



## Indiana Department of Environmental Management

*We Protect Hoosiers and Our Environment.*

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**Eric J. Holcomb**  
*Governor*

**Bruno Pigott**  
*Commissioner*

January 18, 2018

Via Email to: [wmains@h-h-e.com](mailto:wmains@h-h-e.com)  
Mr. Will Mains, Operations Manager  
Materials Handling Exchange, INC,  
1001 Hurricane Street  
Franklin, Indiana 46131

Dear Mr. Mains:

Re: Inspection Summary Letter  
Material Handling Exchange, Inc.  
NPDES Permit No. INP000627  
Franklin, Johnson County

An inspection of the above-referenced facility or location was conducted by a representative of the Indiana Department of Environmental Management, Office of Water Quality, pursuant to IC 13-18-3-9. A summary of the inspection is provided below:

Date(s) of Inspection: January 11, 2018  
Type of Inspection: Compliance Evaluation Inspection  
Inspection Results: Potential problems were discovered or observed.

Operation was rated as marginal due to the operator being on-site once every six months; however can be reached by phone for any questions or issues that arise. . 327 IAC 5-22-3(11) requires the designated operator in responsible charge to be responsible for the overall daily operation, supervision, or management of the wastewater facility. The operator should visit the site at a minimum of once a month.

A copy of the NPDES Industrial Facility Inspection Report is enclosed for your records. Please direct any response to this letter and any questions to Missy Nunnery at 317-417-4751 or by email to [munnery@idem.IN.gov](mailto:munnery@idem.IN.gov).

Sincerely,

Bridget S. Murphy, Inspections Section Chief  
Compliance Branch  
Office of Water Quality

Enclosure





# NPDES Industrial Facility Inspection Report

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

| NPDES Permit Number:<br><b>INP000627</b>   |                    | Facility Type:<br>Industrial |                      | Facility Classification:<br>Minor |   | Facility Classification:<br>A-SO    |   | TEMPO AI ID<br>29583 |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
|--|--------------------|------------------------------|----------------------|-----------------------------------|---|-------------------------------------|---|----------------------|--|------------|-----------|-------|-------|-------|------|-------|--------------------|------------------|--------------|-----|--------|---------------------|-------------------|--------------|-------|-------|------------|----------------------|--------------|-------|--------|-------------|--|--------------|
| Date(s) of Inspection: January 11, 2018  |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| Type of Inspection: Compliance Evaluation Inspection   |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| Name and Location of Facility Inspected:<br><b>Material Handling Exchange, Inc.</b><br>1001 Hurricane St<br>Franklin IN 46131  |                    |                              |                      |                                   | County:<br>Johnson  |                                     | Receiving Waters/POTW:<br>Franklin WWTP |                      | Permit Expiration Date:<br>2/28/2022<br><br>Design Flow:<br>0.008MGD |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| On Site Representative(s):<br><table border="1"> <thead> <tr> <th>First Name</th> <th>Last Name</th> <th>Title</th> <th>Email</th> <th>Phone</th> </tr> </thead> <tbody> <tr> <td>Will</td> <td>Mains</td> <td>Operations Manager</td> <td>wmains@m-h-e.com</td> <td>317-788-7225</td> </tr> <tr> <td>Sam</td> <td>Ramsey</td> <td>Maintenance Manager</td> <td>sramsey@m-h-e.com</td> <td>317-788-7225</td> </tr> <tr> <td>Sarah</td> <td>McKee</td> <td>Production</td> <td>production@m-h-e.com</td> <td>317-788-7225</td> </tr> <tr> <td>Chris</td> <td>Miller</td> <td>Maintenance</td> <td></td> <td>317-788-7225</td> </tr> </tbody> </table> |                    |                              |                      |                                   |   |                                     |   |                      |  | First Name | Last Name | Title | Email | Phone | Will | Mains | Operations Manager | wmains@m-h-e.com | 317-788-7225 | Sam | Ramsey | Maintenance Manager | sramsey@m-h-e.com | 317-788-7225 | Sarah | McKee | Production | production@m-h-e.com | 317-788-7225 | Chris | Miller | Maintenance |  | 317-788-7225 |
| First Name   | Last Name          | Title                        | Email                | Phone                             |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| Will   | Mains              | Operations Manager           | wmains@m-h-e.com     | 317-788-7225                      |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| Sam  | Ramsey             | Maintenance Manager          | sramsey@m-h-e.com    | 317-788-7225                      |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| Sarah  | McKee              | Production                   | production@m-h-e.com | 317-788-7225                      |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| Chris  | Miller             | Maintenance                  |                      | 317-788-7225                      |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| Was a verbal summary of the inspection given to the on-site rep? <b>Yes</b>  |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| Certified Operator:<br>Raymond Kassab  |                    | Number:<br>19226             | Class:<br>D          | Effective Date:<br>7-1-16         | Expiration Date:<br>6-30-18   | Email:<br>r.kassab@sesadvantage.com |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| Responsible Official:<br>Mr. Will Mains, Operations Manager<br>1001 Hurricane Street<br>Franklin, Indiana 46131  |                    |                              |                      |                                   | Permittee: Materials Handling Exchange, INC,<br>Email: wmains@h-h-e.com<br>Phone: 317-788-7225 ext 211<br>Fax: 317-332-9132 |                                     | Contacted?<br>Yes                       |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| <b>INSPECTION FINDINGS</b>   |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| <input type="radio"/> Conditions evaluated were found to be satisfactory at the time of the inspection. (5)<br><input type="radio"/> Violations were discovered but corrected during the inspection. (4)<br><input checked="" type="radio"/> Potential problems were discovered or observed. (3)<br><input type="radio"/> Violations were discovered and require a submittal from you and/or a follow-up inspection by IDEM. (2)<br><input type="radio"/> Violations were discovered and may subject you to an appropriate enforcement response. (1)   |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| <b>AREAS EVALUATED DURING INSPECTION</b>   |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)  |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| S  | Receiving Waters   | S                            | Facility/Site        | M                                 | Self-Monitoring   | N                                   | Compliance Schedules                    |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| S  | Effluent/Discharge | M                            | Operation            | S                                 | Flow Measurement  |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| S  | Permit             | S                            | Maintenance          | M                                 | Laboratory  | M                                   | Effluent Limits Compliance              |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
|  |                    | S                            | Sludge               | S                                 | Records/Reports   | N                                   | Other:                                  |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| <b>DETAILED AREA EVALUATIONS</b>   |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| <b>Receiving Waters:</b>   |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| S 1. The receiving stream was visibly free of excessive deposits of settled solids, floating debris, oil, scum, or billowy foam.<br>Comments:<br>The facility discharges into an onsite lift station. The lift station was free of notable foam and solids.  |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| <b>Effluent/Discharge:</b>   |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| N 1. Treated effluent was essentially free of excessive solids, floating debris, oil, scum, or billowy foam.<br>S 2. Pretreatment discharge into sanitary sewers appeared free of excessive oils, grease, solids, or foam and did not appear to be in violation of the local Sewer Use Ordinance.<br>N 3. Pretreatment discharge into sanitary sewers did not contain materials that pass through or interfere with the operation of the POTW.<br>Comments:<br>The effluent was clear and free of color at the time of the inspection.   |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |
| <b>Permit:</b>   |                    |                              |                      |                                   |   |                                     |   |                      |  |            |           |       |       |       |      |       |                    |                  |              |     |        |                     |                   |              |       |       |            |                      |              |       |        |             |  |              |

- S 1. Did the facility have a copy of the current permit available for reference.
- S 2. If the permit expires within 180 days, has a renewal application been submitted?
- S 3. Receiving waters are accurately described in the permit.
- N 4. The permit has been properly transferred if there is a new owner.

Comments:

The facility has a valid permit.

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**Facility/Site:**

- N 1. The facility was found to have standby power or equivalent provision, If required.
- N 2. An adequate alarm or notification system for power or equipment failure was available for the treatment facility.
- S 3. Safe and adequate access was provided for inspection of all treatment units and outfalls.
- S 4. Facilities and equipment did not appear beyond their useful life.
- 5. List any safety concerns noted during the inspection in the box below:

Comments:

The facility grounds are well maintained.

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**Operation:**

- S 1. All facilities and systems necessary for achieving compliance with the terms and conditions of the permit were operated efficiently, including an anticipated bypass report for steps of treatment taken out of service.
- M 2. An adequate, qualified operating staff was found to be provided to carry out the operation of the facility, including:
  - a. Certified Operator's on-site attendance and/or qualified operations personnel attendance was adequate.
  - b. Adequate documentation of operational activities, including system monitoring and cleaning.
  - c. Adequate funding to ensure proper operation.
- N 3. Solids handling procedures were adequate.
- N 4. Documentation of solids removal, handling, and disposal was adequate.

Comments:

Operation was rated as **marginal** due to the operator being on-site only once every six months; however he can be reached by phone for any questions or issues that arise. . 327 IAC 5-22-3(11) requires the designated operator in responsible charge to be responsible for the overall daily operation, supervision, or management of the wastewater facility. The operator should visit the site at a minimum of once a month.

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**Maintenance:**

- S 1. A maintenance record system has been established and includes maintenance/repair history and preventative maintenance plan.
- S 2. Facility maintenance activities appeared adequate.

Comments:

The facility has an established maintenance plan.

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**Sludge:**

- S 1. Sludges, screenings, and slurries were found to be handled and disposed of properly.

Comments:

A records review during the inspection showed adequate wasting, handling, and disposal of sludge.

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**Self-Monitoring:**

- S 1. Samples were found to be taken at pre-designated locations and were found to be representative.
- S 2. Flow-proportioned samples were found to be obtained where needed.
- S 3. The facility was found to conduct sampling of all waste streams, including type and frequency, as required in the permit.
- S 4. Sample collection procedures, including automatic sampling, include:
  - a. Samples refrigerated during compositing.
  - b. Proper preservation techniques used.
  - c. Containers and holding times conform to 40 CFR 136.3.
- M 5. Sample documentation was adequate and includes:
  - a. Dates, times, and locations of sampling.
  - b. Name of individual performing sampling.
  - c. Instantaneous flow for flow-weighted aliquots.
  - d. Chain of Custody records.
- S 6. NPDES Permit Total Toxic Organic (TTO) requirements were being met.
- N 7. NPDES Permit Whole Effluent Toxicity (WET) testing requirements were being met.

Comments:

The Self-Monitoring Program was rated as **marginal**. The pH bench Sheet was determined inadequate. The

permittee shall record specific information as described, for each measurement or sample taken pursuant to the requirements of this permit. These requirements include:

- a. the date, exact place and time of sampling or measurements;
- b. the person who performed the sampling or measurements;
- c. the date(s) analyses were performed;
- d. the person(s) who performed the analyses;
- e. the analytical techniques or methods used; and
- f. the results of such measurements and analyses

#### Flow Measurement:

- S 1. Flow was found to be properly monitored as required by the permit.
- S 2. Flow data and calibration records were available for review.

#### Comments:

The facility's flow measurement program, including all documentation, is adequate and representative. The effluent flow meter was last calibrated April 12, 2017.

#### Laboratory:

The following laboratory records were reviewed:

Flow Log                      pH Bench Sheets                      Chain-of-Custody

Contract Lab Reports

- N 1. The laboratory practices and protocol reviewed were adequate, including:
- a. A written laboratory QA/QC manual was available.
  - b. Samples were found to be properly stored.
  - c. Approved analytical methods were used.
  - d. Calibration and maintenance of instruments was adequate.
  - e. QA/QC procedures were adequate.
  - f. Dates of analyses (and times, where required) were recorded.
  - g. Name of person performing analyses was recorded.
- M 2. Review of lab records and/or on-site field testing equipment and protocols was found to be adequate.

#### Contract Lab Information

WZI Water-Wastewater Laboratories

2779 Rockefeller Ave Cleveland, OH 44115

#### Comments:

The Laboratory evaluation was rated as **marginal**. The pH bench Sheet was determined inadequate. The permittee to record specific information as described, for each measurement or sample taken pursuant to the requirements of this permit. These requirements include:

- a. the date, exact place and time of sampling or measurements;
- b. the person who performed the sampling or measurements;
- c. the date(s) analyses were performed;
- d. the person(s) who performed the analyses;
- e. the analytical techniques or methods used; and
- f. the results of such measurements and analyses

#### Records/Reports:

The following records/reports were reviewed:

DMRs for the period of December 2016 to November 2017 were reviewed as part of the inspection.

- S 1. All facility records for the period including the previous three years were available for review.
- S 2. DMRs and MMRs were completed properly and accurately including:
- a. "No Ex" column was accurate.
  - b. Signatory requirements were met.
  - c. Reports were prepared by or under the direction of a certified operator.
- N 3. Bypass and Noncompliance reporting are adequate.

#### Comments:

The requested records were available and appear complete and accurate.

#### Compliance Schedules:

- N 1. The NPDES Permit Schedule of Compliance monitoring and reporting milestones have been met.
- N 2. Agreed Order compliance milestones have been met.

Comments:

There is no Compliance Schedule in the current permit, and there is no Agreed Order.

**Effluent Limits Compliance:**

Yes 1. Were DMRs reviewed as part of the inspection?

DMRs for the period of December 2016 to November 2017 were reviewed as part of the inspection.

Yes 2. Were violations noted during the review of DMRs?

Comments:

The Effluent Limits Compliance area was rated **marginal** due to self-reported violations of the limits detailed in Part I. A. of the NPDES Permit. Review of DMRs revealed **one** Cyanide effluent limit violation.

**IDEM REPRESENTATIVE**

Inspector Name:

Missy Nunnery

Email:

munnery@idem.IN.gov

Phone Number:

317-417-4751

Other staff participating in the inspection:

Name(s)

Sally Brown, Franklin WWTP

Phone Number(s)

317-736-3640

**IDEM MANAGER REVIEW**

IDEM Manager:

Bridget S. Murphy

Date:

1/18/2018