PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME Town Council of Burns Harbor

ADDRESS **Burns Harbor & ArcelorMittal Burns Harbor LLC**
1240 Boo Road
Burns Harbor IN 46304

FACILITY **Burns Harbor & ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

INJ060801031U0110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

For Any Questions call Helen Demmings at 317-232-8815

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4.6	6.7	(19)	0	12/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	12	16	(19)	0	12/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7318	0.9001	(03)	*******	*******	*******	*******	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	6	9	(13)	0	4/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME Town Council of Burns Harbor

ADDRESS **Burns Harbor & ArcelorMittal Burns Harbor LLC**
1240 Boo Road
Burns Harbor IN 46304

FACILITY **Burns Harbor & ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

INJ060801031U02I0

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

For Any Questions call Helen Demmings at 317-232-8815

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4.9	7.2	(19)	0	12/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	11	14	(19)	0	12/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7256	0.8265	(03)	*******	*******	*******	*******	NA	28/28	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4	6	(13)	0	4/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME Town Council of Burns Harbor

ADDRESS **Burns Harbor & ArcelorMittal Burns Harbor LLC**
1240 Boo Road
Burns Harbor IN 46304

FACILITY **Burns Harbor & ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

INJ060801031U0310

For Any Questions call Helen Demmings at 317-232-8815

*** **NO DISCHARGE** [ ] ***

NOTE: Read instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	7.0	23.0	(19)	0	14/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	16	78	(19)	1	15/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7114	0.8832	(03)	*******	*******	*******	*******	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	3	4	(13)	0	5/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME Town Council of Burns Harbor

ADDRESS **Burns Harbor & ArcelorMittal Burns Harbor LLC**
1240 Boo Road
Burns Harbor IN 46304

FACILITY **Burns Harbor & ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

INJ060801031U0410

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

For Any Questions call Helen Demmings at 317-232-8815

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4.7	20.0	(19) MG/L	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	10	13	(19) MG/L	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5856	0.7744	(03) MGD	*******	*******	*******	********	NA	30/30	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	1	2	(13) #/100ML	0	4/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Madhu Ranade	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.	(219) 787-2712	2010	5	28
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME Town Council of Burns Harbor

ADDRESS **Burns Harbor & ArcelorMittal Burns Harbor LLC**
1240 Boo Road
Burns Harbor IN 46304

FACILITY **Burns Harbor & ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

INJ060801031U06 10

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Helen Demmings at 317-232-8815

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	1.7	5.6	(19) MG/L	0	12/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	10	23	(19) MG/L	0	12/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5984	0.7659	(03) MGD	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	1	2	(13) #/100ML	0	4/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE		
Madhu Ranade	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(219) 787-2712	2010	6	28
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME: Town Council of Burns Harbor

ADDRESS: Burns Harbor & ArcelorMittal Burns Harbor LLC
1240 Boo Road
Burns Harbor IN 46304

FACILITY: Burns Harbor & ArcelorMittal Burns Harbor LLC
LOCATION: CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

INJ060801031U0610

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

For Any Questions call Helen Demmings at 317-232-8815

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	6.4	23.0	(19)	0	14/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	20	30	(19)	0	14/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7481	1.0275	(03)	*******	*******	*******	********	NA	30/30	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	2	3	(13)	0	5/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	7	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME Town Council of Burns Harbor

ADDRESS Burns Harbor & ArcelorMittal Burns Harbor LLC
1240 Boo Road
Burns Harbor IN 46304

FACILITY Burns Harbor & ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

1NJ060801031U0710

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Helen Demmings at 317-232-8815

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	2.9	3.9	(19) MG/L	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	13	24	(19) MG/L	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6951	0.9015	(03) MGD	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	2	10	(13) #/100ML	0	4/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Madhu Ranade	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(219) 787-2712		2010	8	27
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME Town Council of Burns Harbor

ADDRESS Burns Harbor & ArcelorMittal Burns Harbor LLC
1240 Boo Road
Burns Harbor IN 46304

FACILITY Burns Harbor & ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
INJ060801	031U

INJ060801031U0810

For Any Questions call Helen Demmings at 317-232-8815

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	6.3	32.0	(19) MG/L	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	11	16	(19) MG/L	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5916	0.7772	(03) MGD	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			STMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	1	3	(13) #/100ML	0	5/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
(219)	787-2712	2010	9	28

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME Town Council of Burns Harbor

ADDRESS **Burns Harbor & ArcelorMittal Burns Harbor LLC**
1240 Boo Road
Burns Harbor IN 46304

FACILITY **Burns Harbor & ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

INJ060801031U0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Helen Demmings at 317-232-8815

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	2.9	4.4	(19) MG/L	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	18	29	(19) MG/L	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6578	0.8967	(03) MGD	*******	*******	*******	********	NA	30/30	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	5	7	(13) #/100ML	0	4/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME: Town Council of Burns Harbor

ADDRESS: Burns Harbor & ArcelorMittal Burns Harbor LLC
1240 Boo Road
Burns Harbor IN 46304

FACILITY: Burns Harbor & ArcelorMittal Burns Harbor LLC

LOCATION: CHESTERTON

ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
INJ060801	031U

INJ060801031U1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Helen Demmings at 317-232-8815

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	5.2	14.0	(19) MG/L	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	22	53	(19) MG/L	1	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5791	0.6950	(03) MGD	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	6	40	(13) #/100ML	0	5/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
(219)	787-2712	2010	11	24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME: Town Council of Burns Harbor

ADDRESS: Burns Harbor & ArcelorMittal Burns Harbor LLC
1240 Boo Road
Burns Harbor IN 46304

FACILITY: Burns Harbor & ArcelorMittal Burns Harbor LLC
LOCATION: CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

INJ060801031U1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Helen Demmings at 317-232-8816

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	3.9	5.8	(19) MG/L	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	14	21	(19) MG/L	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6223	0.7883	(03) MGD	*******	*******	*******	*******	NA	30/30	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4	20	(13) #/100ML	0	5/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME Town Council of Burns Harbor

ADDRESS Burns Harbor & ArcelorMittal Burns Harbor LLC
1240 Boo Road
Burns Harbor IN 46304

FACILITY Burns Harbor & ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

INJ060801031U1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Helen Demmings at 317-232-8815

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	2.7	4.7	(19)	0	14/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	12	21	(19)	0	14/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7078	0.8667	(03)	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			STMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4	5	(13)	0	4/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	1	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0110

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	54	*********	0	Continuous	Recorder
00011 1 6 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	**********	60 DAILY MX			Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.8	*******	8.3	*********	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM			Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3130	4577	(26)	*******	6.9	9.6	(19)	NA	5/31	Comp 24
00530 1 0 1 EFFLUENT GROSS LIMIT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<817.4	(26)	*******	0	<1.50	(19)	NA	5/31	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	298	417	(26)	*******	0.4792	0.70	(19)	0	13/31	Comp 24
00610 1 B 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	720 7 DAY AVG	915 DAILY MX	LBS/DY	**********	0.68 7 DAY AVG	0.86 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	<1.09	(26)	*******	0	<0.002	(19)	NA	5/31	Comp 24
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0.76	9.88	(26)	*******	*******	*******	*********	0	13/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0110

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	*********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	80.2	113.8	(03)	*******	*******	*******		NA	31/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	**********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	2486.2		*******	*******	*******		NA	0/31	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0110

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	52	(15)	0	Continuous	Recorder
00011 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	55 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	********	7.9	*******	8.2	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5063	9886	(26)	*******	5.4	9.6	(19)	NA	5/31	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<1544.7	(26)	*******	0	<1.50	(19)	NA	5/31	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0	<51	(26)	*******	0	<0.050	(19)	NA	5/31	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	14417	14417	(26)	*******	14	14	(19)	NA	1/31	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	57667	57667	(26)	*******	56	56	(19)	NA	1/31	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0110

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	107.14	535.68	(26)	*******	0.136	0.680	(19)	NA	5/31	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<2.06	(26)	*******	0	<0.002	(19)	NA	5/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	*********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	113.2	138.6	(03)	*******	*******	*******	*******	NA	21/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*********	*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	.05 MO AVG	.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	3509.2	Mgal/mo	*******	*******	*******		NA	0/31	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Madhu Ranade	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(219) 787-2712		2010	2	26
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 03A0110

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0110

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	110	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	562000	(11)	NA	21/26	Grab
00094 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	40674	69775	(26)	*******	*******	*******	*********	NA	21/26	Grab
01045 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0278	0.0571	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	20	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	60080	103613	(26)	*******	*******	*******	*********	NA	21/26	Grab
70295 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY	SAMPLE MEASUREMENT	1.21	1.23	(36)	*******	*******	*******	*********	NA	21/26	Grab
82205 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD	SAMPLE MEASUREMENT	269	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
82207 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID	SAMPLE MEASUREMENT	*******	*******		*******	0.18	0.22	%	NA	21/31	GRAB
82229 W 0 1 SEE COMMENTS	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	86.0	(15)	NA	31/31	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AV	REPORT DAILY MX	DEG.F		Contiuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	9.0	*******	9.8	(12)	0	Continuous	Recorder
00400 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*********	*********		REPORT MINIMUM	*********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	7433	8715	(26)	*******	*******	*******	*********	NA	21/31	Grab
00610 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	153	213	(26)	*******	*******	*******	*********	NA	21/31	Grab
00720 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	2729	3245	(26)	*******	*******	*******	*********	NA	21/31	Grab
32730 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.2885	0.3302	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*********	*********	*********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	825	(29)	*******	*******	*******	*********	NA	31/31	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	PSI	*********	*********	*********			Contiuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0110

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	180	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0110

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

*** **NO DISCHARGE** [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	NA	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********		*******	NA	(12)	NA	Continuous	Recorder
00400 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
00610 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
00720 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
32730 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0		(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*********	*********	*********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******		(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT		*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	********* *********	PSI	*********	*********	*********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0110

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.9	*******	8.4	(12)	0	31/31	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3531	5789	(26)	*******	*******	*******	*********	0	13/31	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	3335	(26)	*******	*******	*******	*********	0	13/31	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********* MO AVG	6000 DAILY MX	LBS/DY	*********	*********	*********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	132	213	(26)	*******	0.28	0.50	(19)	NA	13/31	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	<1.33	(26)	*******	*******	*******	*********	0	13/31	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	21 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	13100	13100	(26)	*******	47	47	(19)	NA	1/31	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	12543	12543	(26)	*******	45	45	(19)	NA	1/31	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0110

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 2.11	(26)	*******	*******	*******	*********	0	13/31	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	20.5	65.3	(26)	*******	*******	*******	*********	0	13/31	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	2.2	8.7	(26)	*******	0.005	0.013	(19)	NA	13/31	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	60.8	89.1	(03)	*******	*******	*******	*********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	*********	*********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	<13.3	(26)	*******	0	<0.02	(19)	NA	13/31	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Madhu Ranade	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(219) 787-2712		2010	2	26
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

1N0000175031010 1

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2010	TO	1	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4.6	6.7	(19)	0	12/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	12	16	(19)	0	12/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7318	0.9001	(03)	*******	*******	*******	*******	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	6	9	(13)	0	4/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	2	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	56		0	Continuous	Recorder
00011 1 6 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	**********	60 DAILY MX	*********		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.7	*******	8.5		0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	*********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3731	4428	(26)	*******	6.9	7.6	(19)	NA	4/28	Comp 24
00530 1 0 1 EFFLUENT GROSS LIMIT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<922.5	(26)	*******	0	<1.50	(19)	NA	4/28	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	324	456	(26)	*******	0.4708	0.81	(19)	0	12/28	Comp 24
00610 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	645 7 DAY AVG	910 DAILY MX	LBS/DY	**********	0.72 7 DAY AVG	1.02 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	<1.23	(26)	*******	0	<0.002	(19)	NA	4/28	Comp 24
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<1.66	(26)	*******	*******	*******	*********	0	12/28	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0210

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	84.3	100.9	(03)	*******	*******	*******		NA	28/28	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	**********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*********	*********		*********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	2360.4		*******	*******	*******		NA	0/28	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0210

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	55	(15)	0	Continuous	Recorder
00011 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	57 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.9	*******	8.4	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5643	9996	(26)	*******	6.9	11.0	(19)	NA	4/28	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<1467.1	(26)	*******	0	<1.50	(19)	NA	4/28	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0	<49	(26)	*******	0	<0.050	(19)	NA	4/28	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	14540	14540	(26)	*******	16	16	(19)	NA	1/28	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*******	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	35442	35442	(26)	*******	39	39	(19)	NA	1/28	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	*******	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	0	<24.74	(26)	*******	0	<0.025	(19)	NA	4/28	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<1.96	(26)	*******	0	<0.002	(19)	NA	4/28	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	*********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	107.4	181.3	(03)	*******	*******	*******	*******	NA	20/28	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*********	*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	.05 MO AVG	.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	3007.2	Mgal/mo	*******	*******	*******		NA	0/28	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175003A0210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	100	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	628000	(11)	NA	20/22	Grab
00094 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	34794	74459	(26)	*******	*******	*******	*********	NA	20/22	Grab
01045 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0221	0.0609	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	19	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	50590	99279	(26)	*******	*******	*******	*********	NA	20/22	Grab
70295 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY	SAMPLE MEASUREMENT	1.22	1.24	(36)	*******	*******	*******	*********	NA	20/22	Grab
82205 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	256	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.20	0.25	%	NA	20/28	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	86.0	(15)	NA	28/28	Recorder
	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AV	REPORT DAILY MX	DEG.F		Contiuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	********	9.1	*******	9.8	(12)	0	Continuous	Recorder
	PERMIT REQUIREMENT	*********	*********		REPORT MINIMUM	*********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	7435	9734	(26)	*******	*******	*******	********	NA	20/28	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	162	219	(26)	*******	*******	*******	********	NA	20/28	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	2461	2937	(26)	*******	*******	*******	********	NA	20/28	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.3029	0.4011	(03)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*********	*********	*********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	855	(29)	*******	*******	*******	********	NA	28/28	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	PSI	*********	*********	*********			Contiuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	165	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [X] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	NA	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********		*******	NA	(12)	NA	Continuous	Recorder
00400 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
00610 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
00720 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
32730 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0		(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*********	*********	*********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******		(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT		*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	********** **********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.8	*******	8.5	(12)	0	28/28	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3237	5229	(26)	*******	*******	*******	*********	0	12/28	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	1929	(26)	*******	*******	*******	*********	0	12/28	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********* MO AVG	6000 DAILY MX	LBS/DY	*********	*********	*********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	162	261	(26)	*******	0.32	0.54	(19)	NA	12/28	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	<1.34	(26)	*******	*******	*******	*********	0	12/28	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	21 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	12918	12918	(26)	*******	36	36	(19)	NA	1/28	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	16148	16148	(26)	*******	45	45	(19)	NA	1/28	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0210

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	NQ 1.75	(26)	*******	*******	*******	*********	0	12/28	Comp24
01051 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	16.4	55.7	(26)	*******	*******	*******	*********	0	12/28	Comp24
01092 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<1.3	(26)	*******	0	<0.002	(19)	NA	12/28	Comp24
32730 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*******	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	63.2	84.9	(03)	*******	*******	*******	*********	NA	28/28	TOTALZ
50050 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	*********	*********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	0	<13.4	(26)	*******	0	<0.02	(19)	NA	12/28	Grab
50060 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175031021 0

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2010	TO	2	28	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4.9	7.2	(19)	0	12/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	11	14	(19)	0	12/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7256	0.8265	(03)	*******	*******	*******	*******	NA	28/28	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4	6	(13)	0	4/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	3	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 01A0310

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	66		1	Continuous	Recorder
00011 1 0 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	**********	65 DAILY MX	********		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	**********	7.8	*******	8.5		0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2878	4466	(26)	*******	5.9	6.8	(19)	NA	4/31	Comp 24
00530 1 0 1 EFFLUENT GROSS LIMIT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<985.1	(26)	*******	0	<1.50	(19)	NA	4/31	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	268	450	(26)	*******	0.4200	0.68	(19)	0	13/31	Comp 24
00610 1 2 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	940 7 DAY AVG	1300 DAILY MX	LBS/DY	**********	0.90 7 DAY AVG	1.27 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	<1.31	(26)	*******	0	<0.002	(19)	NA	4/31	Comp 24
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<1.68	(26)	*******	*******	*******	********	0	13/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 0 0 1 7 5 0 0 1 A 0 3 1 0 *

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	84.7	111.6	(03)	*******	*******	*******		NA	31/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	**********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	2,625.7		*******	*******	*******		NA	0/31	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0310

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	59	(15)	0	Continuous	Recorder
00011 1 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	63 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	8.0	*******	8.5	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6826	11449	(26)	*******	8.7	14.0	(19)	NA	4/31	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<1253.0	(26)	*******	0	<1.50	(19)	NA	4/31	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0	<42	(26)	*******	0	<0.050	(19)	NA	4/31	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	12778	12778	(26)	*******	16	16	(19)	NA	1/31	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	20764	20764	(26)	*******	26	26	(19)	NA	1/31	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0310

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE) 01046 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	<21.13	(26)	*******	0	<0.025	(19)	NA	4/31	Comp 24
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE 32730 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	<1.67	(26)	*******	0	<0.002	(19)	NA	4/31	Comp 24
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL 34044 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
	PERMIT REQUIREMENT	**********	**********	*********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	106.7	125.4	(03)	*******	*******	*******	*******	NA	23/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	*********	*******	NA	NA	(19)	0	0/0	Grab
	PERMIT REQUIREMENT	**********	**********		**********	05 MO AVG	05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*******	3,307.7	Mgal/mo	*******	*******	*******		NA	0/31	RCOTOT
	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175003A0310

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0310

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	104	(15)	NA	Continuous	Recorder
	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY 00094 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	688000	(11)	NA	22/27	Grab
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE) 01045 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	49519	102341	(26)	*******	*******	*******	*********	NA	22/27	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.0316	0.0838	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	23	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED 70295 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	73151	153512	(26)	*******	*******	*******	*********	NA	22/27	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY 82205 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.23	1.25	(36)	*******	*******	*******	*********	NA	22/27	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0310

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD	SAMPLE MEASUREMENT	262	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
82207 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID	SAMPLE MEASUREMENT	*******	*******		*******	0.19	0.23	%	NA	22/31	GRAB
82229 W 0 1 SEE COMMENTS	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 06A0310

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	84.0	(15)	NA	31/31	Recorder
	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AV	REPORT DAILY MX	DEG.F		Contiuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	9.2	*******	10.1	(12)	0	Continuous	Recorder
	PERMIT REQUIREMENT	*********	*********		REPORT MINIMUM	*********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	7770	10461	(26)	*******	*******	*******	*********	NA	23/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	185	235	(26)	*******	*******	*******	*********	NA	23/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	2317	2851	(26)	*******	*******	*******	*********	NA	23/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.2884	0.3176	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*********	*********	*********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	840	(29)	*******	*******	*******	*********	NA	31/31	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	PSI	*********	*********	*********			Contiuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0310

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	195	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0310

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

*** **NO DISCHARGE** X ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	NA	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********		*******	NA	(12)	NA	Continuous	Recorder
00400 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
00610 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
00720 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
32730 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0		(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******		(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0310

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

*** **NO DISCHARGE** [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT		*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	********** **********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0310

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.8	*******	8.7	(12)	0	31/31	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3260	6297	(26)	*******	*******	*******	*********	0	13/31	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	<984	(26)	*******	*******	*******	*********	0	13/31	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********* MO AVG	6000 DAILY MX	LBS/DY	*********	*********	*********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	177	384	(26)	*******	0.35	0.64	(19)	NA	13/31	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	<1.31	(26)	*******	*******	*******	*********	0	13/31	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	21 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	14871	14871	(26)	*******	54	54	(19)	NA	1/31	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	9363	9363	(26)	*******	34	34	(19)	NA	1/31	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0310

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 3.80	(26)	*******	*******	*******	*********	0	13/31	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	26.8	92.5	(26)	*******	*******	*******	*********	0	13/31	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	<1.3	(26)	*******	0	<0.002	(19)	NA	13/31	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	65.0	89.1	(03)	*******	*******	*******	*********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	*********	*********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	<13.1	(26)	*******	0	<0.02	(19)	NA	13/31	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175031031O

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	3	1	2010	TO	3	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	7.0	23.0	(19)	0	14/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	16	78	(19)	1	15/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7114	0.8832	(03)	*******	*******	*******	*******	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	3	4	(13)	0	5/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	4	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0410

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	68		0	Continuous	Recorder
00011 1 2 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	**********	71 DAILY MX	*********		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.7	*******	8.6		0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	*********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4551	7120	(26)	*******	8.5	12.0	(19)	NA	4/30	Comp 24
00530 1 0 1 EFFLUENT GROSS LIMIT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<1124.1	(26)	*******	0	<1.50	(19)	NA	4/30	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	289	526	(26)	*******	0.4115	0.71	(19)	0	13/30	Comp 24
00610 1 3 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	730 7 DAY AVG	1030 DAILY MX	LBS/DY	**********	0.82 7 DAY AVG	1.16 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	<1.50	(26)	*******	0	<0.002	(19)	NA	4/30	Comp 24
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<1.69	(26)	*******	*******	*******	*********	0	13/30	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0410

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	86.8	107.6	(03)	*******	*******	*******		NA	30/30	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	**********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*********	*********		*********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	2604.0		*******	*******	*******		NA	0/30	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0410

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	62	(15)	0	Continuous	Recorder
00011 1 3 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	69 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	8.0	*******	8.5	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	7833	10983	(26)	*******	7.1	7.2	(19)	NA	4/30	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<2288.2	(26)	*******	0	<1.50	(19)	NA	4/30	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0	<76	(26)	*******	0	<0.050	(19)	NA	4/30	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	10398	10398	(26)	*******	14	14	(19)	NA	1/30	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	34164	34164	(26)	*******	46	46	(19)	NA	1/30	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

1N00001750 02A041 0

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	0	<38.59	(26)	*******	0	<0.025	(19)	NA	4/30	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<3.05	(26)	*******	0	<0.002	(19)	NA	4/30	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	155.2	200.9	(03)	*******	*******	*******	********	NA	21/30	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	********	*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	05 MO AVG	05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	3456.0	Mgal/mo	*******	*******	*******		NA	0/30	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 03A0410

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 05A0410

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	112	(15) DEG.F	NA	Continuous	Recorder
	PERMIT REQUIREMENT	*********	*********		*********	********** DAILY AVG	REPORT DAILY MX			Continuous	Recorder
CONDUCTIVITY 00094 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	724000	(11) UMHO/C	NA	18/24	Grab
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX			21/31	Grab
IRON, TOTAL (AS FE) 01045 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	33349	56720	(26) LBS/DY	*******	*******	*******	*********	NA	18/24	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.0180	0.0532	(03) MGD	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	18	(29) PSI	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED 70295 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	49234	86013	(26) LBS/DY	*******	*******	*******	*********	NA	18/24	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY 82205 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.24	1.26	(36) GR/L	*******	*******	*******	*********	NA	18/24	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX		**********	**********	**********			3TMS/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0410

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	282	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.20	0.25	%	NA	18/30	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

1N0000175006A0410

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	85.0	(15)	NA	20/20	Recorder
	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	8.8	*******	9.7	(12)	0	Continuous	Recorder
	PERMIT REQUIREMENT	*********	*********		REPORT MINIMUM	*********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	7031	8866	(26)	*******	*******	*******	*********	NA	13/20	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	165	198	(26)	*******	*******	*******	*********	NA	13/20	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	2546	3509	(26)	*******	*******	*******	*********	NA	13/20	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.2715	0.3162	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*********	*********	*********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	840	(29)	*******	*******	*******	*********	NA	20/20	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	PSI	*********	*********	*********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

1N00001750 06A0410

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	180	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0000175	007A

IN0000175007A0410

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	84	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	8.7	*******	9.3	(12)	0	Continuous	Recorder
00400 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	7634	8451	(26)	*******	*******	*******	*********	NA	9/12	Grab
00610 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	182	196	(26)	*******	*******	*******	*********	NA	9/12	Grab
00720 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	2332	2585	(26)	*******	*******	*******	*********	NA	9/12	Grab
32730 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.2776	0.3419	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	660	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0410

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	225	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	********** **********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0410

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.6	*******	8.6	(12)	0	30/30	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5714	10989	(26)	*******	*******	*******	*********	0	13/30	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	<1030	(26)	*******	*******	*******	*********	0	13/30	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********* MO AVG	6000 DAILY MX	LBS/DY	*********	*********	*********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	125	317	(26)	*******	0.25	0.65	(19)	NA	13/30	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	<1.37	(26)	*******	*******	*******	*********	0	13/30	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	21 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	18479	18479	(26)	*******	64	64	(19)	NA	1/30	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	13282	13282	(26)	*******	46	46	(19)	NA	1/30	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0410

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	8.86	40.52	(26)	*******	*******	*******	*********	0	13/30	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	22.4	51.7	(26)	*******	*******	*******	*********	0	13/30	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	2.8	11.7	(26)	*******	0.004	0.017	(19)	NA	13/30	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*******	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	64.9	83.4	(03)	*******	*******	*******	*********	NA	30/30	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	*********	*********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	2.3	29.9	(26)	*******	0.00	0.05	(19)	NA	13/30	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175031041 0

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2010	TO	4	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4.7	20.0	(19) MG/L	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	10	13	(19) MG/L	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5856	0.7744	(03) MGD	*******	*******	*******	********	NA	30/30	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	1	2	(13) #/100ML	0	4/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	5	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0510

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	77		0	Continuous	Recorder
00011 1 8 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	**********	81 DAILY MX	*********		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.4	*******	8.4		0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	*********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3211	5036	(26)	*******	5.8	7.6	(19)	NA	5/31	Comp 24
00530 1 0 1 EFFLUENT GROSS LIMIT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<993.9	(26)	*******	0	<1.50	(19)	NA	5/31	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	270	360	(26)	*******	0.3746	0.54	(19)	0	13/31	Comp 24
00610 1 4 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	680 7 DAY AVG	970 DAILY MX	LBS/DY	**********	0.74 7 DAY AVG	1.05 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	<1.33	(26)	*******	0	<0.002	(19)	NA	5/31	Comp 24
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<1.88	(26)	*******	*******	*******	*********	0	13/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Madhu Ranade	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.	(219) 787-2712	2010	6	28
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0510

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/6	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	89.9	118.8	(03)	*******	*******	*******		NA	31/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	**********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	<0.02	(19)	0	1/6	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******			*******	*******	*******		NA	0/31	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	6	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME: ArcelorMittal Burns Harbor LLC

ADDRESS: ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY: ArcelorMittal Burns Harbor LLC
LOCATION: CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A05 10

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	75	(15)	0	Continuous	Recorder
00011 1 4 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	77 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	********	8.1	*******	8.3	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3064	5882	(26)	*******	2.2	3.6	(19)	NA	5/31	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	NQ 5570.0	(26)	*******	0	NQ 4.60	(19)	NA	5/31	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	63	180	(26)	*******	0.04	0.110	(19)	NA	5/31	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	22782	22782	(26)	*******	15	15	(19)	NA	1/31	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	63789	63789	(26)	*******	42	42	(19)	NA	1/31	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	6	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0510

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	0	<41.34	(26)	*******	0	<0.025	(19)	NA	5/31	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<3.27	(26)	*******	0	<0.002	(19)	NA	5/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/6	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	169.4	235.9	(03)	*******	*******	*******	********	NA	22/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	********	*******	0	<0.02	(19)	0	1/6	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	.05 MO AVG	.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******		Mgal/mo	*******	*******	*******		NA	0/31	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	6	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME: ArcelorMittal Burns Harbor LLC

ADDRESS: ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY: ArcelorMittal Burns Harbor LLC
LOCATION: CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0000175	003A

IN0000175003A05 10

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/6	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	<0.02	(19)	0	1/6	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE		
Madhu Ranade	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(219) 787-2712	2010	6	28
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0510

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	108	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	735000	(11)	NA	21/27	Grab
00094 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	44429	78177	(26)	*******	*******	*******	*********	NA	21/27	Grab
01045 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0272	0.0635	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	20	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	65904	117266	(26)	*******	*******	*******	*********	NA	21/27	Grab
70295 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY	SAMPLE MEASUREMENT	1.23	1.25	(36)	*******	*******	*******	*********	NA	21/27	Grab
82205 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	6	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

1N00001750 05A0510

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	273	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.22	0.27	%	NA	21/31	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	6	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0510

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	87.0	(15)	NA	31/31	Recorder
	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	8.7	*******	9.3	(12)	0	Continuous	Recorder
	PERMIT REQUIREMENT	*********	*********		REPORT MINIMUM	*********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	7209	8736	(26)	*******	*******	*******	*********	NA	22/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	188	230	(26)	*******	*******	*******	*********	NA	22/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1940	2539	(26)	*******	*******	*******	*********	NA	22/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.3042	0.3827	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*********	*********	*********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	840	(29)	*******	*******	*******	*********	NA	31/31	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	PSI	*********	*********	*********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	6	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**

LOCATION **CHESTERTON**

ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0510

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	180	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	6	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0510

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	NA	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********		*******	NA	(12)	NA	Continuous	Recorder
00400 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
00610 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
00720 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
32730 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0		(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******		(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	6	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0510

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT		*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	********** **********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Madhu Ranade	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.	(219) 787-2712	2010	6	28
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0510

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	********	7.6	*******	8.2	(12)	0	31/31	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2663	6270	(26)	*******	*******	*******	********	0	13/31	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	4027	(26)	*******	*******	*******	********	0	13/31	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********* MO AVG	6000 DAILY MX	LBS/DY	*********	*********	*********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	140	291	(26)	*******	0.28	0.51	(19)	NA	13/31	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	<1.45	(26)	*******	*******	*******	********	0	13/31	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	21 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	12399	12399	(26)	*******	46	46	(19)	NA	1/31	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	11051	11051	(26)	*******	41	41	(19)	NA	1/31	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	6	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0510

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	4.19	23.94	(26)	*******	*******	*******	*********	0	13/31	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	14.6	53.5	(26)	*******	*******	*******	*********	0	13/31	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	<1.4	(26)	*******	0	<0.002	(19)	NA	13/31	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	60.8	97.3	(03)	*******	*******	*******	*********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	4.2	54.8	(26)	*******	0.01	0.08	(19)	NA	13/31	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	6	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175031 0510

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	5	1	2010	TO	5	31	2010

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	1.7	5.6	(19) MG/L	0	12/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	10	23	(19) MG/L	0	12/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5984	0.7659	(03) MGD	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	1	2	(13) #/100ML	0	4/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	6	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0610

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	83		0	Continuous	Recorder
00011 1 9 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	**********	83 DAILY MX	********		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	********	7.6	*******	8.4		0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2748	4560	(26)	*******	4.5	7.6	(19)	NA	4/30	Comp 24
00530 1 0 1 EFFLUENT GROSS LIMIT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<1000.1	(26)	*******	0	<1.50	(19)	NA	4/30	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	185	281	(26)	*******	0.2392	0.44	(19)	0	13/30	Comp 24
00610 1 5 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	650 7 DAY AVG	920 DAILY MX	LBS/DY	**********	0.62 7 DAY AVG	0.87 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	<1.33	(26)	*******	0	<0.002	(19)	NA	4/30	Comp 24
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<1.92	(26)	*******	*******	*******	********	0	13/30	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	7	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 01A0610

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/30	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	98.4	119.2	(03)	*******	*******	*******		NA	30/30	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	**********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	NQ 0.04	(19)	0	4/30	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*********	*********		*********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******			*******	*******	*******		NA	0/30	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	7	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0610

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	80	(15)	0	Continuous	Recorder
00011 1 5 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	82 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	********	8.3	*******	8.5	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4386	9638	(26)	*******	3.1	7.0	(19)	NA	4/30	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<2798.9	(26)	*******	0	NQ 1.90	(19)	NA	5/30	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	55	220	(26)	*******	0.04	0.160	(19)	NA	4/30	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	23693	23693	(26)	*******	14	14	(19)	NA	1/30	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	76156	76156	(26)	*******	45	45	(19)	NA	1/30	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	7	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-96

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0610

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	0	<47.21	(26)	*******	0	<0.025	(19)	NA	4/30	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<3.73	(26)	*******	0	<0.002	(19)	NA	4/30	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/30	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	206.9	233.6	(03)	*******	*******	*******	********	NA	22/30	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	********	*******	0	<0.02	(19)	0	4/30	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	.05 MO AVG	.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******		Mgal/mo	*******	*******	*******		NA	0/30	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Madhu Ranade	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.	(219) 787-2712		2010	7	28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME: ArcelorMittal Burns Harbor LLC

ADDRESS: ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY: ArcelorMittal Burns Harbor LLC
LOCATION: CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175003A0610

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/30	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	<0.02	(19)	0	4/30	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Madhu Ranade	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.	(219) 787-2712	2010	7	28
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 0 0 1 7 5 0 0 5 A 0 6 1 0 *

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	114	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	744000	(11)	NA	19/25	Grab
00094 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	41049	77075	(26)	*******	*******	*******	*********	NA	19/25	Grab
01045 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0222	0.0524	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	24	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	56254	104602	(26)	*******	*******	*******	*********	NA	19/25	Grab
70295 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY	SAMPLE MEASUREMENT	1.24	1.26	(36)	*******	*******	*******	*********	NA	19/25	Grab
82205 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	7	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME: ArcelorMittal Burns Harbor LLC

ADDRESS: ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY: ArcelorMittal Burns Harbor LLC
LOCATION: CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0610

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	276	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.26	0.51	%	NA	19/30	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	7	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0610

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	90.0	(15)	NA	30/30	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Contiuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	8.7	*******	9.0	(12)	0	Continuous	Recorder
00400 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	7208	9218	(26)	*******	*******	*******	*********	NA	22/30	Grab
00610 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	186	262	(26)	*******	*******	*******	*********	NA	22/30	Grab
00720 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	1345	1814	(26)	*******	*******	*******	*********	NA	22/30	Grab
32730 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.2927	0.3738	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	900	(29)	*******	*******	*******	*********	NA	30/30	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Contiuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	7	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME: ArcelorMittal Burns Harbor LLC

ADDRESS: ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY: ArcelorMittal Burns Harbor LLC
LOCATION: CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0610

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	180	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	7	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME: ArcelorMittal Burns Harbor LLC

ADDRESS: ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY: ArcelorMittal Burns Harbor LLC

LOCATION: CHESTERTON

ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0610

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	86	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	8.8	*******	9.0	(12)	0	Continuous	Recorder
00400 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	3790	5664	(26)	*******	*******	*******	*********	NA	2/2	Grab
00610 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	106	164	(26)	*******	*******	*******	*********	NA	2/2	Grab
00720 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	710	1078	(26)	*******	*******	*******	*********	NA	2/2	Grab
32730 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.1453	0.2189	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	645	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Madhu Ranade	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(219) 787-2712		2010	7	28
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0610

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	230	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	********** **********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	7	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0610

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	********	7.6	*******	8.5	(12)	0	30/30	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2812	5791	(26)	*******	*******	*******	********	0	13/30	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	NQ 1712	(26)	*******	*******	*******	********	0	13/30	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******** MO AVG	6000 DAILY MX	LBS/DY	********	********	********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	123	311	(26)	*******	0.24	0.46	(19)	NA	13/30	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	<1.42	(26)	*******	*******	*******	********	0	13/30	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	21 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	9598	9598	(26)	*******	31	31	(19)	NA	1/30	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	18576	18576	(26)	*******	60	60	(19)	NA	1/30	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	7	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0610

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	5.62	13.40	(26)	*******	*******	*******	*********	0	13/30	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	11.0	25.7	(26)	*******	*******	*******	*********	0	13/30	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.3	3.9	(26)	*******	0.001	0.010	(19)	NA	13/30	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	69.0	97.3	(03)	*******	*******	*******	*********	NA	30/30	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	16.4	173.7	(26)	*******	0.03	0.27	(19)	NA	14/30	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Madhu Ranade	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.	(219) 787-2712	2010	7	28
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175031061 0

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	6	1	2010	TO	6	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	6.4	23.0	(19)	0	14/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	20	30	(19)	0	14/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7481	1.0275	(03)	*******	*******	*******	********	NA	30/30	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	2	3	(13)	0	5/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	7	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0710

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	80		0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	**********	86 DAILY MX	*********		Continuous	Recorder
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	**********	7.6	*******	8.5		0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	*********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED 00530 1 0 1 EFFLUENT GROSS LIMIT	SAMPLE MEASUREMENT	1388	2564	(26)	*******	2.0	3.0	(19)	NA	4/31	Comp 24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE 00556 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7689.7	30758.8	(26)	*******	7.75	31.00	(19)	NA	4/31	GRAB
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 6 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	259	513	(26)	*******	0.3320	0.67	(19)	3	15/31	Comp 24
	PERMIT REQUIREMENT	375 7 DAY AVG	540 DAILY MX	LBS/DY	**********	0.36 7 DAY AVG	0.51 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN) 00720 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	15.81	63.24	(26)	*******	0.019	0.074	(19)	NA	4/31	Comp 24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE 32730 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.05	13.59	(26)	*******	*******	*******	*********	0	13/31	Comp 24
	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Madhu Ranade	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.	(219) 787-2712		2010	8	27
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0710

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/31	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		DAILY	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	100.7	141.3	(03)	*******	*******	*******		NA	31/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	NQ 0.03	(19)	0	3/31	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******			*******	*******	*******		NA	0/31	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0710

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	82	(15)	0	Continuous	Recorder
00011 1 6 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	88 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	********	8.3	*******	8.6	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2567	3958	(26)	*******	2.0	3.0	(19)	NA	4/31	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	NQ 4353.8	(26)	*******	0	NQ 3.30	(19)	NA	4/31	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	182	220	(26)	*******	0.15	0.190	(19)	NA	4/31	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	15832	15832	(26)	*******	12	12	(19)	NA	1/31	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*******	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	42219	42219	(26)	*******	32	32	(19)	NA	1/31	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	*******	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219)	787-2712	2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0710

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	0	<37.54	(26)	*******	0	<0.025	(19)	NA	4/31	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<2.97	(26)	*******	0	<0.002	(19)	NA	4/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/31	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	*********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	161.7	215.4	(03)	*******	*******	*******	*******	NA	21/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/WK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*********	*******	0	<0.02	(19)	0	3/31	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	.05 MO AVG	.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******		Mgal/mo	*******	*******	*******		NA	0/31	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 03A0710

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/31	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	<0.02	(19)	0	3/31	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0710

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	108	(15)	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY 00094 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	744000	(11)	NA	15/18	Grab
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE) 01045 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	25054	47837	(26)	*******	*******	*******	*********	NA	15/18	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.0106	0.0352	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	12	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED 70295 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	33678	64922	(26)	*******	*******	*******	*********	NA	15/18	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY 82205 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.25	1.27	(36)	*******	*******	*******	*********	NA	15/18	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0710

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	270	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.32	0.35	%	NA	15/31	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0710

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHIET	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	90.0	(15)	NA	31/31	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	8.7	*******	9.1	(12)	0	Continuous	Recorder
00400 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*********	*********		REPORT MINIMUM	*********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	7718	11696	(26)	*******	*******	*******	*********	NA	21/31	Grab
00610 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	192	270	(26)	*******	*******	*******	*********	NA	21/31	Grab
00720 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	1989	4519	(26)	*******	*******	*******	*********	NA	21/31	Grab
32730 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	*********	*********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.2966	0.3584	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*********	*********	*********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	870	(29)	*******	*******	*******	*********	NA	31/31	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	PSI	*********	*********	*********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0710

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	165	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0710

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	NA	(15) DEG.F	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX			Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********		*******	NA	(12) SU	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM			Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(03) MGD	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******		(29) PSI	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Madhu Ranade	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.	(219) 787-2712		2010	8	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0710

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT		*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0710

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.6	*******	8.4	(12)	0	31/31	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2810	7803	(26)	*******	*******	*******	*********	0	13/31	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/Week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	NQ 1091	(26)	*******	*******	*******	*********	0	13/31	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******** MO AVG	6000 DAILY MX	LBS/DY	********	********	********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	188	477	(26)	*******	0.40	0.88	(19)	NA	13/31	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	72.79	(26)	*******	*******	*******	*********	1	14/31	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*********	21 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	12322	12322	(26)	*******	46	46	(19)	NA	1/31	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	13126	13126	(26)	*******	49	49	(19)	NA	1/31	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A07I0

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	2.40	12.48	(26) LBS/DY	*******	*******	*******	********	0	14/31	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	65.9 DAILY MX		*********	*********	*********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	11.3	32.5	(26) LBS/DY	*******	*******	*******	********	0	14/31	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX		*********	*********	*********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.7	9.0	(26) LBS/DY	*******	0.001	0.016	(19) MG/L	NA	13/31	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		********	REPORT MON AVG	REPORT DAILY MX			THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	62.3	102.3	(03) MGD	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		*********	*********	*********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 20.8	(26) LBS/DY	*******	0	NQ 0.03	(19) MG/L	NA	13/31	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		********	REPORT MO AVG	REPORT DAILY MX			THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175031071 0

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	7	1	2010	TO	7	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	2.9	3.9	(19) MG/L	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	13	24	(19) MG/L	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6951	0.9015	(03) MGD	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			STMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	2	10	(13) #/100ML	0	4/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	8	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0810

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	83		0	Continuous	Recorder
00011 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	**********	86 DAILY MX	*********		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	**********	7.6	*******	8.5		0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	*********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1904	2860	(26)	*******	3.4	5.0	(19)	NA	5/31	Comp 24
00530 1 0 1 EFFLUENT GROSS LIMIT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	NQ 1617.8	(26)	*******	0	NQ 2.70	(19)	NA	5/31	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	128	253	(26)	*******	0.1629	0.28	(19)	0	14/31	Comp 24
00610 1 7 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	375 7 DAY AVG	540 DAILY MX	LBS/DY	**********	0.36 7 DAY AVG	0.51 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	<1.59	(26)	*******	0	<0.002	(19)	NA	5/31	Comp 24
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<2.24	(26)	*******	*******	*******	*********	0	14/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0810

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/31	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	97.4	142.9	(03)	*******	*******	*******		NA	31/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	**********	*********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	<0.02	(19)	0	4/31	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******			*******	*******	*******		NA	0/31	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0810

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	85	(15)	0	Continuous	Recorder
00011 1 7[illegible] 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	88 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	********	8.1	*******	8.6	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6108	15595	(26)	*******	3.4	8.0	(19)	NA	5/31	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	<2924.1	(26)	*******	0	<1.50	(19)	NA	5/31	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	41	206	(26)	*******	0.03	0.130	(19)	NA	5/31	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	19017	19017	(26)	*******	12	12	(19)	NA	1/31	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	38033	38033	(26)	*******	24	24	(19)	NA	1/31	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0810

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	0	<49.32	(26)	*******	0	<0.025	(19)	NA	5/31	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<3.90	(26)	*******	0	<0.002	(19)	NA	5/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/31	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	*********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	217.3	263.5	(03)	*******	*******	*******	********	NA	23/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*********	*******	0	<0.02	(19)	0	4/31	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	.05 MO AVG	.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******		Mgal/mo	*******	*******	*******		NA	0/31	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 03A0810

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/31	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	<0.02	(19)	0	4/31	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219)	787-2712	2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0810

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	102	(15)	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY 00094 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	729000	(11)	NA	13/14	Grab
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE) 01045 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	14882	48965	(26)	*******	*******	*******	********	NA	13/14	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.0052	0.0413	(03)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	0	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED 70295 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	21879	73448	(26)	*******	*******	*******	********	NA	13/14	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY 82205 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.24	1.26	(36)	*******	*******	*******	********	NA	13/14	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 05A0810

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	270	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.29	0.36	%	NA	13/31	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219)	787-2712	2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0810

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	89.0	(15)	NA	21/21	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	8.7	*******	9.0	(12)	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	6749	8713	(26)	*******	*******	*******	*********	NA	15/21	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	179	259	(26)	*******	*******	*******	*********	NA	15/21	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1920	2409	(26)	*******	*******	*******	*********	NA	15/21	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.2695	0.3541	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	870	(29)	*******	*******	*******	*********	NA	21/21	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0810

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	165	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0000175	007A

IN0000175007A0810

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	88	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	8.7	*******	9.0	(12)	0	Continuous	Recorder
00400 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	7538	9210	(26)	*******	*******	*******	*********	NA	9/12	Grab
00610 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	208	252	(26)	*******	*******	*******	*********	NA	9/12	Grab
00720 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	1657	2100	(26)	*******	*******	*******	*********	NA	9/12	Grab
32730 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.2571	0.3421	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	660	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0810

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	195	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0810

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.6	*******	8.5	(12)	0	31/31	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2026	4796	(26)	*******	*******	*******	*********	0	14/31	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	NQ 2497	(26)	*******	*******	*******	*********	0	14/31	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********* MO AVG	6000 DAILY MX	LBS/DY	*********	*********	*********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	64	157	(26)	*******	0.15	0.30	(19)	NA	14/31	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	<1.39	(26)	*******	*******	*******	*********	0	14/31	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	21 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	11149	11149	(26)	*******	40	40	(19)	NA	1/31	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	10313	10313	(26)	*******	37	37	(19)	NA	1/31	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0000175	011A

IN0000175011A0810

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	3.02	25.56	(26)	*******	*******	*******	*********	0	14/31	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	3.8	21.4	(26)	*******	*******	*******	*********	0	14/31	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 4.1	(26)	*******	0	NQ 0.006	(19)	NA	14/31	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	60.7	90.2	(03)	*******	*******	*******	*********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 20.6	(26)	*******	0	NQ 0.03	(19)	NA	14/31	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Madhu Ranade	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.	(219) 787-2712	2010	9	28
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

1N0000175031081 0

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	8	1	2010	TO	8	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	6.3	32.0	(19) MG/L	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	11	16	(19) MG/L	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5916	0.7772	(03) MGD	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV.	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	1	3	(13) #/100ML	0	5/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0910

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	82		0	Continuous	Recorder
00011 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	**********	85 DAILY MX	*********		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.6	*******	8.5		0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	*********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3090	5287	(26)	*******	4.3	7.0	(19)	NA	4/30	Comp 24
00530 1 0 1 EFFLUENT GROSS LIMIT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	NQ 2837.3	(26)	*******	0	NQ 4.00	(19)	NA	4/30	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	141	288	(26)	*******	0.1615	0.30	(19)	0	13/30	Comp 24
00610 1 8 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	550 7 DAY AVG	775 DAILY MX	LBS/DY	**********	0.82 7 DAY AVG	1.16 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	<1.51	(26)	*******	0	<0.002	(19)	NA	4/30	Comp 24
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<1.93	(26)	*******	*******	*******	*********	0	13/30	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Madhu Ranade	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.	(219) 787-2712		2010	10	28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/30	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		DAILY	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	104.0	134.6	(03)	*******	*******	*******		NA	30/30	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	**********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	<0.02	(19)	0	4/30	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******			*******	*******	*******		NA	0/30	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 02A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	82	(15)	0	Continuous	Recorder
00011 1 6 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	88 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.9	*******	8.4	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	8784	15129	(26)	*******	4.8	7.2	(19)	NA	5/30	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	NQ 5400.3	(26)	*******	0	NQ 3.30	(19)	NA	4/30	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0	NQ 141	(26)	*******	0	NQ 0.086	(19)	NA	5/30	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	26373	26373	(26)	*******	13	13	(19)	NA	1/30	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	95347	95347	(26)	*******	47	47	(19)	NA	1/30	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	0	<53.16	(26)	*******	0	NQ 0.026	(19)	NA	4/30	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<4.20	(26)	*******	0	<0.002	(19)	NA	5/30	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/30	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	*********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	225.9	251.8	(03)	*******	*******	*******	********	NA	22/30	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*********	*******	0	<0.02	(19)	0	4/30	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	.05 MO AVG	.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******		Mgal/mo	*******	*******	*******		NA	0/30	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 03A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/30	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	<0.02	(19)	0	4/30	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	108	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	766000	(11)	NA	22/29	Grab
00094 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	42547	68224	(26)	*******	*******	*******	*********	NA	22/29	Grab
01045 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0278	0.0503	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	18	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	60844	99711	(26)	*******	*******	*******	*********	NA	22/29	Grab
70295 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY	SAMPLE MEASUREMENT	1.25	1.27	(36)	*******	*******	*******	*********	NA	22/29	Grab
82205 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	267	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.27	0.43	%	NA	22/30	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHIET 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	86.0	(15)	NA	30/30	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	8.7	*******	9.2	(12)	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	6802	7910	(26)	*******	*******	*******	*********	NA	22/30	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	180	219	(26)	*******	*******	*******	*********	NA	22/30	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1927	2389	(26)	*******	*******	*******	*********	NA	22/30	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.2628	0.3136	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	870	(29)	*******	*******	*******	*********	NA	30/30	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219)	787-2712	2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	150	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219)	787-2712	2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	NA	(15)	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********		*******	NA	(12)	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26)	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(03)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******		(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 07A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT		*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MX	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.8	*******	8.3	(12)	0	30/30	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2367	4662	(26)	*******	*******	*******	*********	0	13/30	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	NQ 2994	(26)	*******	*******	*******	*********	0	13/30	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********* MO AVG	6000 DAILY MX	LBS/DY	*********	*********	*********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	67	222	(26)	*******	0.12	0.35	(19)	NA	13/30	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	<1.41	(26)	*******	*******	*******	*********	0	13/30	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*********	21 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	13704	13704	(26)	*******	46	46	(19)	NA	1/30	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	32771	32771	(26)	*******	110	110	(19)	NA	1/30	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0910

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 2.98	(26)	*******	*******	*******	*********	0	13/30	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.2	15.5	(26)	*******	*******	*******	*********	0	13/30	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 3.4	(26)	*******	0	NQ 0.006	(19)	NA	13/30	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*******	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	71.2	105.4	(03)	*******	*******	*******	*********	NA	30/30	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	*********	*********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 14.1	(26)	*******	0	<0.02	(19)	NA	13/30	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175031091 0

MONITORING PERIOD						
MO	DAY	YEAR		MO	DAY	YEAR
FROM 9	1	2010	TO	9	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	2.9	4.4	(19)	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	18	29	(19)	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6578	0.8967	(03)	*******	*******	*******	********	NA	30/30	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			15TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	5	7	(13)	0	4/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	10	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	79		0	Continuous	Recorder
00011 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	**********	80 DAILY MX	*********		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	**********	7.4	*******	8.1		0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	*********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4066	6114	(26)	*******	6.4	11.0	(19)	NA	5/31	Comp 24
00530 1 0 1 EFFLUENT GROSS LIMIT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	NQ 2016.8	(26)	*******	0	NQ 3.30	(19)	NA	5/31	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	197	275	(26)	*******	0.2815	0.50	(19)	0	13/31	Comp 24
00610 1 B 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	635 7 DAY AVG	900 DAILY MX	LBS/DY	**********	0.67 7 DAY AVG	0.95 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	<1.68	(26)	*******	0	<0.002	(19)	NA	5/31	Comp 24
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	1.13	14.66	(26)	*******	*******	*******	*********	0	13/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/31	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	*********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	94.0	130.4	(03)	*******	*******	*******		NA	31/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	**********	*******			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	NQ 0.02	(19)	0	4/31	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*********	*********		*********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	2913.9		*******	*******	*******		NA	0/31	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 8 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	77	(15)	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	81 DAILY MAX	DEG F		Continuous	Recorder
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	7.9	*******	8.4	(12)	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED 00530 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	12673	34856	(26)	*******	7.8	21.0	(19)	NA	5/31	Comp 24
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE 00556 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	NQ 3556.6	(26)	*******	0	NQ 2.00	(19)	NA	5/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	NQ 153	(26)	*******	0	NQ 0.086	(19)	NA	5/31	Comp24
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL) 00940 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20253	20253	(26)	*******	15	15	(19)	NA	1/31	Comp24
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4) 00945 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	121520	121520	(26)	*******	90	90	(19)	NA	1/31	Comp24
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	0	<44.99	(26)	*******	0	<0.025	(19)	NA	5/31	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<3.56	(26)	*******	0	<0.002	(19)	NA	5/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/31	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	*********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	217.0	306.1	(03)	*******	*******	*******	********	NA	21/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*********	*******	0	<0.02	(19)	0	4/31	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	05 MO AVG	05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	4557.8	Mgal/mo	*******	*******	*******		NA	0/31	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175003A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/31	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	<0.02	(19)	0	4/31	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

1N00001750 05A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	116	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	672000	(11)	NA	20/28	Grab
00094 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	45766	78056	(26)	*******	*******	*******	*********	NA	20/28	Grab
01045 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0278	0.0576	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	17	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	62646	108078	(26)	*******	*******	*******	*********	NA	20/28	Grab
70295 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY	SAMPLE MEASUREMENT	1.24	1.26	(36)	*******	*******	*******	*********	NA	20/28	Grab
82205 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			8TMS/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	270	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.24	0.35	%	NA	20/31	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	84.0	(15) DEG.F	NA	31/31	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX			Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	8.7	*******	9.2	(12) SU	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM			Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	6561	8331	(26) LBS/DY	*******	*******	*******	*********	NA	21/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	158	209	(26) LBS/DY	*******	*******	*******	*********	NA	21/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1705	1966	(26) LBS/DY	*******	*******	*******	*********	NA	21/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.2598	0.3307	(03) MGD	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	900	(29) PSI	*******	*******	*******	*********	NA	31/31	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	150	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	NA	(15) DEG.F	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX			Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********		*******	NA	(12) SU	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM			Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(03) MGD	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******		(29) PSI	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Madhu Ranade	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.	(219) 787-2712		2010	11	24
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 07A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0678

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT		*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.2	*******	8.1	(12)	0	31/31	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2399	5858	(26)	*******	*******	*******	*********	0	13/31	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/Week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	4006	(26)	*******	*******	*******	*********	0	13/31	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********* MO AVG	6000 DAILY MX	LBS/DY	*********	*********	*********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	121	212	(26)	*******	0.29	0.65	(19)	NA	13/31	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	<1.39	(26)	*******	*******	*******	*********	0	13/31	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*********	21 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	18159	18159	(26)	*******	32	32	(19)	NA	1/31	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	38020	38020	(26)	*******	67	67	(19)	NA	1/31	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A1010

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 2.05	(26)	*******	*******	*******	********	0	13/31	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	9.0	24.3	(26)	*******	*******	*******	********	0	13/31	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.6	7.9	(26)	*******	0.001	0.012	(19)	NA	13/31	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	61.6	94.2	(03)	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	<13.9	(26)	*******	0	<0.02	(19)	NA	13/31	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175031101 0

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	1	2010	TO	10	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	5.2	14.0	(19)	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	22	53	(19)	1	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5791	0.6950	(03)	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	6	40	(13)	0	5/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	11	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME: ArcelorMittal Burns Harbor LLC

ADDRESS: ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY: ArcelorMittal Burns Harbor LLC
LOCATION: CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

1N0000175001A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	68		0	Continuous	Recorder
00011 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	**********	75 DAILY MX	*********		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.4	*******	8.2		0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	*********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4823	5649	(26)	*******	6.5	8.0	(19)	NA	4/30	Comp 24
00530 1 0 1 EFFLUENT GROSS LIMIT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	NQ 2135.0	(26)	*******	0	NQ 2.60	(19)	NA	4/30	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	211	315	(26)	*******	0.2546	0.39	(19)	0	13/30	Comp 24
00610 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	530 7 DAY AVG	680 DAILY MX	LBS/DY	**********	0.47 7 DAY AVG	0.60 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	<1.64	(26)	*******	0	<0.002	(19)	NA	4/30	Comp 24
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	1.07	13.96	(26)	*******	*******	*******	*********	0	13/30	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/12	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	101.7	125.9	(03)	*******	*******	*******		NA	30/30	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	**********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	<0.02	(19)	0	2/12	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	3051.7		*******	*******	*******		NA	0/30	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	68	(15)	0	Continuous	Recorder
00011 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	72 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	********	7.8	*******	8.8	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5354	14645	(26)	*******	3.3	9.0	(19)	NA	4/30	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	NQ 3529.4	(26)	*******	0	NQ 2.10	(19)	NA	4/30	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0	<93	(26)	*******	0	<0.050	(19)	NA	4/30	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	22782	22782	(26)	*******	14	14	(19)	NA	1/30	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	71600	71600	(26)	*******	44	44	(19)	NA	1/30	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 02A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE) 01046 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	<47.25	(26)	*******	0	<0.025	(19)	NA	4/30	Comp 24
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE 32730 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	NQ 14.01	(26)	*******	0	NQ 0.008	(19)	NA	4/30	Comp 24
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL 34044 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/12	Grab
	PERMIT REQUIREMENT	**********	**********	*********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	220.8	281.9	(03)	*******	*******	*******	*******	NA	22/30	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	*********	*******	0	<0.02	(19)	0	2/12	Grab
	PERMIT REQUIREMENT	**********	**********		**********	.05 MO AVG	.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*******	4858.4	Mgal/mo	*******	*******	*******		NA	0/30	RCOTOT
	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175003A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	******	*******	*******	NA	(19)	NA	0/12	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	0	<0.02	(19)	0	2/12	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

1N00001750 05A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	104	(15)	NA	Continuous	Recorder
00011 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	684000	(11)	NA	19/22	Grab
00094 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	23935	62855	(26)	*******	*******	*******	*********	NA	18/22	Grab
01045 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0138	0.0528	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
50050 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD	SAMPLE MEASUREMENT	*******	12	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
50056 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	32808	99520	(26)	*******	*******	*******	*********	NA	18/22	Grab
70295 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY	SAMPLE MEASUREMENT	1.25	1.27	(36)	*******	*******	*******	*********	NA	19/22	Grab
82205 W 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	260	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.24	0.34	%	NA	19/30	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	71.0	(15) DEG.F	NA	1/1	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX			Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	9.3	*******	9.3	(12) SU	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM			Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	129	129	(26) LBS/DY	*******	*******	*******	*********	NA	1/1	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	3	3	(26) LBS/DY	*******	*******	*******	*********	NA	1/1	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	38	38	(26) LBS/DY	*******	*******	*******	*********	NA	1/1	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.0052	0.0052	(03) MGD	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	870	(29) PSI	*******	*******	*******	*********	NA	1/1	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	195	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	84	(15) DEG.F	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX			Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	8.7	*******	9.5	(12) SU	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM			Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	6686	7838	(26) LBS/DY	*******	*******	*******	*********	NA	22/30	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	190	246	(26) LBS/DY	*******	*******	*******	*********	NA	22/30	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	2157	2665	(26) LBS/DY	*******	*******	*******	*********	NA	22/30	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.2795	0.3417	(03) MGD	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	675	(29) PSI	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 07A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	180	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	********** **********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.5	*******	8.3	(12)	0	30/30	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3266	6279	(26)	*******	*******	*******	*********	0	13/30	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	NQ 2403	(26)	*******	*******	*******	*********	0	13/30	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********* MO AVG	6000 DAILY MX	LBS/DY	*********	*********	*********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	100	192	(26)	*******	0.21	0.52	(19)	NA	13/30	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	<1.40	(26)	*******	*******	*******	*********	0	13/30	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	21 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	9418	9418	(26)	*******	33	33	(19)	NA	1/30	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	23688	23688	(26)	*******	83	83	(19)	NA	1/30	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219)	787-2712	2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A1110

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0.43	5.65	(26)	*******	*******	*******	********	0	13/30	Comp24
01051 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	23.3	39.8	(26)	*******	*******	*******	********	0	13/30	Comp24
01092 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	2.2	6.5	(26)	*******	0.004	0.011	(19)	NA	13/30	Comp24
32730 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	64.4	91.8	(03)	*******	*******	*******	********	NA	30/30	TOTALZ
50050 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	4.3	55.8	(26)	*******	0.01	0.08	(19)	NA	13/30	Grab
50060 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175031111 0

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	1	2010	TO	11	30	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	3.9	5.8	(19) MG/L	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	14	21	(19) MG/L	0	13/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6223	0.7883	(03) MGD	*******	*******	*******	*******	NA	30/30	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4	20	(13) #/100ML	0	5/30	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2010	12	23
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	58		0	Continuous	Recorder
00011 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	**********	65 DAILY MX	*********		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.5	*******	8.2		0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	*********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	10616	18524	(26)	*******	12.5	22.0	(19)	NA	4/31	Comp 24
00530 1 0 1 EFFLUENT GROSS LIMIT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	NQ 1684.0	(26)	*******	0	NQ 2.00	(19)	NA	4/31	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	360	441	(26)	*******	0.4323	0.59	(19)	0	13/31	Comp 24
00610 1 1 . 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	635 7 DAY AVG	900 DAILY MX	LBS/DY	**********	0.90 7 DAY AVG	1.27 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	<1.76	(26)	*******	0	<0.002	(19)	NA	4/31	Comp 24
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	2.43	13.06	(26)	*******	*******	*******	*********	0	13/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE		
Madhu Ranade	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(219) 787-2712	2011	1	28
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	102.2	122.0	(03)	*******	*******	*******		NA	31/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	**********	*******			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	3169.3		*******	*******	*******		NA	0/31	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	1	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**

LOCATION **CHESTERTON**

ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	60	(15)	0	Continuous	Recorder
00011 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	63 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	*********	8.0	*******	8.1	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	28806	43931	(26)	*******	24.0	41.0	(19)	NA	4/31	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	NQ 2834.5	(26)	*******	0	NQ 1.80	(19)	NA	4/31	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		Weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0	NQ 126	(26)	*******	0	NQ 0.086	(19)	NA	4/31	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	17478	17478	(26)	*******	14	14	(19)	NA	1/31	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*******	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	118599	118599	(26)	*******	95	95	(19)	NA	1/31	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	*******	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	1	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0000175	002A

IN0000175002A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	0	<39.84	(26)	*******	0	<0.025	(19)	NA	4/31	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	NQ 10.35	(26)	*******	0	NQ 0.009	(19)	NA	4/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	*********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	164.5	225.4	(03)	*******	*******	*******	********	NA	22/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*********	*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	.05 MO AVG	.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******		Mgal/mo	*******	*******	*******		NA	0/31	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	1	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175003A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	1	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	108	(15)	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	********** REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY 00094 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	684000	(11)	NA	20/24	Grab
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	********** REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE) 01045 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	38931	71186	(26)	*******	*******	*******	********	NA	20/24	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.0232	0.0630	(03)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	20	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED 70295 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	59582	110015	(26)	*******	*******	*******	********	NA	20/24	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY 82205 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.23	1.25	(36)	*******	*******	*******	********	NA	20/24	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	1	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	225	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.25	0.34	%	NA	20/31	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	1	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	NA	(15) DEG.F	NA	0/0	Recorder
	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AV	REPORT DAILY MX			Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********		*******	NA	(12) SU	NA	Continuous	Recorder
	PERMIT REQUIREMENT	*********	*********		REPORT MINIMUM	*********	REPORT MAXIMUM			Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(03) MGD	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******		(29) PSI	*******	*******	*******	*********	NA	0/0	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Madhu Ranade	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(219) 787-2712		2011	1	28
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	330	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	1	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	84	(15) DEG.F	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX			Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	8.7	*******	9.4	(12) SU	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM			Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	5803	7672	(26) LBS/DY	*******	*******	*******	*********	NA	22/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	194	239	(26) LBS/DY	*******	*******	*******	*********	NA	22/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1671	2091	(26) LBS/DY	*******	*******	*******	*********	NA	22/31	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.2885	0.3884	(03) MGD	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	705	(29) PSI	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Madhu Ranade	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.	(219) 787-2712		2011	1	28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	195	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219)	787-2712	2011	1	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A1210

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	********	7.6	*******	8.4	(12)	0	31/31	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6980	14841	(26)	*******	*******	*******	********	1	13/31	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	4421	(26)	*******	*******	*******	********	0	13/31	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******** MO AVG	6000 DAILY MX	LBS/DY	********	********	********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	220	418	(26)	*******	0.37	0.53	(19)	NA	13/31	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	3.12	(26)	*******	*******	*******	********	0	13/31	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	21 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	19627	19627	(26)	*******	35	35	(19)	NA	1/31	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	47106	47106	(26)	*******	84	84	(19)	NA	1/31	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE		
Madhu Ranade	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(219) 787-2712	2011	1	28
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**

LOCATION **CHESTERTON**

ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A1210

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 2.52	(26)	*******	*******	*******	*********	0	13/31	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	29.2	61.7	(26)	*******	*******	*******	*********	0	13/31	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.6	7.2	(26)	*******	0.001	0.012	(19)	NA	13/31	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	69.1	94.6	(03)	*******	*******	*******	*********	NA	31/31	TOTAL2
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	*********	*********			5TMS/WEEK	TOTAL2
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	<15.8	(26)	*******	0	<0.02	(19)	NA	13/31	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	1	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175031121 0

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	1	2010	TO	12	31	2010

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	2.7	4.7	(19) MG/L	0	14/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	12	21	(19) MG/L	0	14/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7078	0.8667	(03) MGD	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	4	5	(13) #/100ML	0	4/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	1	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 06-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0000175	001A

IN0000175001A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 6 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	57		0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	**********	60 DAILY MX	*********		Continuous	Recorder
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	**********	7.5	*******	8.4		0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	*********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED 00530 1 0 1 EFFLUENT GROSS LIMIT	SAMPLE MEASUREMENT	8119	13569	(26)	*******	9.2	15.0	(19)	NA	5/31	Comp 24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE 00556 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	NQ 3377.9	(26)	*******	0	NQ 3.70	(19)	NA	5/31	GRAB
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 B 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	447	808	(26)	*******	0.5100	0.84	(19)	0	15/31	Comp 24
	PERMIT REQUIREMENT	720 7 DAY AVG	916 DAILY MX	LBS/DY	**********	0.68 7 DAY AVG	0.86 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN) 00720 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	9.77	48.85	(26)	*******	0.011	0.054	(19)	NA	5/31	Comp 24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE 32730 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	NQ 8.52	(26)	*******	*******	*******	*********	0	13/31	Comp 24
	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	2	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 01A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	102.3	117.7	(03)	*******	*******	*******		NA	31/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	********	**********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	3170.1		*******	*******	*******		NA	0/31	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	2	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

1N00001750 02A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	54	(15)	0	Continuous	Recorder
00011 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	55 DAILY MAX	DEG F		Continuous	Recorder
PH	SAMPLE MEASUREMENT	*******	*******	********	8.1	*******	8.2	(12)	0	Continuous	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	17739	32162	(26)	*******	12.8	20.0	(19)	NA	5/31	Comp 24
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE	SAMPLE MEASUREMENT	0	NQ 2897.4	(26)	*******	0	NQ 2.00	(19)	NA	7/31	Grab
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	27	NQ 141	(26)	*******	0.02	0.110	(19)	NA	5/31	Comp24
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	21497	21497	(26)	*******	16	16	(19)	NA	1/31	Comp24
00940 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	36276	36276	(26)	*******	27	27	(19)	NA	1/31	Comp24
00945 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	2	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	0	<40.68	(26)	*******	0	<0.025	(19)	NA	5/31	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	NQ 15.44	(26)	*******	0	NQ 0.010	(19)	NA	5/31	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	*********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	161.5	225.3	(03)	*******	*******	*******	********	NA	22/31	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*********	*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	05 MO AVG	05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	3551.9	Mgal/mo	*******	*******	*******		NA	0/31	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	2	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 03A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	2	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENEHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	96	(15)	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY 00094 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	679000	(11)	NA	17/23	Grab
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE) 01045 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	41659	69527	(26)	*******	*******	*******	*********	NA	17/23	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.0198	0.0513	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	20	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED 70295 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	61498	99311	(26)	*******	*******	*******	*********	NA	17/23	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY 82205 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.24	1.26	(36)	*******	*******	*******	*********	NA	17/23	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/Week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	2	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	258	*******	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.27	0.35	%	NA	17/31	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	2	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 06A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	76.0	(15) DEG.F	NA	4/4	Recorder
	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AV	REPORT DAILY MX			Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	9.0	*******	9.4	(12) SU	0	Continuous	Recorder
	PERMIT REQUIREMENT	*********	*********		REPORT MINIMUM	*********	REPORT MAXIMUM			Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	5147	8677	(26) LBS/DY	*******	*******	*******	*********	NA	4/4	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	122	197	(26) LBS/DY	*******	*******	*******	*********	NA	4/4	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1399	2051	(26) LBS/DY	*******	*******	*******	*********	NA	4/4	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.2106	0.3151	(03) MGD	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	870	(29) PSI	*******	*******	*******	*********	NA	4/4	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Madhu Ranade	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.	(219) 787-2712		2011	2	28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 06A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	165	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	2	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	87	(15) DEG.F	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX			Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	********	8.7	*******	9.5	(12) SU	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM			Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	6221	7491	(26) LBS/DY	*******	*******	*******	********	NA	20/29	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	173	257	(26) LBS/DY	*******	*******	*******	********	NA	20/29	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1738	2336	(26) LBS/DY	*******	*******	*******	********	NA	20/29	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.2832	0.3661	(03) MGD	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	690	(29) PSI	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX		**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Madhu Ranade	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(219) 787-2712		2011	2	28
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175007A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	210	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	2	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**

LOCATION **CHESTERTON**

ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	********	7.5	*******	8.2	(12)	0	31/31	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	7455	12451	(26)	*******	*******	*******	********	1	13/31	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	3184	(26)	*******	*******	*******	********	0	13/31	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********* MO AVG	6000 DAILY MX	LBS/DY	*********	*********	*********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	264	555	(26)	*******	0.44	0.85	(19)	NA	13/31	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	3.36	(26)	*******	*******	*******	********	0	13/31	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*********	21 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	21964	21964	(26)	*******	35	35	(19)	NA	1/31	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	43928	43928	(26)	*******	70	70	(19)	NA	1/31	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Madhu Ranade	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(219) 787-2712		2011	2	28
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 3.73	(26)	*******	*******	*******	*********	0	13/31	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	30.2	73.9	(26)	*******	*******	*******	*********	0	13/31	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX	LBS/DY	*********	*********	*********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.6	11.2	(26)	*******	0.002	0.018	(19)	NA	13/31	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*******	REPORT MON. AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	69.5	86.8	(03)	*******	*******	*******	*********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	*********	*********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	3.9	50.2	(26)	*******	0.01	0.08	(19)	NA	13/31	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Madhu Ranade	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.	(219) 787-2712		2011	2	28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 0 0 1 7 5 0 3 1 0 1 1 1 *

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	3.7	7.0	(19)	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	15	19	(19)	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6554	0.7704	(03)	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	1	3	(13)	0	5/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Madhu Ranade	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.	(219) 787-2712		2011	2	28
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME Town Council of Burns Harbor

ADDRESS Burns Harbor & ArcelorMittal Burns Harbor LLC
1240 Boo Road
Burns Harbor IN 46304

FACILITY Burns Harbor & ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

INJ060801031U0111

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	1	1	2011	TO	1	31	2011

For Any Questions call Helen Demmings at 317-232-8815

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	3.7	7.0	(19)	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	15	19	(19)	0	13/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6554	0.7704	(03)	*******	*******	*******	********	NA	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	1	3	(13)	0	5/31	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	2	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME Town Council of Burns Harbor

ADDRESS Burns Harbor & ArcelorMittal Burns Harbor LLC
1240 Boo Road
Burns Harbor IN 46304

FACILITY Burns Harbor & ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

INJ060801	031U
PERMIT NUMBER	DISCHARGE NUMBER

INJ060801031U0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Helen Demmings at 317-232-8815

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	3.7	7.7	(19)	0	12/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	15	21	(19)	0	12/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX	MG/L		THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6635	0.8364	(03)	*******	*******	*******	********	NA	28/28	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			STMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	3	9	(13)	0	4/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX	#/100ML		WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS

NAME BURNS HARBOR and ARCELORMITTAL BURNS

ADDRESS BURNS HARBOR TOWN COUNCIL
1240 N BOO RD
BURNS HARBOR IN 46304

FACILITY BURNS HARBOR and ARCELORMITTAL BU

LOCATION BURNS HARBOR IN

ATTN: R. A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

INJ060801	031 U
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	11	TO	03	31	11

INJ060801031U32011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	< 14.1	48	mg/L	1	3/7	GRAB
00310 1 0 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	45 DAILY MX			Three Per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	13.4	17	mg/L	0	3/7	GRAB
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	45 DAILY MX			Three Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.6481	0.7865	Mgal/d	******	******	******		NA	5/7	TOTALZ
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX							Five Per Week	TOTALZ
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	2	7	#/100mL	0	1/7	GRAB
74055 1 0 0 Effluent Gross	PERMIT REQUIREMENT					200 MO GEO	400 DAILY MX			Weekly	GRAB

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 or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	4	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

OPERATIONAL PORTER COUNTY

PERMITTEE NAME/ADDRESS

NAME BURNS HARBOR and ARCELORMITTAL BURNS
ADDRESS BURNS HARBOR TOWN COUNCIL
1240 N BOO RD
BURNS HARBOR IN 46304

FACILITY BURNS HARBOR and ARCELORMITTAL BU
LOCATION BURNS HARBOR IN
ATTN: R. A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

INJ060801	031 U
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04/01/11			TO	04/30/11		

INJ060801031U42011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	16.3	39	mg/L	0	13/30	GRAB
00310 1 0 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	45 DAILY MX			Three Per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	12.7	32	mg/L	0	13/30	GRAB
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	45 DAILY MX			Three Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.5604	0.6666	Mgal/d	******	******	******		NA	30/30	TOTALZ
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX							Five Per Week	TOTALZ
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	16	TNTC	#/100mL	1	5/30	GRAB
74055 1 0 0 Effluent Gross	PERMIT REQUIREMENT					200 MO GEO	400 DAILY MX			Weekly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
R. A. MACIEL MGR. ENVIRONMENTAL		219 787-2712	05	27	11
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

OPERATIONAL PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175001A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 6 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	59		0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	**********	60 DAILY MX	*********		Continuous	Recorder
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	**********	7.5	*******	8.1		0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		6 MINUMUM	**********	9 MAXIMUM	*********		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED 00530 1 0 1 EFFLUENT GROSS LIMIT	SAMPLE MEASUREMENT	17473	37037	(26)	*******	18.8	39.0	(19)	NA	4/28	Comp 24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE 00556 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	NQ 1610.2	(26)	*******	0	NQ 1.70	(19)	NA	4/28	GRAB
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	573	742	(26)	*******	0.6283	0.84	(19)	0	12/28	Comp 24
	PERMIT REQUIREMENT	645 7 DAY AVG	910 DAILY MX	LBS/DY	**********	0.72 7 DAY AVG	1.02 DAILY MX	MG/L		THREE/WEEK	Comp 24
CYANIDE, TOTAL (AS CN) 00720 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	<1.90	(26)	*******	0	<0.002	(19)	NA	4/28	Comp 24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	Comp 24
PHENOLICS, TOTAL RECOVERABLE 32730 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	NQ 10.73	(26)	*******	*******	*******	*********	0	12/28	Comp 24
	PERMIT REQUIREMENT	14.0 MO AVG	22 DAILY MX	LBS/DY	**********	**********	**********	*********		THREE/WEEK	Comp 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Madhu Ranade	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.	(219) 787-2712		2011	3	28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 01A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	********	**********	**********	0.05 DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	110.6	138.2	(03)	*******	*******	*******		NA	28/28	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	**********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	3096.7		*******	*******	*******		NA	0/28	RCOTTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MO TOTAL	Mgal/Mo						MONTHLY	RCOTTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175002A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	55	(15)	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	57 DAILY MAX	DEG F		Continuous	Recorder
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	*********	8.2	*******	8.3	(12)	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continuous	Recorder
SOLIDS, TOTAL SUSPENDED 00530 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	16593	20936	(26)	*******	14.5	16.0	(19)	NA	4/28	Comp 24
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OIL & GREASE 00556 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	NQ 2257.2	(26)	*******	0	NQ 2.30	(19)	NA	4/28	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	REPORT DAILY AVG	REPORT DAILY MX	MG/L		weekly	Grab
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	72	158	(26)	*******	0.06	0.150	(19)	NA	4/28	Comp24
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp24
CHLORIDE (AS CL) 00940 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	23606	23606	(26)	*******	17	17	(19)	NA	1/28	Comp24
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24
SULFATE, TOTAL (AS SO4) 00945 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	104146	104146	(26)	*******	75	75	(19)	NA	1/28	Comp24
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LB/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Once/Mo	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	002A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 02A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	0	NQ 39.25	(26)	*******	0	NQ 0.030	(19)	NA	4/28	Comp 24
01046 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0	<2.62	(26)	*******	0	<0.002	(19)	NA	4/28	Comp 24
32730 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	*********	REPORT DAILY AV	REPORT DAILY MX	MG/L		Weekly	Comp 24
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********	*********	**********	********** DAILY AV	REPORT DAILY MX	MG/L		Daily	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	161.4	225.0	(03)	*******	*******	*******	********	NA	28/28	TOTALZ
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			5 times/wk	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*********	*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**********	**********		**********	.05 MO AVG	.05 DAILY MX	MG/L		Weekly	Grab
FLOW, TOTAL	SAMPLE MEASUREMENT	*******	4520.2	Mgal/mo	*******	*******	*******		NA	0/28	RCOTOT
82220 1 0 0 EFFLUENT GROSS	PERMIT REQUIREMENT		REPORT MONTHLY	Mgal/mo						MONTHLY	RCOTOT
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	003A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 03A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXIDENTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******	NA	(19)	NA	0/0	Grab
34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	*******	0.05 DAILY MX	MG/L		Daily	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	NA	NA	(19)	0	0/0	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		*******	0.05 MO AVG	0.05 DAILY MX	MG/L		Weekly	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENEHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	99	(15)	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	DEG.F		Continuous	Recorder
CONDUCTIVITY 00094 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	684000	(11)	NA	19/25	Grab
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AVG	REPORT DAILY MX	UMHO/C		21/31	Grab
IRON, TOTAL (AS FE) 01045 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	47946	73406	(26)	*******	*******	*******	*********	NA	19/25	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.0314	0.0589	(03)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	14	(29)	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder
SOLIDS, TOTAL DISSOLVED 70295 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	76587	124225	(26)	*******	*******	*******	*********	NA	19/25	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
SPECIFIC GRAVITY 82205 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.24	1.26	(36)	*******	*******	*******	*********	NA	20/25	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GR/L	**********	**********	**********			3TMS/week	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	005A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175005A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	270	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MIN	**********	PSI	**********	**********	**********			Continuous	Recorder
FREE ACID 82229 W 0 1 SEE COMMENTS	SAMPLE MEASUREMENT	*******	*******		*******	0.25	0.33	%	NA	19/28	GRAB
	PERMIT REQUIREMENT					Report DAILY AVG	Report DAILY MAX	%		Five Per Week	GRAB
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 06A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHIET 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********	*******	*******	NA	(15) DEG.F	NA	0/0	Recorder
	PERMIT REQUIREMENT	*********	*********		*********	********* DAILY AV	REPORT DAILY MX			Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	*********		*******	NA	(12) SU	NA	Continuous	Recorder
	PERMIT REQUIREMENT	*********	*********		REPORT MINIMUM	*********	REPORT MAXIMUM			Continuous	Recorder
NITROGEN AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(26) LBS/DY	*******	*******	*******	*********	NA	0/0	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0		(03) MGD	*******	*******	*******	*********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******		(29) PSI	*******	*******	*******	*********	NA	0/0	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		*********	*********	*********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	006A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175006A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	510	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	**********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0000175	007A

IN0000175007A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	********	*******	*******	82	(15)	NA	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		**********	********** DAILY AV	REPORT DAILY MX	DEG.F		Continuous	Recorder
PH 00400 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	********	9.0	*******	9.5	(12)	0	Continuous	Recorder
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM	SU		Continuous	Recorder
NITROGEN, AMMONIA TOTAL (AS N) 00610 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	6875	8321	(26)	*******	*******	*******	********	NA	20/28	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
CYANIDE, TOTAL (AS CN) 00720 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	186	239	(26)	*******	*******	*******	********	NA	20/28	Grab
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
PHENOLICS, TOTAL RECOVERABLE 32730 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1792	2469	(26)	*******	*******	*******	********	NA	20/28	Grab
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	LBS/DY	**********	**********	**********			5TMS/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.2884	0.3474	(03)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	**********	**********	**********			Continuous	Recorder
INJECTION PRESSURE AT WELL HEAD 50056 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	690	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	********** DAILY AV	REPORT DAILY MX	PSI	**********	**********	**********			Continuous	Recorder

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS **ArcelorMittal Burns Harbor LLC**
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY **ArcelorMittal Burns Harbor LLC**
LOCATION **CHESTERTON**
ATTN: **MR. ROBERT A. MACIEL**

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	007A
PERMIT NUMBER	DISCHARGE NUMBER

IN00001750 07A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIFFERENTIAL PRESSUR ANNULAR WELL HEAD 82207 W 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	180	*******	(29)	*******	*******	*******	********	NA	Continuous	Recorder
	PERMIT REQUIREMENT	REPORT DAILY MN	********** **********	PSI	**********	**********	**********			Continuous	Recorder
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0211

For Any Questions call Jeff Ewick at 317-233-0676

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******	*********	7.7	*******	8.3	(12)	0	28/28	Recorder
00400 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	**********		6 MINIMUM	**********	9 MAXIMUM	SU		Continous	Recorder
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5026	12705	(26)	*******	*******	*******	*********	0	14/28	Comp24
00530 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX	LBS/DY	**********	**********	**********			Three/Week	Comp24
OIL & GREASE	SAMPLE MEASUREMENT	*******	NQ 2057	(26)	*******	*******	*******	*********	0	12/28	Grab
00556 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********* MO AVG	6000 DAILY MX	LBS/DY	*********	*********	*********			Three/Week	Grab
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	352	491	(26)	*******	0.59	0.82	(19)	NA	12/28	Comp24
00610 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*******	NQ 2.74	(26)	*******	*******	*******	*********	0	12/28	Comp24
00720 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	**********	21 DAILY MX	LBS/DY	**********	*********	**********			THREE/WEEK	Comp24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	56242	56242	(26)	*******	83	83	(19)	NA	1/28	Comp24
00940 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24
SULFATE, TOTAL (AS SO4)	SAMPLE MEASUREMENT	42690	42690	(26)	*******	63	63	(19)	NA	1/28	Comp24
00945 R 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT MON AVG	REPORT DAILY MX	LBS/DY	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		Once/Month	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	011A
PERMIT NUMBER	DISCHARGE NUMBER

IN0000175011A0211

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD, TOTAL (AS PB) 01051 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 2.54	(26)	*******	*******	*******	*********	0	12/28	Comp24
	PERMIT REQUIREMENT	22.8 MO AVG	66.9 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
ZINC, TOTAL (AS ZN) 01092 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	7.9	17.5	(26)	*******	*******	*******	*********	0	12/28	Comp24
	PERMIT REQUIREMENT	34.6 MO AVG	89.7 DAILY MX	LBS/DY	**********	**********	**********			THREE/WEEK	Comp24
PHENOLICS, TOTAL RECOVERABLE 32730 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	7.2	64.3	(26)	*******	0.012	0.110	(19)	NA	12/28	Comp24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*******	REPORT MON AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Comp24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	73.3	86.5	(03)	*******	*******	*******	*********	NA	28/28	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********			5TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 R 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0	NQ 25.7	(26)	*******	0	NQ 0.04	(19)	NA	11/28	Grab
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	LBS/DY	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		THREE/WEEK	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ArcelorMittal Burns Harbor LLC

ADDRESS ArcelorMittal Burns Harbor LLC
250 West U.S. Highway
Burns Harbor IN 46304

FACILITY ArcelorMittal Burns Harbor LLC
LOCATION CHESTERTON
ATTN: MR. ROBERT A. MACIEL

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
F-FINAL
EFFLUENT

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175	031
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	2	1	2011	TO	2	28	2011

For Any Questions call Jeff Ewick at 317-233-0676

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	3.7	7.7	(19) MG/L	0	12/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	15	21	(19) MG/L	0	12/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	30 DAILY AV	45 DAILY MX			THREE/WEEK	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 R 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6635	0.8364	(03) MGD	*******	*******	*******	********	NA	28/28	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		**********	**********	**********			5TMS/WEEK	TOTALZ
COLIFORM, FECAL GENERAL 74055 R 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	********	*******	3	9	(13) #/100ML	0	4/28	Grab
	PERMIT REQUIREMENT	**********	**********		**********	200 DAILY AV	400 DAILY MX			WEEKLY	Grab
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
None	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Madhu Ranade

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(219) 787-2712		2011	3	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR
CHESTERTON PORTER COUNTY

PERMITTEE NAME/ADDRES
NAME ARCELORMITTAL BURNS HARBOR LLC
ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC
LOCATION BURNS HARBOR IN
ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0000175	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	11	TO	03	31	11

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175001A32011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	Maximum	Units	QUALITY OR CONCENTRATION Minimum	Average	Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
Temperature, water deg. fahrenheit 00011 1 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	******	63	deg F	NA	31/31	RCORDR
	PERMIT REQUIREMENT						65 DAILY MX			Continuous	RCORDR
pH 00400 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		7.5	******	8.3	SU	0	31/31	RCORDR
	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Continuous	RCORDR
Solids, total suspended 00530 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	6443	8367	lb/d	******	7.0	9.0	mg/L	NA	5/31	COMP24
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Oil and grease, hexane extr method 00552 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	0	< 1413	lb/d	******	0	< 1.5	mg/L	NA	5/31	GRAB
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	GRAB
Nitrogen, ammonia total (as N) 00610 1 2 0 Effluent Gross	SAMPLE MEASUREMENT	466	734	lb/d	******	0.52	0.79	mg/L	0	14/31	COMP24
	PERMIT REQUIREMENT	940 MO AVG	1300 DAILY MX			9 MO AVG	1.27 DAILY MX			Three Per Week	COMP24
Silver total recoverable 01079 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	0.000	NQ 0.068	lb/d	******	0.000	NQ 0.074	ug/L	NA	5/31	COMP24
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Zinc, total recoverable 01094 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	18	25	lb/d	******	19	27	ug/L	NA	5/31	COMP24
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Robert A. Maciel		219	787-2712	05	2	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.		MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR PORTER COUNTY

PERMITTEE NAME/ADDRES
NAME ARCELORMITTAL BURNS HARBOR LLC
ADDRESS 250 W US 12
BURNS HARBOR IN 463049745
FACILITY ARCELORMITTAL BURNS HARBOR LLC
LOCATION BURNS HARBOR IN
ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0000175	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	11	TO	03	31	11

IN0000175001A32011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Lead, total recoverable	SAMPLE MEASUREMENT	0.0	NQ 5.4	lb/d	******	0.0	NQ 6.7	ug/L	0	14/31	COMP24
01114 1 0 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	41 DAILY MX			18 MO AVG	36 DAILY MX			Three Per Week	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	8.9	13.0	lb/d	******	0.0096	0.0140	mg/L	NA	5/31	COMP24
01119 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Phenolics, total recoverable	SAMPLE MEASUREMENT	0.0	NQ 5.8	lb/d	******	0.000	NQ 0.0063	mg/L	0	14/31	COMP24
32730 1 0 0 Effluent Gross	PERMIT REQUIREMENT	14 MO AVG	22 DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	105.9	129.0	Mgal/d	******	******	******		NA	31/31	TOTALZ
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX							Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	NA	NA	lb/d	******	NA	NA	ug/L	0	31/31	GRAB
50060 1 0 0 Effluent Gross	PERMIT REQUIREMENT	11 MO AVG	68.6 DAILY MX			10 MO AVG	60 DAILY MX			Daily	GRAB
Flow, pump out (Water Cannon)	SAMPLE MEASUREMENT	0	0	Mgal/d	******	******	******		NA	31/31	Estimated
74020 Y 0 0 Effluent Gross (Supplemen	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX							Continuous	TOTALZ
Flow, total	SAMPLE MEASUREMENT	******	3283.2	Mgal/mo	******	******	******		NA	1/31	RCORDR
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	05	2	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRES
NAME ARCELORMITTAL BURNS HARBOR LLC
ADDRESS 250 W US 12
BURNS HARBOR IN 463049745
FACILITY ARCELORMITTAL BURNS HARBOR LLC
LOCATION BURNS HARBOR IN
ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0000175	002 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	11	TO	03	31	11

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

1N0000175002A32011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	Maximum	Units	QUALITY OR CONCENTRATION Minimum	Average	Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
Temperature, water deg. fahrenheit 00011 1 2 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	******	59	deg F	0	31/31	RCORDR
	PERMIT REQUIREMENT						63 DAILY MX			Continuous	RCORDR
pH 00400 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		8.1	******	8.3	SU	0	31/31	RCORDR
	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Continuous	RCORDR
Solids, total suspended 00530 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	19363	22405	lb/d	******	13	16	mg/L	NA	5/31	COMP24
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Oil and grease, hexane extr method 00552 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	0.00	< 2486	lb/d	******	0	< 1.5	mg/L	NA	5/31	GRAB
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	GRAB
Nitrogen, ammonia total (as N) 00610 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	40	199	lb/d	******	0.026	0.130	mg/L	NA	5/31	COMP24
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Fluoride, total (as F) 00951 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	222	247	lb/d	******	0.15	0.15	mg/L	NA	2/31	COMP24
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	COMP24
Iron, dissolved (as Fe) 01046 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	0.00	< 35.4	lb/d	******	0.00	< 0.0253	mg/L	NA	1/31	GRAB
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Monthly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	05	2	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR CHESTERTON, PORTER COUNTY

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0000175	002 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03/01/11			TO	03/31/11		

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175002A32011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Zinc, total recoverable	SAMPLE MEASUREMENT	43.0	51.1	lb/d	******	28	31	ug/L	NA	2/31	COMP24
01094 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	0.0	NQ 4.0	lb/d	******	0.0	NQ 2.4	ug/L	NA	2/31	COMP24
01114 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	COMP24
Phenolics, total recoverable	SAMPLE MEASUREMENT	20.3	78.4	lb/d	******	0.014	0.056	mg/L	NA	5/31	GRAB
32730 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	172.4	240.6	Mgal/d	******	******	******		NA	31/31	TOTALZ
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX							Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	N A	N A	lb/d	******	N A	N A	ug/L	0	NA	NA
50060 1 0 0 Effluent Gross	PERMIT REQUIREMENT	24 MO AVG	144.1 DAILY MX			10 MO AVG	60 DAILY MX			Daily	GRAB
Flow, total	SAMPLE MEASUREMENT	******	5345.2	Mgal/mo	******	******	******		NA	1/31	RCOTOT
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	04	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR CHESTERTON, PORTER COUNTY

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0000175	003 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03/01/11			TO	03/31/11		

IN0000175003A32011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	NA	NA	ug/L	0	NA	NA
50060 1 0 0 Effluent Gross	PERMIT REQUIREMENT					10 MO AVG	60 DAILY MX			Daily	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	04	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR CHESTERTON, PORTER COUNTY

EPA FORM 3320-1(03-99) Revised by Indiana (June 2007) (Replaces EPA FORM T-40 WHICH MAY NOT BE USED - Mail Forms To IDEM (No Photo Co

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0000175	009 SQ
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	11	TO	03	31	11

IN0000175009503201 1

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		9.2	******	9.2	SU	NA	1/31	GRAB
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				Report QRTR MIN		Report QRTR MAX			Quarterly	RCORDR
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******	170	mg/L	NA	1/31	GRAB
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT						Report QRTR MAX			Quarterly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******		******	******	<1.5	mg/L	NA	1/31	GRAB
00552 1 0 0 Effluent Gross	PERMIT REQUIREMENT						Report QRTR MAX			Quarterly	GRAB
Fluoride, total (as F)	SAMPLE MEASUREMENT	******	******		******	******	0.33	mg/L	NA	1/31	GRAB
00951 1 0 0 Effluent Gross	PERMIT REQUIREMENT						Report QRTR MAX			Quarterly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******		******	******	3.1	mg/L	NA	1/31	GRAB
00980 1 0 0 Effluent Gross	PERMIT REQUIREMENT						Report QRTR MAX			Quarterly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******		******	******	0.21	mg/L	NA	1/31	GRAB
01094 1 0 0 Effluent Gross	PERMIT REQUIREMENT						Report QRTR MAX			Quarterly	GRAB
Chemical Oxygen Demand (COD)	SAMPLE MEASUREMENT	******	******		******	******	450	mg/L	NA	1/31	GRAB
81017 1 0 0 Effluent Gross	PERMIT REQUIREMENT						Report QRTR MAX			Quarterly	GRAB

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 or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	03	14	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SAMPLING MAY BE ANY MONTH, BUT RESULTS MUST BE REPORTED ON THE QUARTERLY DMR. INDUSTRIAL MAJOR PORTER COUNTY

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0000175	009 SQ
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03/01/11			TO	03/31/11		

IN0000175009SQ032011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Storm water flow	SAMPLE MEASUREMENT	0.00014	0.00432	Mgal/d	******	******	******		NA	31/31	GRAB
81395 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report QRTR AVG	Report QRTR MAX							Continuous	TOTALZ

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Robert A. Maciel		219	787-2712	04	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.		MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SAMPLING MAY BE ANY MONTH, BUT RESULTS MUST BE REPORTED ON THE QUARTERLY DMR. INDUSTRIAL MAJOR PORTER COUNTY

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0000175	011 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03/01/11			TO	03/31/11		

1N0000175011A32011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Solids, total suspended	SAMPLE MEASUREMENT	3648	9063	lb/d	******	5.9	15	mg/L	0	14/31	COMP24
00530 R 0 0 See Comments	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	COMP24
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	4349	lb/d	******	0.9	7.1	mg/L	0	14/31	GRAB
00552 R 0 0 See Comments	PERMIT REQUIREMENT		6000 DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	260	428	lb/d	******	0.42	0.65	mg/L	NA	14/31	COMP24
00610 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	COMP24
Cyanide, total (as CN)	SAMPLE MEASUREMENT	3.3	9.9	lb/d	******	0.005	0.015	mg/L	0	5/31	COMP24
00720 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	21 DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	4.4	18.9	lb/d	******	0.007	0.029	mg/L	0	14/31	COMP24
01094 R 0 0 See Comments	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	2.1	4.1	lb/d	******	0.0039	0.0077	mg/L	NA	2/31	COMP24
01114 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	COMP24
Phenolics, total recoverable	SAMPLE MEASUREMENT	1.3	11.1	lb/d	******	0.002	0.017	mg/L	NA	14/31	COMP24
32730 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	COMP24

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 or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	04	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

MONITORING STATION FOR SECONDARY WASTEWATER TREATMENT PLANT PRIOR TO MIXING WITH DILUTION FLOWS - GOES TO 001A. INDUSTRIAL MAJOR CHESTERTON, PORTER COUNTY

PERMITTEE NAME/ADDRES
NAME ARCELORMITTAL BURNS HARBOR LLC
ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC
LOCATION BURNS HARBOR IN
ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0000175	011 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD						
MO	DAY	YEAR		MO	DAY	YEAR
FROM 03/01/11			TO	03/31/11		

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

1N0000175011A32011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Tetrachloroethylene	SAMPLE MEASUREMENT	0.00	< 3.3	lb/d	******	0.0	< 5.0	ug/L	0	2/31	GRAB
34475 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	3.3 DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	GRAB
Naphthalene	SAMPLE MEASUREMENT	0.00	NQ 0.49	lb/d	******	0.0	NQ 0.91	ug/L	0	2/31	GRAB
34696 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	6.6 DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	71.1	88.8	Mgal/d	******	******	******		NA	31/31	TOTALZ
50050 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX							Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	0.00	NQ 26	lb/d	******	0.0	NQ 40	ug/L	0	10/31	GRAB
50060 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	4.42 DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	05	2	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

MONITORING STATION FOR SECONDARY WASTEWATER TREATMENT PLANT PRIOR TO MIXING WITH DILUTION FLOWS - GOES TO 001A. INDUSTRIAL MAJOR
CHESTERTON, PORTER COUNTY

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0000175	111 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	11	TO	03	31	11

IN0000175111A32011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
2,3,7,8-Tetrachlorodibenzofuran 79848 R 0 0 See Comments	SAMPLE MEASUREMENT	******	******		******	******	NA	pg/L	NA	NA	NA
	PERMIT REQUIREMENT						10 DAILY MX			Monthly	COMP24

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	03	14	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INTERNAL OUTFALL INDUSTRIAL MAJOR PORTER COUNTY

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0000175	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04/01/11			TO	04/30/11		

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175001A42011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	Maximum	Units	QUALITY OR CONCENTRATION Minimum	Average	Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
Temperature, water deg. fahrenheit 00011 1 2 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	******	68	deg F	0	30/30	RCORDR
	PERMIT REQUIREMENT						71 DAILY MX			Continuous	RCORDR
pH 00400 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		7.4	******	8.2	SU	0	30/30	RCORDR
	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Continuous	RCORDR
Solids, total suspended 00530 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	8953	12711	lb/d	******	9.5	14.0	mg/L	NA	4/30	COMP24
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Oil and grease, hexane extr method 00552 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	0.0	NQ 4073	lb/d	******	0.0	NQ 4.2	mg/L	NA	4/30	GRAB
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	GRAB
Nitrogen, ammonia total (as N) 00610 1 3 0 Effluent Gross	SAMPLE MEASUREMENT	282	441	lb/d	******	0.33	0.45	mg/L	0	12/30	COMP24
	PERMIT REQUIREMENT	730 MO AVG	1030 DAILY MX			.82 MO AVG	1.16 DAILY MX			Three Per Week	COMP24
Silver total recoverable 01079 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	0.000	NQ 0.047	lb/d	******	0.000	NQ 0.048	ug/L	NA	4/30	COMP24
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Zinc, total recoverable 01094 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	17.6	27	lb/d	******	18.3	27	ug/L	NA	4/30	COMP24
	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	05	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR PORTER COUNTY

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC
ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC
LOCATION BURNS HARBOR IN
ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0000175	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04/01/11			TO	04/30/11		

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175001A42011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Lead, total recoverable	SAMPLE MEASUREMENT	0.0	NQ 5.6	lb/d	******	0.0	NQ 6.5	ug/L	0	12/30	COMP24
01114 1 0 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	41 DAILY MX			18 MO AVG	36 DAILY MX			Three Per Week	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	10.6	11.6	lb/d	******	0.0113	0.0120	mg/L	NA	4/30	COMP24
01119 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Phenolics, total recoverable	SAMPLE MEASUREMENT	0.0	NQ 5.6	lb/d	******	0.000	NQ 0.0061	mg/L	0	12/30	COMP24
32730 1 0 0 Effluent Gross	PERMIT REQUIREMENT	14 MO AVG	22 DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	104.1	125.9	Mgal/d	******	******	******		NA	30/30	TOTALZ
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX							Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	NA		lb/d	******	NA		ug/L	0	0/30	GRAB
50060 1 0 0 Effluent Gross	PERMIT REQUIREMENT	11 MO AVG	68.6 DAILY MX			10 MO AVG	60 DAILY MX			Daily	GRAB
Mercury, total recoverable	SAMPLE MEASUREMENT	0.14	4.178	lb/d	******			ng/L	NA	30/30	Estimated
71901 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Once Every 2 Months	GRAB
Flow, pump out (Water Cannon)	SAMPLE MEASUREMENT		3123.2	Mgal/d	******	******	******		NA	1/30	RCORDR
74020 Y 0 0 Effluent Gross (Supplemen	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX							Continuous	TOTALZ

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Robert A. Maciel		219	787-2712	05	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.		MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0000175	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	11	TO	04	30	11

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

1N0000175001A42011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	3123.2	Mgal/mo	******	******	******		NA	1/30	RCORDR
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 possibiliy of fine or imprisonment for knowing violations.	NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
	Robert A. Maciel		219 787-2712	05	28	2011
	TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRES
NAME ARCELORMITTAL BURNS HARBOR LLC
ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC
LOCATION BURNS HARBOR IN
ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0000175	002 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04/01/11			TO	04/30/11		

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175002A42011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	Maximum	Units	QUALITY OR CONCENTRATION Minimum	Average	Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	64	deg F	0	30/30	RCORDR
00011 1 3 0 Effluent Gross	PERMIT REQUIREMENT						69 DAILY MX			Continuous	RCORDR
pH	SAMPLE MEASUREMENT	******	******		8.1	******	8.2	SU	0	30/30	RCORDR
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Continuous	RCORDR
Solids, total suspended	SAMPLE MEASUREMENT	17830	22156	lb/d	******	12	18	mg/L	NA	4/30	COMP24
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	0.0	< 2952	lb/d	******	0.0	< 1.5	mg/L	NA	4/30	GRAB
00552 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.0	98.4	lb/d	******	0.0	0.05	mg/L	NA	4/30	COMP24
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Fluoride, total (as F)	SAMPLE MEASUREMENT	197	197	lb/d	******	0.16	0.16	mg/L	NA	1/30	COMP24
00951 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	COMP24
Iron, dissolved (as Fe)	SAMPLE MEASUREMENT	0.0	< 31.1	lb/d	******	0.00	< 0.0253	mg/L	NA	1/30	GRAB
01046 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Monthly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	05	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR CHESTERTON, PORTER COUNTY

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0000175	002 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04/01/11			TO	04/30/11		

I N 0 0 0 0 1 7 5 0 0 2 A 4 2 0 1 1

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Zinc, total recoverable	SAMPLE MEASUREMENT	36	42	lb/d	******	31	34	ug/L	NA	2/30	COMP24
01094 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	0.0	< 2.6	lb/d	******	0.0	NQ 2.2	ug/L	NA	2/30	COMP24
01114 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	COMP24
Phenolics, total recoverable	SAMPLE MEASUREMENT	0.0	< 3.9	lb/d	******	0.0	< 0.002	mg/L	NA	4/30	GRAB
32730 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	173.0	264.0	Mgal/d	******	******	******		NA	30/30	TOTALZ
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX							Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	NA	NA	lb/d	******	NA	NA	ug/L	0	0/30	GRAB
50060 1 0 0 Effluent Gross	PERMIT REQUIREMENT	24 MO AVG	144.1 DAILY MX			10 MO AVG	60 DAILY MX			Daily	GRAB
Flow, total	SAMPLE MEASUREMENT	******	5189.2	Mgal/mo	******	******	******		NA	1/30	RCOTOT
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	05	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR CHESTERTON, PORTER COUNTY

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0000175	003 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04/01/11			TO	04/30/11		

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175003A42011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	NA	NA	ug/L	0	N A	N A
50060 1 0 0 Effluent Gross	PERMIT REQUIREMENT					10 MO AVG	60 DAILY MX			Daily	GRAB

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 possibiliy of fine or imprisonment for knowing violations.	NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
	Robert A. Maciel		219 787-2712	05	28	2011
	TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INDUSTRIAL MAJOR CHESTERTON, PORTER COUNTY

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0000175	011 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04/01/11			TO	04/30/11		

IN0000175011A42011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	Maximum	Units	QUALITY OR CONCENTRATION Minimum	Average	Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
Solids, total suspended	SAMPLE MEASUREMENT	4094	6995	lb/d	******	6.8	11.0	mg/L	0	12/30	COMP24
00530 R 0 0 See Comments	PERMIT REQUIREMENT	6000 MO AVG	20000 DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	COMP24
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	4127	lb/d	******	0.5	6.3	mg/L	0	12/30	GRAB
00552 R 0 0 See Comments	PERMIT REQUIREMENT		6000 DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	149	235	lb/d	******	0.26	0.42	mg/L	NA	12/30	COMP24
00610 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	COMP24
Cyanide, total (as CN)	SAMPLE MEASUREMENT	0.0	< 1.3	lb/d	******	0.0	< 0.002	mg/L	0	4/30	COMP24
00720 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	21 DAILY MX			Report MO AVG	Report DAILY MX			Weekly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	2.0	13.9	lb/d	******	0.003	0.021	mg/L	0	12/30	COMP24
01094 R 0 0 See Comments	PERMIT REQUIREMENT	34.6 MO AVG	99.7 DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	0.0	NQ 4.6	lb/d	******	0.00	NQ 0.0072	mg/L	NA	2/30	COMP24
01114 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	COMP24
Phenolics, total recoverable	SAMPLE MEASUREMENT	1.1	8.0	lb/d	******	0.002	0.014	mg/L	NA	12/30	COMP24
32730 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	COMP24

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel	[signature]	219 787-2712	05	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

MONITORING STATION FOR SECONDARY WASTEWATER TREATMENT PLANT PRIOR TO MIXING WITH DILUTION FLOWS - GOES TO 001A. INDUSTRIAL MAJOR
CHESTERTON, PORTER COUNTY

PERMITTEE NAME/ADDRES
NAME ARCELORMITTAL BURNS HARBOR LLC
ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC
LOCATION BURNS HARBOR IN
ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0000175	011 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD						
MO	DAY	YEAR		MO	DAY	YEAR
FROM 04/01/11			TO	04/30/11		

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

* I N 0 0 0 0 1 7 5 0 1 1 A 4 2 0 1 1 *

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Tetrachloroethylene	SAMPLE MEASUREMENT	0.00	< 0.86	lb/d	******	0.0	< 1.3	ug/L	0	2/30	GRAB
34475 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	3.3 DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	GRAB
Naphthalene	SAMPLE MEASUREMENT	0.00	< 0.46	lb/d	******	0.0	< 0.7	ug/L	0	2/30	GRAB
34696 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	6.6 DAILY MX			Report MO AVG	Report DAILY MX			Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	68.5	86.4	Mgal/d	******	******	******		NA	30/30	TOTALZ
50050 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX							Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	20	85	lb/d	******	32	130	ug/L	0	12/30	GRAB
50060 R 0 0 See Comments	PERMIT REQUIREMENT	Report MO AVG	4.42 DAILY MX			Report MO AVG	Report DAILY MX			Three Per Week	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Robert A. Maciel		219	787-2712	05	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.		MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

MONITORING STATION FOR SECONDARY WASTEWATER TREATMENT PLANT PRIOR TO MIXING WITH DILUTION FLOWS - GOES TO 001A. INDUSTRIAL MAJOR
CHESTERTON, PORTER COUNTY

PERMITTEE NAME/ADDRES

NAME ARCELORMITTAL BURNS HARBOR LLC

ADDRESS 250 W US 12

BURNS HARBOR IN 463049745

FACILITY ARCELORMITTAL BURNS HARBOR LLC

LOCATION BURNS HARBOR IN

ATTN: ROBERT A. MACIEL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0000175	111 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	11	TO	04	30	11

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0000175111A42011

For any questions call Julie Bye at 317-233-9610

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
2,3,7,8-Tetrachlorodibenzofuran 79848 R 0 0 See Comments	SAMPLE MEASUREMENT	******	******		******	******	NA	pg/L	NA	NA	NA
	PERMIT REQUIREMENT						10 DAILY MX			Monthly	COMP24

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Robert A. Maciel		219 787-2712	05	28	2011
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

INTERNAL OUTFALL INDUSTRIAL MAJOR PORTER COUNTY