

DMR Copy of Record

Permit

Permit #:INP000627

Major:No

Permittee:MATERIAL HANDLING EXCHANGE, INC.

Permittee Address:1800 CHURCHMAN AVE  
INDIANAPOLIS, IN 46203

Facility:MATERIAL HANDLING EXCHANGE INC.

Facility Location:1001 N HURRICANE ST  
FRANKLIN, IN 46131

Permitted Feature:001  
External Outfall

Discharge:001-A  
POWDER COAT METAL PARTS - TO FRANKLIN POTW

Report Dates & Status

Monitoring Period:From 01/01/17 to 01/31/17

DMR Due Date:02/28/17

Status:NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name:Gary

Last Name:Sells

Title:Operations Manager

Telephone:317-788-7225

No Data Indicator (NODI)

Form NODI:--

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00400	pH	1 - Effluent Gross	0	--	Sample						=	6.87			=	9.95	12 - SU	0	01/01 - Daily	GR - GRAB
					Permit Req.						>=	5 DAILY MN			<=	10 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
					Value NODI															
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample							=	0.09	=	0.09	19 - mg/L	0	01/30 - Monthly	GR - GRAB	
					Permit Req.							<=	.65 MO AVG	<=	1.2 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB	
					Value NODI															
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample							=	0.12	=	0.12	19 - mg/L	0	01/30 - Monthly	GR - GRAB	
					Permit Req.							<=	2.38 MO AVG	<=	3.98 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB	
					Value NODI															
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample							<	0.01	<	0.01	19 - mg/L	0	01/30 - Monthly	GR - GRAB	
					Permit Req.							<=	.24 MO AVG	<=	.43 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB	
					Value NODI															

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.04	=	0.04	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Permit Req.								<=	1.48 MO AVG	<=	2.61 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample								<	0.01	<	0.01	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Permit Req.								<=	.07 MO AVG	<=	.11 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample								<	0.05	<	0.05	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Permit Req.								<=	.43 MO AVG	<=	.69 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample								<	0.02	<	0.02	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Permit Req.								<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.38	=	0.38	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Permit Req.								<=	2.07 MO AVG	<=	3.38 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.001448	=	0.0333	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/01 - Daily	TM - TOTALZ
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
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Name		Type	Size
INP000627_001A_MMR_2017_01.pdf		pdf	89227
<b>Report Last Saved By</b>			
<b>MATERIAL HANDLING EXCHANGE, INC.</b>			
User:	rlkassab@sbcglobal.net	Date/Time:	2017-02-01 11:41 (Time Zone: -05:00)
Name:	Raymond Kassab		
E-Mail:	rlkassab@sbcglobal.net		



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

Material Handling Exchange, Inc.  
1001 Hurricane Street  
Franklin, Indiana

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

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

E-mail address: [gsells@m-h-e.com](mailto:gsells@m-h-e.com)

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1
OUTFALL NO.		

0	1	1	7
MO.		YR.	

No Discharge ☒

This is a revised submittal ☐

EFFLUENT CHARACTERISTICS		FLOW	pH	CYANIDE, TOTAL (CN)		NICKEL, TOTAL (NI)		SILVER, TOTAL (Ag)	
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q	C 00720	Q	C01074	Q	C01079
SAMPLE TYPE	Permit Condition	24TOT	GRAB		GRAB		GRAB		GRAB
	Monitored	24TOT	COMP		COMP		COMP		COMP
FREQUENCY	Permit Condition	DAILY	METER		MONTHLY		MONTHLY		MONTHLY
	Monitored	DAILY	MONTHLY		MONTHLY		MONTHLY		MONTHLY
EFFLUENT LIMITATIONS	Permit Minimum	N/A	5.0	N/A	N/A	N/A	N/A	N/A	N/A
	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
Sun	1	No Discharge	No Discharge							
Mon	2	No Discharge	No Discharge							
Tue	3	0.000700	7.55	7.55						
Wed	4	0.000500	7.43	7.43						
Thu	5	0.000400	6.95	6.95						
Fri	6	0.001200	7.35	7.35						
Sat	7	No Discharge	No Discharge							
Sun	8	No Discharge	No Discharge							
Mon	9	0.000800	7.39	7.39						
Tue	10	0.000100	7.42	7.42		0.09		0.12		<0.01
Wed	11	0.000600	7.27	7.27						
Thu	12	0.001200	7.41	7.41						
Fri	13	0.002200	6.94	6.94						
Sat	14	0.001100	6.95	9.95						
Sun	15	No Discharge	No Discharge							
Mon	16	0.006500	6.98	6.98						
Tue	17	0.003200	7.09	7.09						
Wed	18	0.001300	6.99	6.99						
Thu	19	0.001200	6.92	6.92						
Fri	20	0.001600	7.31	7.31						
Sat	21	0.001100	6.89	6.89						
Sun	22	No Discharge	No Discharge							
Mon	23	0.001500	6.87	6.87						
Tue	24	0.001700	7.11	7.11						
Wed	25	0.001400	7.02	7.02						
Thu	26	0.001700	7.13	7.13						
Fri	27	0.001400	6.92	6.92						
Sat	28	No Discharge	No Discharge							
Sun	29	No Discharge	No Discharge							
Mon	30	0.000700	7.14	7.14						
Tue	31	0.001200	6.97	6.97						

MONTHLY AVERAGE	0.001448				0.09		0.12		<0.01
HIGHEST VALUE	0.006500	9.95			0.09		0.12		<0.01
LOWEST VALUE	0.000100	6.87			0.09		0.12		<0.01
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED	0	0			0		0		0

TOTAL FLOW	0.033300	Prepared by or under the direction of (Certified Operator):	Date (month, day, year)
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.		Raymond Kassab	2/3/2017
		Preparer's telephone number	Operator's certification number
		(317) 841-8280	WW019266
		Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)
		Gary Sells	2/3/2017



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)

FACILITY NAME AND ADDRESS:

Material Handling Exchange, Inc.  
1001 Hurricane Street  
Franklin, Indiana

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	
OUTFALL NO.			

0	1	1	7
MO.		YR.	

No Discharge ☒ X  
This is a revised submittal ☐

EFFLUENT CHARACTERISTICS		ZINC, TOTAL (Zn)		CADMIUM, TOTAL (Cd)		LEAD, TOTAL (Pb)		CHROMIUM, TOTAL (Cr)	
EFFLUENT PARAMETER NUMBER		Q	C01094	Q	C01113	Q	C01114	Q	C01118
SAMPLE TYPE	Permit Condition		GRAB		GRAB		GRAB		GRAB
	Monitored		COMP		COMP		COMP		COMP
FREQUENCY	Permit Condition		MONTHLY		MONTHLY		MONTHLY		MONTHLY
	Monitored		MONTHLY		MONTHLY		MONTHLY		MONTHLY
EFFLUENT LIMITATIONS	Permit Minimum		N/A		N/A		N/A		N/A
	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
	Sun 1								
	Mon 2								
	Tue 3								
	Wed 4								
	Thu 5								
	Fri 6								
	Sat 7								
	Sun 8								
	Mon 9								
	Tue 10								
	Wed 11		0.04		<0.01		<0.05		<0.02
	Thu 12								
	Fri 13								
	Sat 14								
	Sun 15								
	Mon 16								
	Tue 17								
	Wed 18								
	Thu 19								
	Fri 20								
	Sat 21								
	Sun 22								
	Mon 23								
	Tue 24								
	Wed 25								
	Thu 26								
	Fri 27								
	Sat 28								
	Sun 29								
	Mon 30								
	Tue 31								
MONTHLY AVERAGE			0.04		<0.01		<0.05		<0.02
HIGHEST VALUE			0.04		<0.01		<0.05		<0.02
LOWEST VALUE			0.04		<0.01		<0.05		<0.02
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED			0		0		0		0

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.

Prepared by or under the direction of (Certified Operator): <b>Raymond Kassab</b>		Date (month, day, year) <b>2/3/2017</b>
Preparer's telephone number <b>(317) 841-8280</b>	Operator's certification number <b>WW019226</b>	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>Gary Sells</b>		Date (month, day, year) <b>2/3/2017</b>



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I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	1	1	7
MO.		YR.	

No Discharge ☒ X  
This is a revised submittal ☐

EFFLUENT CHARACTERISTICS		COPPER	TTO					
EFFLUENT PARAMETER NUMBER		C01119	C78141					
SAMPLE TYPE	Permit Condition	GRAB	GRAB					
	Monitored	COMP	GRAB					
FREQUENCY	Permit Condition	MONTHLY	2X/YEAR					
	Monitored	MONTHLY	2X/YEAR					
EFFLUENT LIMITATIONS	Permit Minimum	N/A	N/A					
	Permit Average	2.07	N/A					
	Permit Maximum	3.38	2.13					
UNITS=								
	Sun 1							
	Mon 2							
	Tue 3							
	Wed 4							
	Thu 5							
	Fri 6							
	Sat 7							
	Sun 8							
	Mon 9							
	Tue 10							
	Wed 11	0.38						
	Thu 12							
	Fri 13							
	Sat 14							
	Sun 15							
	Mon 16							
	Tue 17							
	Wed 18							
	Thu 19							
	Fri 20							
	Sat 21							
	Sun 22							
	Mon 23							
	Tue 24							
	Wed 25							
	Thu 26							
	Fri 27							
	Sat 28							
	Sun 29							
	Mon 30							
	Tue 31							
MONTHLY AVERAGE		0.38						
HIGHEST VALUE		0.38						
LOWEST VALUE		0.38						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0						

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.	Prepared by or under the direction of (Certified Operator): <b>Raymond Kassab</b>		Date (month, day, year) <b>2/3/2017</b>
	Preparer's telephone number <b>(317) 841-8280</b>		Operator's certification number <b>WW019226</b>
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>Gary Sells</b>		Date (month, day, year) <b>2/3/2017</b>