DMR Copy of Record

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

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 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.npapersons.org/npapersons-npa

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Permit IN0003361 Permittee: CARGILL, INC. Facility: **CARGILL INC** Permit #: Major: No **Permittee Address:** 1502 WABASH AVE 1503 WABASH AVE **Facility Location:** 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: Monitoring Period:** From 07/01/23 to 07/31/23 08/28/23 Status: **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)

	Parameter	Monitoring Location	Season #	# Param. NODI			Q	uantity or Lo	oading					Quality or Concent	ration			# of Ex	c. Frequency of Analys	sis 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			
	BOD, 5-day, 20 deg. C				Sample								=	8.0	=	8.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00310		1 - Effluent Gross	0		Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	0	01/30 - Monthly	GR - GRAB
00010	202,0 day, 20 dog. 0	1 Emdon Grood			Value NODI													Ü		
	400 pH 1 - Effluent				Sample						-	7.77			=	7.77	12 - SU		01/30 - Monthly	GR - GRAB
00400		1 - Effluent Gross	0	<u></u>	Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	01/30 - Monthly	GR - GRAB
00400		1 Emdent Gross			Value NODI													Ü		
					Sample								=	6.0	=	6.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00530	30 Solids, total suspended	1 - Effluent Gross	0	F	Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	0	01/30 - Monthly	GR - GRAB
00000					Value NODI															
	Oil and grease, hexane extr method				Sample								<	5.0	<	5.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00552		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 groups, novame oval memor	1 Zilladili Grood			Value NODI													Ü		
	50 Flow, in conduit or thru treatment plant				Sample	= C	0.0413	=	0.0413	03 - MGD									01/30 - Monthly	TM - TOTALZ
50050		1 - Effluent Gross	0		Permit Req.	F	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								0	01/30 - Monthly	TM - TOTALZ
00000	Tiow, in conduct of this treatment plant	1 Emdent Gross			Value NODI													Ü		
					Sample								<	0.02	<	0.02	19 - mg/L		01/30 - Monthly	GR - GRAB
50060	Chlorine, total residual	1 - Effluent Gross	0	<u></u>	Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L	0	01/30 - Monthly	GR - GRAB
00000		i - Einderk Gross			Value NODI													Ü		
					Sample			=	1.28	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
82220	Flow, total	1 - Effluent Gross	0		Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
GZZZO	riow, total	i Lindon Oloss	U		Value NODI													J		

Submission Not

Form NODI:

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	Туре	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)



Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

State Form 50000 (IND 7 0-14)
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 6 0 0 0 3 PERMIT NUMBER OUTFALL NO. MO. No Discharge This is a revised submittal **EFFLUENT CHARACTERISTICS** FLOW BOD TSS Oil and Grease рН EFFLUENT PARAMETER NUMBER Q50050 C00400 Q 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 Permit Condition 1 X Monthly 0 X Monthly 1 X Monthly 0 X Monthly 1 X Monthly Monitored 0 X Monthly 1 X Monthly 0 X Monthly 1 X Monthly EFFLUENT Permit Minimum 6.0 LIMITATIONS Permit Average 10.00 Permit Maximum 9.0 15.00 LOW MGD UNITS = HI LB/DAY MG/L LB/DAY MG/I LB/DAY MG/L Sat 2 Sun Mon 3 4 Tue Wed 5 6 Thu Fri 7 7.77 8 6 Sat 8 9 Sun Mon 10 Tue 11 Wed 12 Thu 13 Fri 14 15 Sat Sun 16 17 Mon 18 Tue Wed 19 20 Thu 21 Fri Sat 22 23 Sun 24 Mon 25 Tue Wed 26 Thu 27 Fri 28 29 Sat Sun 30 Mon 31 MONTHLY AVERAGE HIGHEST VALUE 7.77 8 6 5 8 LOWEST VALUE 7.77 6 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 8/4/2023 Adam Hudson were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly Preparer's telephone number Operator's certification 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 s to the best of my knowledge and belief, true, accurate, and Signature of principal executive officer or authorized agent Date (month, day, year) (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 8/4/2023 Adam Hudson imprisonment for knowing violations.



Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)
FACILITY NAME AND ADDRESS:

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

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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

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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.
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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

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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.

Thank you.

Adam Hudson

Adam Hudson Plant Superintendent