuno	Description	Acknowledge
Code	Name	Monitoring Location	Fleid	Туре	Description Description	Acknowledge
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00552	Oil and grease, hexane extr method	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00552	Oil and grease, hexane extr method	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes

Comments

The rainfall event on 12/9 was .65 during the day. We believe this contributed to the elevated concentrations in the effluent. We discussed with the General Manager, and the decision has been made to repair and deploy a second aerator in the lagoon. This will help with the elevated Ammonia and possibly the CBOD.

Attachments

Name	Туре	Size
IN0055794_001A_MRO_2023_12.pdf	pdf	937095.0

Report Last Saved By

HUBER FAMILY RESTAURANT, INC.

User: CRAWFORD324
Name: Timothy Crawford

E-Mail: timcrawford324@gmail.com

Date/Time: 2024-06-26 09:01 (Time Zone: -04:00)

Report Last Signed By

User: CRAWFORD324
Name: Timothy Crawford
E-Mail: timcrawford324@gmail.com

Date/Time: 2024-06-26 12:24 (Time Zone: -04:00)



MONTHLY REPORT OF OPERATION LAGOON TYPE WASTEWATER TREATMENT PLANT

State Form 53343 (R5 / 3-19)

Name of Facility		Permit Nu	Permit Number						
Hubers Family	Restaurant, I	nc. IN0055	5794						
Month	Year	Plant Design Flow	Telephone Number						
December	2023	0.001 mgd	812/923-5255						
E-mail address:	LJ@joehub	ers.com							
Certified Operator: N	lame	Class Certifica	ate Number Expiration Da						

											Timothy	L Craw	ford		V	WW013	31156	6/30/	/2025
		S			Total=		%	CI	HEMICA	LS				RAW	SEWAC	SE			
		o	nal		0.65		erflo		USED	= >									
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Water Temperture	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
1	Fri																		
2																			
3	Sun	2									0.028		60	14.011	20	4.6704			
4																			
5	_																		
6		-				_													
7																			
8	_	-			0.05														
10		2			0.65						0.029		00	44.540		40.000			
	Sun				_						0.029		60	14.512	69	16.688			
11	Mon																		
13	Tue				_			-											
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			_	_	_	\rightarrow			_									
30 31	Sat			-	_		\rightarrow			_							_		
1	Sun	F										Della Maria							
2	Tue			effluent ige calcu		page	3 as ne	eded											
ver						100	1				0.0285	-	60	14.261	45	10.679			
	mum				0.65						0.029		60	14.512	69	16.688			
	num										0.028		60	14.011	20	4.6704			
				11111				333									MA		
10. 0	of Dat	a			1	0	0	0	0	0	2	0	2	2	2	2	ol	ol	0
	7	-	r my dire	ection or	supervi		accord	dance wit						of (Certified C				th, day, ye	
sys	em de	signed t	to assure	e that qu	alified p	ersoni	nel prop	erly gath uiry of the	er		1	1		1	/		. /	1. 1	

and evaluate the information submitted. Based on my inquir 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.

Signature of principal/executive officer of authorized agent

(or attested by NetDMR subscriber agreement)

MONTHLY REPORT OF OPERATION LAGOON TYPE WASTEWATER TREATMENT PLANT

State Form 53343 (R5 / 3-19)

of Days above 235

Name of F	acility			Permit Numb	ber	For Month Of:	Year									
Hubers	Family Rest	aurant, Inc	i.	IN0055	794	Decemb	er 2023									
_								TERT	TIARY			FINAL	FFFI I	IENT		_
	CONT	ROLLEI	D DISCHA	ARGE	£		902		UENT	FINAL EFFLUENT						
Day Of Month	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)	Primary Cell Sludge Depth (ft) Measure Annually in June		Primary Cell Effluent CBOD5 mg/l - Test Monthly	Ammonia - mg/l Test Weekly		Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1										-						
3							_	_						7.7	11.9	2.9
4										_				1.1	11.9	2.3
5																
6																
7																
8																
9																
10														7.6	11.5	2.
11																
12																
13																
14 15																
16																_
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31																
		150 30											N. RES			
vg.							SEN STEELS	HERM	1.65.14						11.7	2.
ax.													7.	7	11.9	2.9
in.													7.6		11.5	2.5
aily M	av		Million Amount				100000000000000000000000000000000000000	CPS ALL D	PARTIE DE			#NUM!	7.0		11.0	2.0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

The rainfall event on 12/9 was .65 during the day. We believe this contributed to the elevated concentrations in the effluent. We had a discussion with the General Manager, and the decision has been made to repair and deploy a second aerator in the lagoon. This will help with the elevated Ammonia and possibly the CBOD.

MONTHLY REPORT OF OPERATION LAGOON TYPE WASTEWATER TREATMENT PLANT

State Form 53343 (R5 / 3-19)

Name of Facility	Permit Number	For Month Of:	Year
Hubers Family Restaurant, Inc.	IN0055794	December	2023

_				_	_		FI	NAL EF	FLUENT		_	_				_	
		FI	ow		В	OD		Tota	al Suspe	ended S	olids		Amı	monia		Oth	ner
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
1	Fri																
	Sat	0.000				7.0000				4.0700							
	Sun	0.028		30		7.0098		20		4.6732		1.84		0.4299		5	
	Mon																
	_																
	Wed																
	Thu Fri																
	Sat		0.028		30		7.0098		20		4 6722		1.04		0.4200		
	Sun	0.029	0.020	42	30	10.164	7.0096	76	20	18.392	4.6732	4.73	1.84	1.1447	0.4299	5	
	Mon	0.025		42		10.104		70		10.392		4.73		1.1447		5	
12																	
	Wed		-														
14																	
15																	
16			0.029		42		10.164		76		18.392		4.73		1.1447		
	Sun		0.020		12.		10.104		70		10.002		4.70		1.1-1-17		
18																	
19																	
20																	
21	_						T U										
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23																	
24																	
25	Mon														7		
26	Tue			50.00													
27																	
28	Thu		THE STATE OF THE S														
29																	
30					7												
31																	
2	Tue				NEW TOWN				9624		STATE OF						
3	Wed																
lvg		0.0285		36.0		8.587		48.0		11.533		3.285		0.7873	-	5	FYE
Лах		0.029	0.029	42		10.164		76		18.392		4.73		1.1447		5	
/lin		0.028	0.028	30	30	7.0098	7.0098	20	20	4.6732	4.6732	1.84	1.84	0.4299	0.4299	5	
					HIS												
ata		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0

	MONTHLY RE	MOVAL SUMN	IARY		Total Monthly Flo	w: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	Influent	0.057
			STATE OF THE PARTY AND ADDRESS OF THE PARTY AN	ESSENTED TO	Effluent	0.057
					Percent Capacity	-
				Concord Services	(influent flow/design)	2850%
Overall Treatment	40.0	-7.9	NA	NA		