

7012 1010 0003 3785 8211

## PERMITTEE NAME/ADDRESS

NAME MATERIAL HANDLING EXCHANGE, INC.  
ADDRESS 1800 CHURCHMAN AVE

INDIANAPOLIS IN 46203

FACILITY MATERIAL HANDLING EXCHANGE INC.

LOCATION FRANKLIN IN

ATTN: RYAN ALBRIGHT

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

Revised:



INP000627			001 A		
PERMIT NUMBER			PERMITTED FEATURE		
MONITORING PERIOD					
MO	DAY	YEAR	MO	DAY	YEAR
04/01/13			04/30/13		

Form Approved

OMB No. 2040-004

Approval Expires 05-31-98

TEMPO AI ID:

7 25 13



For any questions call Dan Knowles at 317-232-0019

\*\*\* 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	*****	*****		7.00	*****	7.00	SU	0	1/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT				5		10			Daily	GRAB
Effluent Gross					DAILY MN		DAILY MX				
Cyanide, total (as CN)	SAMPLE MEASUREMENT	*****	*****		*****	0.41	0.41	mg/L	0	1/30	GRAB
00720 1 0 0	PERMIT REQUIREMENT					.65	1.2			Monthly	GRAB
Effluent Gross						MO AVG	DAILY MX				
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	0.18	0.18	mg/L	0	1/30	GRAB
01074 1 0 0	PERMIT REQUIREMENT					2.38	3.98			Monthly	COMP24
Effluent Gross						MO AVG	DAILY MX				
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	<0.05	<0.05	mg/L	0	1/30	GRAB
01079 1 0 0	PERMIT REQUIREMENT					.24	.43			Monthly	COMP24
Effluent Gross						MO AVG	DAILY MX				
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	0.097	0.097	mg/L	0	1/30	GRAB
01094 1 0 0	PERMIT REQUIREMENT					1.43	2.61			Monthly	COMP24
Effluent Gross						MO AVG	DAILY MX				
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	mg/L	0	1/30	GRAB
01113 1 0 0	PERMIT REQUIREMENT					.07	.11			Monthly	COMP24
Effluent Gross						MO AVG	DAILY MX				
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	<0.01	<0.01	mg/L	0	1/30	GRAB
01114 1 0 0	PERMIT REQUIREMENT					.43	.69			Monthly	COMP24
Effluent Gross						MO AVG	DAILY MX				

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

TYPED OR PRINTED

SIGNATURE

AREA CODE AND NO.

MO

DAY

YEAR

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

THE FLOW MUST BE MEASURED USING VALID FLOW MEASUREMENT DEVICES. PRETREATMENT TO FRANKLIN POTW JOHNSON 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 Copies)

Johnson Minor INP000627001A4/30/2013 - Page 1 of 2

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PERMIT NUMBER			PERMITTED FEATURE		
MONITORING PERIOD					
MO	DAY	YEAR	MO	DAY	YEAR
FROM 04/01/13			TO 04/30/13		

Form Approved  
OMB No. 2040-004  
Approval Expires 05-31-98 TEMPO A1 ID:



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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			
Chromium, total recoverable 01118 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	<0.01	<0.01	mg/L	0	1/30	6/RA3
	PERMIT REQUIREMENT					1.71	2.77				
						MO AVG	DAILY MX				
Copper, total recoverable 01119 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	0.11	0.11	mg/L	0	1/30	6/RA3
	PERMIT REQUIREMENT					2.07	3.33				
						MO AVG	DAILY MX				
Flow, in conduit or thru treatment plant 50050 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	0.0025	0.0025	MGD	*****	*****	*****		0	1/30	Est.
	PERMIT REQUIREMENT	Report	Report								
		MO AVG	DAILY MX								

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
Raymond Kussis on behalf of MHE  
TYPED OR PRINTED  
Raymond Kussis on behalf of MHE  
SIGNATURE

TELEPHONE  
317 417-6807  
AREA CODE AND NO.  
DATE  
07 23 13  
MO DAY YEAR

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

THE FLOW MUST BE MEASURED USING VALID FLOW MEASUREMENT DEVICES. PRETREATMENT TO FRANKLIN POTW JOHNSON COUNTY



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R2 / 8-07)

### FACILITY NAME AND ADDRESS:

Material Handling Exchange, Inc.  
1001 Hurricane Street  
Franklin, Indiana  
Attention: Kevin Lawrence

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.  
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE  
28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management  
Office of Water Quality, Mail Code 65-42  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2251

Facility e-mail address: Kevindi@m-h-e.com

I N P 0 0 0 6 2 7  
PERMIT NUMBER

0 0 1 A  
OUTFALL NO.

0 4 1 3  
MO. YR.

EFFLUENT CHARACTERISTICS		FLOW	pH		Cyanide, Total (CN)		Nickel, Total (Ni)		Silver, Total (Ag)	
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C00720	Q	C01074	Q	C01079
SAMPLE TYPE	Permit Condition	24 TOT	GRAB			GRAB		GRAB		GRAB
	Monitored	24 TOT	METER			GRAB		GRAB		GRAB
FREQUENCY	Permit Condition	Monthly	Monthly			Monthly		Monthly		Monthly
	Monitored	Daily								
EFFLUENT LIMITATIONS	Permit Minimum		5.0							
	Permit Average	Report	N/A			0.65		2.38		0.24
	Permit Maximum	Report	10.0			1.20		3.98		0.43
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Mon 1									
	Tue 2									
	Wed 3									
	Thu 4									
	Fri 5									
	Sat 6									
	Sun 7									
	Mon 8									
	Tue 9									
	Wed 10									
	Thu 11									
	Fri 12									
	Sat 13									
	Sun 14									
	Mon 15	0.0025	7.00	7.00		0.41		0.18		<0.05
	Tue 16									
	Wed 17									
	Thu 18									
	Fri 19									
	Sat 20									
	Sun 21									
	Mon 22									
	Tue 23									
	Wed 24									
	Thu 25									
	Fri 26									
	Sat 27									
	Sun 28									
	Wed 29									
	Tue 30									
MONTHLY AVERAGE		0.0025				0.41		0.18		<0.05
HIGHEST VALUE		0.0025	7.00			0.41		0.18		<0.05
LOWEST VALUE		0.0025	7.00			0.41		0.18		<0.05
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			0			0		0		0
TOTAL FLOW		0.0025								

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Signature of Certified Operator

Date (month, day, year)

7/23/13

Signature of principal executive officer or authorized agent

*Kevindi* on behalf of MHE

Date (month, day, year)

7/23/13



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Office of Water Quality, Mail Code 65-42  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2251

I N P 0 0 0 6 2 7

PERMIT NUMBER

0 0 1 A

OUTFALL NO.

0 4 1 3

MO. YR.

EFFLUENT CHARACTERISTICS		Zinc, Total (Zn)		Cadmium, Total (Cd)		Lead, Total (Pb)		Chromium, Total (Cr)	
EFFLUENT PARAMETER NUMBER		Q	C01094	Q	C01113	Q	C01114	Q	C 01118
SAMPLE TYPE	Permit Condition		GRAB		GRAB		GRAB		GRAB
	Monitored		GRAB		GRAB		GRAB		GRAB
FREQUENCY	Permit Condition		Monthly		Monthly		Monthly		Monthly
	Monitored								
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average		1.48		0.07		0.43		1.71
	Permit Maximum		2.61		0.11		0.69		2.77
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Mon 1								
	Tue 2								
	Wed 3								
	Thu 4								
	Fri 5								
	Sat 6								
	Sun 7								
	Mon 8								
	Tue 9								
	Wed 10								
	Thu 11								
	Fri 12								
	Sat 13								
	Sun 14								
	Mon 15		0.097		<0.005		<0.01		<0.01
	Tue 16								
	Wed 17								
	Thu 18								
	Fri 19								
	Sat 20								
	Sun 21								
	Mon 22								
	Tue 23								
	Wed 24								
	Thu 25								
	Fri 26								
	Sat 27								
	Sun 28								
	Wed 29								
	Tue 30								
MONTHLY AVERAGE			0.097		<0.005		<0.01		<0.01
HIGHEST VALUE			0.097		<0.005		<0.01		<0.01
LOWEST VALUE			0.097		<0.005		<0.01		<0.01
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			0		0		0		0

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Signature of Certified Operator

*Raymond S. [Signature]*

Date (month, day, year)

7/23/13

Signature of principal executive officer or authorized agent

*Raymond S. [Signature] on behalf of MHE*

Date (month, day, year)

7/23/13



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100 North Senate Avenue  
Indianapolis, Indiana 46204-2251

I N P 0 0 0 6 2 7  
PERMIT NUMBER

0 0 1 A  
OUTFALL NO.

0 4 1 3  
MO. YR.

EFFLUENT CHARACTERISTICS		Copper							
EFFLUENT PARAMETER NUMBER		C01119							
SAMPLE TYPE	Permit Condition	GRAB							
	Monitored	GRAB							
FREQUENCY	Permit Condition	Monthly							
	Monitored								
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average								
	Permit Maximum								
UNITS=									
	Mon 1								
	Tue 2								
	Wed 3								
	Thu 4								
	Fri 5								
	Sat 6								
	Sun 7								
	Mon 8								
	Tue 9								
	Wed 10								
	Thu 11								
	Fri 12								
	Sat 13								
	Sun 14								
	Mon 15	0.11							
	Tue 16								
	Wed 17								
	Thu 18								
	Fri 19								
	Sat 20								
	Sun 21								
	Mon 22								
	Tue 23								
	Wed 24								
	Thu 25								
	Fri 26								
	Sat 27								
	Sun 28								
	Wed 29								
	Tue 30								
MONTHLY AVERAGE		0.11							
HIGHEST VALUE		0.11							
LOWEST VALUE		0.11							
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0							

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Signature of Certified Operator

*Kevin Lawrence*

Date (month, day, year)

7/23/13

Signature of principal executive officer or authorized agent

*Kevin Lawrence on behalf of MHE*

Date (month, day, year)

7/23/13



**ENVision Laboratories, Inc.**  
1439 Sadlier Circle West Drive  
Indianapolis, IN 46239  
Tel: 317.351.8632  
Fax: 317.351.8639  
[www.envisionlaboratories.com](http://www.envisionlaboratories.com)

Ms. Debbie Williams  
Material Handling Exchange, Inc.  
1800 Churchman Ave  
Indianapolis, IN 46203

June 12, 2013

ENVision Project Number: 2013-1468  
Client Project Name: MHE Powder Coat

Dear Ms. Williams,

Please find the attached analytical report for the samples received May 28, 2013. All test methods performed were fully compliant with local, state, and federal EPA methods unless otherwise noted. The project was analyzed as requested on the enclosed chain of custody record. Please review the comments section for additional information about your results or Quality Control data.

Feel free to contact me if you have any questions or comments regarding your analytical report or service.

Thank you for your business. ENVision Laboratories looks forward to working with you on your next project.

Yours Sincerely,

Cheryl A. Crum

Director of Project Management  
ENVision Laboratories, Inc.



Analytical Report

**ENVision Laboratories, Inc.**  
1439 Sadlier Circle West Drive  
Indianapolis, IN 46239  
Tel: 317.351.8632  
Fax: 317.351.8639  
www.envisionlaboratories.com

**Client Name:** MHE POWDER COAT

**Project ID:** MHE POWDER COAT

**Client Project Manager:** RAY KASSAB

**ENVision Project Number:** 2013-1468

**Analytical Method:** 6010/7470

**Prep Method:** 3010A

**Client Sample ID:** OUTFALL 001A

**Envision Sample Number:** 13-11112

**Sample Matrix:** water

**Sample Collection Date/Time:** 4/15/13 10:00

**Sample Received Date/Time:** 5/28/13 13:15

<u>Compounds</u>	<u>Sample Results (mg/L)</u>	<u>Reporting Limit (mg/L)</u>	<u>Flags</u>
Cadmium	< 0.005	0.005	
Chromium	< 0.01	0.01	
Copper	<b>0.11</b>	0.02	
Lead	< 0.01	0.01	
Nickel	<b>0.18</b>	0.05	
Silver	< 0.05	0.05	
Zinc	<b>0.097</b>	0.05	

**ICP Analysis Date/Time:** 05-31-13/11:42

**Analyst Initials:** gjd

**Date Digested:** 05/30/13

**Initial Sample Volume:** 50 mL

**Final Volume:** 50 mL

**Analytical Batch:** 053113icp



**First  
Environmental  
Laboratories, Inc.**

IL ELAP / NELAC Accreditation # 100292

1600 Shore Road • Naperville, Illinois 60563 • Phone (630) 778-1200 • Fax (630) 778-1233

June 04, 2013

Ms. Cheryl Crum  
**ENVISION LABORATORIES, INC.**  
1439 Sandlier Cir. W. Drive  
Indianapolis, IN 46239

Project ID: 2013-1468  
First Environmental File ID: 13-2775  
Date Received: May 30, 2013

Dear Ms. Cheryl Crum:

The above referenced project was analyzed as directed on the enclosed chain of custody record.

All Quality Control criteria as outlined in the methods and current IL ELAP/NELAP have been met unless otherwise noted. QA/QC documentation and raw data will remain on file for future reference. Our accreditation number is 100292 and our current certificate is number 003102: effective 02/14/2013 through 02/28/2014.

I thank you for the opportunity to be of service to you and look forward to working with you again in the future. Should you have any questions regarding any of the enclosed analytical data or need additional information, please contact me at (630) 778-1200.

Sincerely,



Stan Zaworski  
Project Manager





**First  
Environmental  
Laboratories, Inc.**

IL ELAP / NELAC Accreditation # 100292

1600 Shore Road • Naperville, Illinois 60563 • Phone (630) 778-1200 • Fax (630) 778-1233

**Case Narrative**

**ENVISION LABORATORIES, INC.**

Project ID: **2013-1468**

First Environmental File ID: **13-2775**

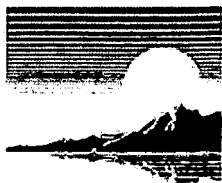
Date Received: **May 30, 2013**

All quality control criteria, as outlined in the methods, have been met except as noted below or on the following analytical report.

Flag	Description	Flag	Description
<	Analyte not detected at or above the reporting limit.	L+	LCS recovery outside control limits; high bias.
B	Analyte detected in associated method blank.	L-	LCS recovery outside control limits; low bias.
C	Identification confirmed by GC/MS.	M	MS recovery outside control limits; LCS acceptable.
D	Surrogates diluted out; recovery not available.	M+	MS recovery outside control limits high bias; LCS acceptable.
E	Estimated result; concentration exceeds calibration range.	M-	MS recovery outside control limits low bias; LCS acceptable.
F	Field measurement.	N	Analyte is not part of our NELAC accreditation.
		ND	Analyte was not detected using a library search routine; No calibration standard was analyzed.
G	Surrogate recovery outside control limits; matrix effect.	P	Chemical preservation pH adjusted in lab.
H	Analysis or extraction holding time exceeded.	Q	The analyte was determined by a GC/MS database search.
J	Estimated result; concentration is less than calib range.	S	Analyte was sub-contracted to another laboratory for analysis.
K	RPD outside control limits.	T	Sample temperature upon receipt exceeded 0-6°C
RL	Routine Reporting Limit (Lowest amount that can be detected when routine weights/volumes are used without dilution.)	W	Reporting limit elevated due to sample matrix.

**Sample Batch Comments:**

Sample acceptance criteria were met.



**First  
Environmental  
Laboratories, Inc.**

IL ELAP / NELAC Accreditation # 100292

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**Analytical Report**

**Client:** ENVISION LABORATORIES, INC.  
**Project ID:** 2013-1468  
**Sample ID:** 13-11112  
**Sample No:** 13-2775-001

**Date Collected:** 04/15/13  
**Time Collected:** 10:00  
**Date Received:** 05/30/13  
**Date Reported:** 06/04/13

Analyte	Result	R.L.	Units	Flags
Cyanide, Total	Method: 4500CN,C,E			
Analysis Date: 06/04/13				
Cyanide, Total	0.410	0.005	mg/L	H



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Laboratories, Inc.**

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**Quality Control Summary**

**Client:** ENVISION LABORATORIES, INC.

**Lab File ID:** 13-2775

**Project ID:** 2013-1468

**Date Received:** 05/30/13

QC Lab#	Time QC Code	Parameter	Reported Result	Units	QC Result	%R Limits Low High	RPD Limit
<b>Parameter:</b> Cyanide, Total		<b>Analytical Method:</b> 4500CN,C,E 1999		<b>Analytical WS #:</b> 104208		<b>Analysis Date:</b> 06/04/13	
13-2784-001MS	MS	Cyanide, Total	4.51	mg/kg	%R: 97.8	75 - 125	
13-2784-001MSD	MSD	Cyanide, Total	4.56	mg/kg	%R: 98.9	75 - 125	RPD: 1 20
CCB138386	CB	Cyanide, Total	< 0.005	mg/L	0	-	
CCB138387	CB	Cyanide, Total	< 0.005	mg/L	0	-	
CCVS138388	CCVS	Cyanide, Total	0.488	mg/L	%R: 97.6	90 - 110	
CCVS138389	CCVS	Cyanide, Total	0.495	mg/L	%R: 99	90 - 110	
LCS138390	LCS	Cyanide, Total	0.942	mg/L	%R: 94.2	80 - 120	
PB138393	PB	Cyanide, Total	< 0.005	mg/L	0	-	

\* The QC indicator is outside control limits. %R = percent recovery; RPD = Relative percent difference  
CB = Calibration Blank; CCVS = Continuing Calibration Verification Standard; MS = Matrix Spike;  
MSD = Matrix Spike Duplicate; LCS = Laboratory Control Spike; SURR = Surrogate Spiking Compound;  
PB = Procedure Blank; BLK = Method Blank





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### **6010B Metals Quality Control Data**

ENVision Batch Number: 053113icp

<b><u>Method Blank (MB):</u></b>	<b><u>MB Results(mg/L)</u></b>	<b><u>Rep Lim (mg/L)</u></b>	<b><u>Flag</u></b>
Cadmium	< 0.005	0.005	
Chromium	< 0.01	0.01	
Copper	< 0.02	0.02	
Lead	< 0.01	0.01	
Nickel	< 0.05	0.05	
Silver	< 0.05	0.05	
Zinc	< 0.05	0.05	
Analysis Date/Time:	05-31-13/10:18		
Analyst Initials:	gjd		

<b><u>Laboratory Control Standard (LCS):</u></b>	<b><u>LCS Results (mg/L)</u></b>	<b><u>LCS Conc.(mg/L)</u></b>	<b><u>% Rec</u></b>	<b><u>Flag</u></b>
Cadmium	0.51	0.50	102%	
Chromium	0.50	0.50	100%	
Copper	0.33	0.50	66%	
Lead	0.51	0.50	102%	
Nickel	0.51	0.50	102%	
Silver	0.46	0.50	92%	
Zinc	0.52	0.50	104%	
Analysis Date/Time:	05-31-13/10:22			
Analyst Initials:	gjd			

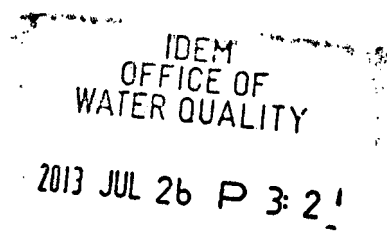


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Flag Number

Comments





July 23, 2013

Indiana Department of Environmental Management  
Compliance Data Section: Office of Water Quality  
100 North Senate Avenue  
Mail Code 65-42  
Indianapolis, Indiana 46204

**RE: Material Handling Exchange, Inc.  
IWP Permit No. INP000627  
Amended April 2013 MMR and DMR**

Sir or Madam,

In accordance with Part I, Section C(2) of the Materials Handling Exchange Industrial Wastewater Pretreatment Permit No. INP000627, please find the attached amended April 2013 reporting forms. The report submitted in May did not include the analytical data for the sample obtained on April 15, 2013 because the analytical report was not complete. The reporting forms in this amended report include the analytical data. A copy of the laboratory analytical results are also included with this report. An account of the events is summarized below.

On May 28, 2013 at 10:30 am, Mr. Josh Richards of MHE reported that a water sample was obtained for laboratory analysis on April 15, 2013, but was not submitted for laboratory analysis of the parameters listed in Table 1 of Part I of this permit. Mr. Raymond Kassab mobilized to the site and transported the sample to Envision Laboratories for laboratory analysis. Additionally, the total flow for the month was estimated due to malfunction of the flow meter. A water sample was measured for pH during discharge of wastewater on April 15 as listed in Table 2 of Part I of this permit.

Mr. Raymond Kassab of SES Environmental contacted Mr. Gary Starks of the Indiana Department of Environmental Management's Office of Water Quality/Compliance Branch on May 28, 2013 at 2:30 pm to officially report the data issues stated above.

If you should have any questions regarding this information, please contact SES at (317) 417-6807

Sincerely,

Raymond Kassab  
SES Environmental

Attachment

Cc: Rick Littleton, City of Franklin POTW

Lansing

Fort Wayne

Indianapolis

Louisville

[www.SESadvantage.com](http://www.SESadvantage.com)



7012 1010 0003 3785 9003

## PERMITTEE NAME/ADDRESS

NAME MATERIAL HANDLING EXCHANGE, INC.  
ADDRESS 1800 CHURCHMAN AVE

INDIANAPOLIS IN 46203

FACILITY MATERIAL HANDLING EXCHANGE INC.

LOCATION FRANKLIN IN

ATTN: RYAN ALBRIGHT

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

Revised: ☐

INP000627		001 A	
PERMIT NUMBER		PERMITTED FEATURE	
MONITORING PERIOD			
MO	DAY	YEAR	MO
04	01	13	04
FROM		TO	
04/01/13		04/30/13	

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

TEMPO AI ID:



For any questions call Dan Knowles at 317-232-0019

\*\*\* 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 00400 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		7.00	*****	7.00	SU	0	1/30 Daily	GRAB METER GRAB
	PERMIT REQUIREMENT				5		10				
					DAILY MN		DAILY MX				
Cyanide, total (as CN) 00720 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****			mg/L		Monthly	GRAB
	PERMIT REQUIREMENT					.65	1.2				
						MO AVG	DAILY MX				
Nickel, total recoverable 01074 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****			mg/L		Monthly	COMP24
	PERMIT REQUIREMENT					2.38	3.98				
						MO AVG	DAILY MX				
Silver total recoverable 01079 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****			mg/L		Monthly	COMP24
	PERMIT REQUIREMENT					.24	.43				
						MO AVG	DAILY MX				
Zinc, total recoverable 01094 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****			mg/L		Monthly	COMP24
	PERMIT REQUIREMENT					2.61	2.61				
						MO AVG	DAILY MX				
Cadmium, total recoverable 01113 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****			mg/L		Monthly	COMP24
	PERMIT REQUIREMENT					.07	.11				
						MO AVG	DAILY MX				
Lead, total recoverable 01114 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****			mg/L		Monthly	COMP24
	PERMIT REQUIREMENT					.43	.69				
						MO AVG	DAILY MX				

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

*Ryan Albritton*  
AUTHORIZED AGENT  
behalf of MHE

TYPED OR PRINTED

*Ryan Albritton*  
AUTHORIZED AGENT  
behalf of MHE

SIGNATURE

TELEPHONE

317 416-6807

AREA CODE AND NO.

DATE

05 28 13

MO DAY YEAR

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

THE FLOW MUST BE MEASURED USING VALID FLOW MEASUREMENT DEVICES. PRETREATMENT TO FRANKLIN POTW JOHNSON 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 Copies)

Johnson Minor INP000627001A4/30/2013 - Page 1 of 2



PERMITTEE NAME/ADDRESS

NAME MATERIAL HANDLING EXCHANGE, INC.  
ADDRESS 1800 CHURCHMAN AVE

INDIANAPOLIS IN 46203

FACILITY MATERIAL HANDLING EXCHANGE INC.

LOCATION FRANKLIN IN

ATTN: RYAN ALBRIGHT

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

Revised: ☐

INP000627			001 A		
PERMIT NUMBER			PERMITTED FEATURE		
MONITORING PERIOD					
MO	DAY	YEAR	MO	DAY	YEAR
FROM 04/01/13			TO 04/30/13		

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

TEMPO AI ID:



For any questions call Dan Knowles at 317-232-0019

\*\*\* 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			
Chromium, total recoverable 01118 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****			mg/L			
	PERMIT REQUIREMENT					1.71	2.77			Monthly	COMP24
						MO AVG	DAILY MX				
Copper, total recoverable 01119 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****			mg/L			
	PERMIT REQUIREMENT					2.07	3.38			Monthly	COMP24
						MO AVG	DAILY MX				
Flow, in conduit or thru treatment plant 50050 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	0.0025	0.0025	MGD	*****	*****	*****			1/30	Estimated
	PERMIT REQUIREMENT	Report	Report						0	Daily	TOTALZ
		MO AVG	DAILY MX								

Missing data to be submitted upon Receipt of Analytical Results (See Cover Letter) RAK

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

Raymond L. Kusko on  
behalf of MHE

TYPED OR PRINTED

Signature of MHE

SIGNATURE

TELEPHONE

317 417-6807

AREA CODE AND NO.

DATE

05 28 13

MO DAY YEAR

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

THE FLOW MUST BE MEASURED USING VALID FLOW MEASUREMENT DEVICES. PRETREATMENT TO FRANKLIN POTW JOHNSON COUNTY



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R2 / 8-07)

### FACILITY NAME AND ADDRESS:

Material Handling Exchange, Inc.  
1001 Hurricane Street  
Franklin, Indiana  
Attention: Kevin Lawrence

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.  
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE  
28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management  
Office of Water Quality, Mail Code 65-42  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2251

Facility e-mail address: [Kevindl@m-h-e.com](mailto:Kevindl@m-h-e.com)

I N P 0 0 0 6 2 7  
PERMIT NUMBER

0 0 1 A  
OUTFALL NO.

0 4 1 3  
MO. YR.

EFFLUENT CHARACTERISTICS		FLOW	pH		Cyanide, Total (CN)		Nickel, Total (Ni)		Silver, Total (Ag)	
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C00720	Q	C01074	Q	C01079
SAMPLE TYPE	Permit Condition	24 TOT	GRAB			GRAB		GRAB		GRAB
	Monitored	24 TOT	METER			GRAB		GRAB		GRAB
FREQUENCY	Permit Condition	Monthly	Monthly			Monthly		Monthly		Monthly
	Monitored	Daily								
EFFLUENT LIMITATIONS	Permit Minimum		5.0							
	Permit Average	Report	N/A			0.65		2.38		0.24
	Permit Maximum	Report	10.0			1.20		3.98		0.43
UNITS =		MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Mon	1								
	Tue	2								
	Wed	3								
	Thu	4								
	Fri	5								
	Sat	6								
	Sun	7								
	Mon	8								
	Tue	9								
	Wed	10								
	Thu	11								
	Fri	12								
	Sat	13								
	Sun	14								
	Mon	15	0.0025	7.00	7.00					
	Tue	16								
	Wed	17								
	Thu	18								
	Fri	19								
	Sat	20								
	Sun	21								
	Mon	22								
	Tue	23								
	Wed	24								
	Thu	25								
	Fri	26								
	Sat	27								
	Sun	28								
	Wed	29								
	Tue	30								
MONTHLY AVERAGE		0.0025								
HIGHEST VALUE		0.0025		7.00						
LOWEST VALUE		0.0025		7.00						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED										
TOTAL FLOW		0.0025								

Missing data to be submitted  
upon receipt RLC  
(See lower left)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator

*Reginald G. [Signature]*

Date (month, day, year)

5/28/13

Signature of principal executive officer or authorized agent

*Reginald G. [Signature] on behalf of MHE*

Date (month, day, year)

5/28/13

**MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS****Indiana Discharge Monitoring Report**

State Form 30530 (R2 / 8-07)

FACILITY NAME AND ADDRESS:

Material Handling Exchange, Inc.  
1001 Hurricane Street  
Franklin, Indiana  
Attention: Kevin Lawrence

PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.  
THIS REPORT MUST BE POSTMARKED NO LATER THAN THE  
28TH OF THE FOLLOWING MONTH.

Mail To: Indiana Department of Environmental Management  
Office of Water Quality, Mail Code 65-42  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2251

I	N	P	0	0	0	6	2	7
---	---	---	---	---	---	---	---	---

PERMIT NUMBER

0	0	1	A
---	---	---	---

OUTFALL NO.

0	4	1	3
---	---	---	---

MO. YR.

EFFLUENT CHARACTERISTICS		Zinc, Total (Zn)		Cadmium, Total (Cd)		Lead, Total (Pb)		Chromium, Total (Cr)	
EFFLUENT PARAMETER NUMBER		Q	C01094	Q	C01113	Q	C01114	Q	C 01118
SAMPLE TYPE	Permit Condition		GRAB		GRAB		GRAB		GRAB
	Monitored		GRAB		GRAB		GRAB		GRAB
FREQUENCY	Permit Condition		Monthly		Monthly		Monthly		Monthly
	Monitored								
EFFLUENT LIMITATIONS	Permit Minimum								
	Permit Average		1.48		0.07		0.43		1.71
	Permit Maximum		2.61		0.11		0.69		2.77
UNITS=		LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Mon 1								
	Tue 2								
	Wed 3								
	Thu 4								
	Fri 5								
	Sat 6								
	Sun 7								
	Mon 8								
	Tue 9								
	Wed 10								
	Thu 11								
	Fri 12								
	Sat 13								
	Sun 14								
	Mon 15								
	Tue 16								
	Wed 17								
	Thu 18								
	Fri 19								
	Sat 20								
	Sun 21								
	Mon 22								
	Tue 23								
	Wed 24								
	Thu 25								
	Fri 26								
	Sat 27								
	Sun 28								
	Wed 29								
	Tue 30								
MONTHLY AVERAGE									
HIGHEST VALUE									
LOWEST VALUE									
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED									

Missing Data to be submitted per  
Receipt RLE  
(see cover letter)

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 Certified Operator

Date (month, day, year)

5/28/13

Signature of principal executive officer or authorized agent

  
of MHE

Date (month, day, year)

5/28/13

## MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R2 / 8-07)

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**Mail To:** Indiana Department of Environmental Management  
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100 North Senate Avenue  
Indianapolis, Indiana 46204-2251

I	N	P	0	0	0	6	2	7
---	---	---	---	---	---	---	---	---

PERMIT NUMBER

0	0	1	A
---	---	---	---

OUTFALL NO.

0	4	1	3
MO.		YR.	

<b>EFFLUENT CHARACTERISTICS</b>		Copper								
<b>EFFLUENT PARAMETER NUMBER</b>		C01119								
<b>SAMPLE TYPE</b>	Permit Condition	GRAB								
	Monitored	GRAB								
<b>FREQUENCY</b>	Permit Condition	Monthly								
	Monitored									
<b>EFFLUENT LIMITATIONS</b>	Permit Minimum									
	Permit Average									
	Permit Maximum									
<b>UNITS=</b>										
	Mon	1								
	Tue	2								
	Wed	3								
	Thu	4								
	Fri	5								
	Sat	6								
	Sun	7								
	Mon	8								
	Tue	9								
	Wed	10								
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	Tue	23								
	Wed	24								
	Thu	25								
	Fri	26								
	Sat	27								
	Sun	28								
	Wed	29								
	Tue	30								
<b>MONTHLY AVERAGE</b>										
<b>HIGHEST VALUE</b>										
<b>LOWEST VALUE</b>										
<b>NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED</b>										

Missing Data to be Submitted  
upon Receipt - RLC  
(See cover letter)

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Signature of Certified Operator

Signature of principal executive officer or  
authorized agent

on behalf of MHE

Date (month, day, year)

5/28/13

Date (month, day, year)

5/28/13



May 28, 2014

Indiana Department of Environmental Management  
Compliance Data Section: Office of Water Quality  
100 North Senate Avenue  
Mail Code 65-42  
Indianapolis, Indiana 46204

**RE: Material Handling Exchange, Inc.  
IWP Permit No. INP000627  
April 2013 MMR and DMR**

Sir or Madam,

In accordance with Part I, Section C(2) of the Materials Handling Exchange Industrial Wastewater Pretreatment Permit No. INP000627, please find the attached April 2013 reporting forms.

On May 28, 2013 at 10:30 am, Mr. Josh Richards reported that a water sample was obtained for laboratory analysis on April 15, 2013, but was not submitted for laboratory analysis of the parameters listed in Table 1 of Part I of this permit. Mr. Raymond Kassab mobilized to the site and transported the sample to Envision Laboratories for laboratory analysis. Additionally, the total flow for the month was estimated due to malfunction of the flow meter. A water sample was measured for pH during discharge of wastewater on April 15 as listed in Table 2 of Part I of this permit.

Mr. Raymond Kassab of SES Environmental contacted Mr. Gary Starks of the Indiana Department of Environmental Management's Office of Water Quality/Compliance Branch on May 28, 2013 at 2:30 pm to officially report the data issues stated above.

The attached discharge forms include the estimated flow and pH measurement obtained during discharge on April 15, 2013. SES will amend the April MMR and DMR forms and will submit them to the IDEM Office of Water Quality Compliance Data Section upon receipt of the laboratory analytical data.

If you should have any questions regarding this information, please contact SES at (317) 417-6807

Sincerely,

A handwritten signature in black ink, appearing to read "Raymond Kassab".

Raymond Kassab  
SES Environmental

Attachment

Cc: Rick Littleton, City of Franklin POTW

Lansing · Fort Wayne · Indianapolis · Louisville

[www.SESadvantage.com](http://www.SESadvantage.com)

