DMR Copy of Record

Permit																		
Permit #:	NP000627			Permitte	e:		MATERIAL HAN	IDLING E	XCHANGE, INC.			F	acility:		MATERIA		NG EXCHANGE, INC.	
	No				e Address:		1800 CHURCHN						acility Loca	ation		URRICANE		
inajoi.				Fernitte	e Address.		INDIANAPOLIS,					ľ		ation.		N, IN 4613		
	001 External Outfall			Dischar	ge:		001-A POWDER COA	Г METAL	PARTS - TO FR	ANKLIN POTW								
Report Dates & Status				I														
Monitoring Period:	From 06/01/18 to 0	6/30/1	8	DMR Du	e Date:		07/28/18					s	tatus:		NetDMR	Validated		
Considerations for Form Co	ompletion			I								I						
THE FLOW MUST BE MEAS				SUREMENT	DEVICES	PRETRE	ATMENT TO FR											
Principal Executive Officer		DIL		OUREMENT	DEVICEO.	I ILE IILE				1000IIII								
	A (1)						о <i>с</i> и					- 1			047 700	7005		
	Will			Title:			Operations Man	ager				I	elephone:		317-788-	/225		
Last Name:	Mains																	
No Data Indicator (NODI)																		
Form NODI: -																		
Parameter	Monitoring I	ocatio	on Season #	# Param. NOD				ntity or Loa	-				ality or Conce				of Ex. Frequency of Analys	sis Sample T
Code Name						Qualifier 1	Value 1	Qualifier 2	Value 2	Units Qualifi		1 Qualifier	2 Value 2	Qualifier 3		Units		
0400 pH	1 - Effluent G		0		Sample Permit Reg.					=	5.81 5 DAILY I			= <=	7.25 10 DAILY MX	12 - SU	01/01 - Daily 01/01 - Daily	GR - GR
0400 pm	I - Ellident G	055	0		Value NODI					>=	5 DAILT I			<=	TO DAILT MA	12-30 0	01/01 - Dally	GK - GK
					Sample							<	0.02	<	0.02	19 - mg/L	01/30 - Monthly	GR - GR
0720 Cyanide, total [as CN]	1 - Effluent G	oss	0		Permit Req.							<=	.65 MO AVG	<=	1.2 DAILY MX	19 - mg/L 0	01/30 - Monthly	GR - GR
					Value NODI													
	4 Efficient O		0		Sample							<	0.05	<	0.05	19 - mg/L	01/30 - Monthly	24 - CON
1074 Nickel, total recoverable	1 - Effluent G	OSS	0		Permit Req. Value NODI							<=	2.38 MO AV0	=> c	3.98 DAILY M	K 19 - mg/L 0	01/30 - Monthly	24 - CON
					Sample							<	0.01	<	0.01	19 - mg/L	01/30 - Monthly	24 - COM
01079 Silver total recoverable	1 - Effluent G	oss	0		Permit Req.							<=	.24 MO AVG	<=	.43 DAILY MX	19 - mg/L 0	01/30 - Monthly	24 - COM
					Value NODI													
	1 Effluent C		0		Sample							=	0.05	=	0.05	19 - mg/L	01/30 - Monthly	24 - COM
1094 Zinc, total recoverable	1 - Effluent G	OSS	0		Permit Req. Value NODI							<=	1.48 MO AV0	=> c	2.61 DAILY M	K 19 - mg/L 0	01/30 - Monthly	24 - COM
					Sample							<	0.01	<	0.01	19 - mg/L	01/30 - Monthly	24 - COM
1113 Cadmium, total recoverable	1 - Effluent G	oss	0		Permit Req.							<=	.07 MO AVG	<=	.11 DAILY MX	•	01/30 - Monthly	24 - CON
					Value NODI													
					Sample							<	0.05	-	0.05	19 - mg/L	01/30 - Monthly	24 - CON
1114 Lead, total recoverable	1 - Effluent G	OSS	0		Permit Req. Value NODI							<=	.43 MO AVG	<=	.69 DAILY MX	19 - mg/L 0	01/30 - Monthly	24 - CON
					Sample							<	0.02	<	0.02	19 - mg/L	01/30 - Monthly	24 - CON
1118 Chromium, total recoverable	1 - Effluent G	oss	0		Permit Req.							<=	1.71 MO AV0		2.77 DAILY M		01/30 - Monthly	24 - COM
					Value NODI													
					Sample							=	0.32	=	0.32	19 - mg/L	01/30 - Monthly	24 - COM
1119 Copper, total recoverable	1 - Effluent G	OSS	0		Permit Req. Value NODI							<=	2.07 MO AV0	3 <=	3.38 DAILY M	K 19 - mg/L 0	01/30 - Monthly	24 - COM
					value NODI													
						_	0.00281	_	0 0214	03 - MGD							01/01 - Daily	TM - TOT4
50050 Flow, in conduit or thru treatm	nent plant 1 - Effluent G	oss	0		Sample Permit Req.		0.00281 Reg Mon MO AVG		0.0214 Reg Mon DAILY MX	03 - MGD 03 - MGD						0	01/01 - Daily 01/01 - Daily	TM - TOTA TM - TOTA

Submission Note

Name:

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

Raymond Kassab

No errors.				
Comments				
Attachments				
	N	lame	Тур	be
INP000627_001A_MMR_2018_06.pdf			pdf	89082
Report Last Saved By				
MATERIAL HANDLING EXCHANGE, INC.				
User:	rlkassab@sbcglobal.net			

Size

E-Mail:	rlkassab@sbcglobal.net	
Date/Time:	2018-07-16 12:20 (Time Zone: -04:00)	
Report Last Signed By		
User:	PRODUCTION@M-H-E.COM	
Name:	Sarah McKee	
E-Mail:	production@m-h-e.com	
Date/Time:	2018-07-16 13:20 (Time Zone: -04:00)	



DMR Copy of Record

Peri	mit																			
Perr	nit #:	INP000627		Per	mittee:		MAT	ERIAL HA	NDLING	EXC	CHANGE, IN	NC.		Facility:		MAT	ERIAL H	ANDL	ING EXCHANGE, IN	С.
Majo	or:	No		Per	mittee Add	ress:		CHURCH ANAPOLIS						Facility Lo	ocatio		I N HURI NKLIN, I	-	-	
Perr	mitted Feature:	001 External Outfall		Dis	charge:		001- / SEM	as Iannual	тто											
Rep	ort Dates & Status																			
Mon	itoring Period:	From 01/01/18 to 0	6/30/18	DM	R Due Date	: :	07/28	3/18						Status:		Net	OMR Vali	dated		
Con	siderations for Form	n Completion																		
SEM	IANNUAL TTO REP	ORTING PRETREA	TMENT ⁻	TO FRANK	LIN POTW,	JOHNSO	N COU	INTY												
Prin	cipal Executive Offi	cer																		
Firs	t Name:	Will		Title	e:		Oper	ations Ma	nager					Telephon	e:	317-	788-722	5		
Last	t Name:	Mains																		
No	Data Indicator (NOD	D)		·																
Form	m NODI:																			
	Parameter	Monitoring Location	Season #	# Param. NOI	וכ			ity or Loadi	-					ty or Concer				# of Ex	. Frequency of Analysis	Sample Type
Code	Name				Sample	Qualifier 1	Value 1	1 Qualifier 2	Value 2 U	Jnits (Qualifier 1 Val	lue 1 Q	ualifier 2	Value 2 Qua =		Value 3 0.015	Units 19 - mg/L		02/YR - Twice Per Year	GR - GRAB
78141	Organics, total toxic [TTC)] 1 - Effluent Gross	0		Permit Req									<=		2.13 DAILY MX			02/YR - Twice Per Year	
					Value NOD	1														
	mission Note																			
	parameter row does n	ot contain any value	es for the	Sample no	r Effluent T	rading, the	en none	e of the fol	lowing fie	elds v	will be subm	nitted fo	for that re	ow: Units, I	Numb	er of Excursi	ons, Frec	luency	of Analysis, and San	nple Type.
Edit	Check Errors																			
No e	errors.																			
Con	nments																			
Atta	chments																			
					١	Name											Туре		Size	
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Rep	ort Last Saved By																			
MAT	TERIAL HANDLING	EXCHANGE, INC.																		
Use	r:		rlkass	sab@sbcglo	obal.net															
Nam	ne:		Raym	nond Kass	sab															
E-M	ail:		rlkass	sab@sbcglo	obal.net															
Date	e/Time:		2018-	-06-25 07:2	29 (Time Z	one: -04:0	0)													
Rep	ort Last Signed By																			
Use	r:		PRO	DUCTION	₽M-H-E.CO	M														
Nam	ne:		Sarah	h McKee																
E-M	ail:		produ	uction@m-h	-e.com															
Date	e/Time:		2018-	-06-25 08:4	45 (Time Z	one: -04:0	0)													

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I certify	under p	enalty o	f law that	t this doci	ument a	und all at	tachmer	nts	1		-	_		•					- 140		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with							Raym	iond r	Kassal	b			l	7/16	/2018	j					
a syster	m desigr	ied to a	ssure tha	at qualified	d persor	nnel pro	perly		Prepa	rer's t	elephon	ne numbe	er			Opera	itor's cei	rtificatio	on num	ber	
				bmitted. B				е								1					
		•		m, or thos ormation,	•			ad			(31	7) 841-	-8280					WW0	19266	3	
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	nment fo					· · ·						VV	/ill Ma	ains					1/16	/2018	1

Contraction of the second	MONTHLY MC Indiana Discha State Form 30530 (F	rge Monito 3 / 3-14)			DR INDUST	RIAL DISC	CHARGE P	PERMITS		
1816	FACILITY NAME AND ADD Material Handling Ex 1001 Hurricane Stree Franklin, Indiana	change, Inc.			THIS R	E COMPLETE A EPORT MUST B OF THE FOLLOV	E POSTMARKE			
					Mail To	Office of 100 No			nagement	
I N P	0 0 0	6 2	7	0 0			6 1	8		
	PERMIT NUMBER	0 2			ALL NO.			/R.		
						_	T L:-:-		charge	
EFFLUENT CHARAG	CTERISTICS	ZINC T	OTAL (Zn)	CADMIUM	, TOTAL (Cd)	LEAD TO	OTAL (Pb)	a revised sub	mittal //, TOTAL(Cr)	
EFFLUENT PARAME		Q	C01094	Q	C01113	Q Q	C01114	Q	C01118	
SAMPLE TYPE	Permit Condition		GRAB		GRAB		GRAB		GRAB	
	Monitored		COMP		COMP		COMP		COMP	
FREQUENCY	Permit Condition Monitored		MONTHLY MONTHLY		MONTHLY MONTHLY		MONTHLY MONTHLY		MONTHLY MONTHLY	
EFFLUENT	Permit Minimum		N/A		N/A		N/A		N/A	
LIMITATIONS	Permit Average		1.48		0.07		0.43		1.71	
	Permit Maximum		2.61		0.11		0.69		2.77	
	UNITS		MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	
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LOWEST VALUE			0.05		<0.01		<0.05		<0.02	
NO. OF TIMES WEEKL EFFL. LIMITATIONS			0		0		0		0	
	i law that this document a y direction or supervision		s	ared by or unde	er the direction Raymond k		perator):	Date (month, 7/16	day, year) /2018	
a system designed to as	ssure that qualified persor	nnel properly gath	ner Prepa	arer's telephon	e number		Operator's ce	ertification num	ber	
	ation submitted. Based o									
	ne system, or those perso g the information, the info		d is,	(31	7) 841-8280			WW01922	3	
	edge and belief, true, accu		ete. Signa	ature of principa	al executive offi	cer or authoriz	ed agent	Date (month,	day, year)	
information, including the	e significant penalties for e possibility of fine and im		(or a	Ittested by Netl	DMR subscriber Will Ma	r agreement)			/2018	
knowing violations.					vvili ivla			//10	2010	

	MONTHLY M Indiana Disch State Form 30530 FACILITY NAME AND A Material Handling 1001 Hurricane St Franklin, Indiana	narge Monito (R3 / 3-14) DDRESS: Exchange, Inc.				PLEA: THIS I	SE COMPLETE A REPORT MUST I OF THE FOLLO o: Indiana Office	ND SUBMIT ON BE POSTMARKE WING MONTH. a Department of f	IE COPY EACH N D NO LATER TH Environmental Ma Mail Code 65-42	IAN THE
								apolis, Indiana 46		
I N P	0 0 0		7]	0 0	1	0	6 1	8	
	PERMIT NUMBE	R]	OUTFA	ALL NO.	N	10. Y	/R. No Dis	charge
								This is	s a revised sub	U U
EFFLUENT CHARA	CTERISTICS	COPPER	Т	то	T T		T	1	T	
EFFLUENT PARAM		C01119		8141						1
SAMPLE TYPE	Permit Condition	GRAB	GF	RAB						
	Monitored	COMP	GF	RAB						
FREQUENCY	Permit Condition	MONTHLY	2X/Y	YEAR						
	Monitored	MONTHLY	-	YEAR						
EFFLUENT	Permit Minimum	N/A	_	I/A						ļ
LIMITATIONS	Permit Average	2.07		I/A						
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l certify under penalty o were prepared under m		Prepar	red by or unde	r the directior Raymond	n of (Certified C Kassab	perator):	Date (month, 7/16/	day, year) /2018		
were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne I properly gather					rer's telephone	number		Operator's ce	ertification num	her
system designed to assure that qualified personne I properly gather and evaluate the information submitted. Based on my inquiry of the						Turnber		Operator 3 ce	nuncation num	DCI
persons who manage th					(217	0 0 1 1 0 2 0 0	,		WW019226	2
for gathering the inform	ation, the information s	submitted is, to the b	best of			") 841-8280			00019220)
my knowledge and belie				Signat	ure of principa	I executive of	fficer or authori	zed agent	Date (month,	day, year)
there are significant per the possibility of fine an	-		uding	(or att	tested by NetD					
the possibility of fille art		Jwing violations.				Will Ma	ains		7/16/	/2018

SEAL ON	E STATE	OF MOLAN	India	NTHLY ana Dis Form 30	schai	rge M	Ionito				/IR) FC	or ini	DUS	TRIAL	_ DIS(CHAR	RGE F	'ERM	ITS		
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				Wed	9		.002500		7.02												
				Thu	10		.002200		6.95			_						┝──		──	
				Fri Sat	11		.002900 scharge		6.97			-		-				┣───			
				Sat			scharge							-							
				Mon	14		.001700		6.94			0.	.06			<0	0.05			<(0.01
				Tue	15	0.	.003000	6.58	6.58		-										-
				Wed	16		.001800		6.78												
				Thu	17		.002100		6.98					_				┝──		<u> </u>	
				Fri Sat	18		.001500 scharge					-		-				┣───			
				Sun			scharge							-							
				Mon	21		.002300													<u> </u>	
				Tue	22	0.	.002000	7.08	7.08												
				Wed	23		.002400		6.46												
				Thu	24		.002700		6.89			_						\vdash		<u> </u>	
				Fri Sat	25		.001300 scharge		5.92			-		-				┣───			
				Sun			scharge		Ŭ	_											
				Mon	28		scharge		Ŭ	_										<u> </u>	
				Tue	29		.002300		7.04												
				Wed	30		.002100		7.23												
MONTI				Thu	31		.003400		6.58			0	00				05	┣───			0.01
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TOTAL	. FLOW					0.	.048900		Prepa	red by	y or unde	er the di	rection	of (Cei	rtified O	perator):	Date (month,	day, y	ear)
I certify	under pe	nalty of	i law tha	t this docu	ument a	nd all at	tachmen	ts				Raym	ond k	Kassal	h				6/21	/2018	
	•		•	on or supe				ith				-		10350	0	r					
-	•			at qualified bmitted. B					Prepa	rer's t	elephon	e numbe	er			Opera	tor's ce	rtificatio	on num	ber	
				m, or thos				C	1		10.1-		0000					14/14/-	4000	-	
		•		ormation,	•			d			-	7) 841-						WW0	19266)	
			-	and belief,							f princip					zed age	ent	Date (month,	day, y	ear)
				e are signif					(or at	testec	d by Netl				ement)						
	ng false nment fo			luding the ions.	hossibi		e and					W	/ill Ma	ains					6/21	/2018	;

	MONTHLY MO Indiana Dischar State Form 30530 (R FACILITY NAME AND ADDI Material Handling Exc	r ge Monito 3 / 3-14) RESS:	B REPOR ring Repo	T (MMR) FC	PLEAS	E COMPLETE A	ND SUBMIT ONI	PERMITS E COPY EACH M D NO LATER TH	
/816	1001 Hurricane Stree					OF THE FOLLOV		JNOLATER III	
	Franklin, Indiana				Mail To	Office of 100 No	•		•
I N P	0 0 0	6 2	7	0 0		0	5 1	8	
	PERMIT NUMBER	0 2	'		ALL NO.			/R.	
									scharge
								s a revised sub	
EFFLUENT CHARAC		Q ZINC, I	OTAL (Zn) C01094	Q	, TOTAL (Cd) C01113	Q LEAD, I	OTAL (Pb) C01114	Q	M, TOTAL(Cr) C01118
SAMPLE TYPE	Permit Condition	Q.	GRAB	3	GRAB	9	GRAB	<u>a</u>	GRAB
o, <u></u> <u>_</u>	Monitored		COMP		COMP		COMP	1	COMP
FREQUENCY	Permit Condition		MONTHLY		MONTHLY	1	MONTHLY	1	MONTHLY
	Monitored		MONTHLY		MONTHLY		MONTHLY		MONTHLY
EFFLUENT	Permit Minimum		N/A		N/A		N/A		N/A
LIMITATIONS	Permit Average		1.48		0.07		0.43	<u> </u>	1.71
	Permit Maximum UNITS=	LB/DAY	2.61 MG/L	LB/DAY	0.11 MG/L	LB/DAY	0.69 MG/L	LB/DAY	2.77 MG/L
	Tue 1		IVIG/L	LD/DAT	IVIG/L		IVIG/L		IVIG/L
	Wed 2		1					1	1
	Thu 3								
	Fri 4								
	Sat 5							<u> </u>	<u> </u>
	Sun 6 Mon 7							<u> </u>	
	Tue 8							+	+
	Wed 9			-		1		+	+
	Thu 10								
	Fri 11								
	Sat 12								
	Sun 13		0.00		0.04		0.05		
	Mon 14 Tue 15		0.02		<0.01		<0.05	<u> </u>	<0.02
	Wed 16							+	
	Thu 17							+	+
	Fri 18					1	1	1	1
	Sat 19								
	Sun 20							<u> </u>	
	Mon 21 Tue 22								
	Tue 22 Wed 23					1		+	+
	Z3 Thu 24		1					+	1
	Fri 25								
	Sat 26								
	Sun 27							<u> </u>	
	Mon 28 Tue 29		+					╉─────	+
	Wed 30							+	+
	Thu 31				-			1	1
MONTHLY AVERAG	E		0.02		<0.01	1	<0.05	1	<0.02
HIGHEST VALUE			0.02		<0.01		<0.05		<0.02
LOWEST VALUE			0.02		<0.01		<0.05		<0.02
NO. OF TIMES WEEKLY EFFL. LIMITATIONS			0		0		0		0
I certify under penalty of	law that this document an	s	pared by or unde	er the direction Raymond k	•	perator):	Date (month, 6/21	day, year) /2018	
	sure that qualified person			parer's telephon	e number		Operator's ce	ertification num	ber
	ation submitted. Based or								
	e system, or those persor the information, the infor		d is.	(31	7) 841-8280			WW019226	6
	dge and belief, true, accu			>,					
I am aware that there are	e significant penalties for s	submitting false	(or	attested by Net	OMR subscriber	r agreement)	· ·		
-	e possibility of fine and imp	prisonment for			Will Ma	ins		6/21	/2018
knowing violations.									

	MONTHLY M Indiana Disch State Form 30530 FACILITY NAME AND AD Material Handling I 1001 Hurricane Str Franklin, Indiana	harge Monitor (R3 / 3-14) DDRESS: Exchange, Inc.			PLEAS THIS F	SE COMPLETE A	AND SUBMIT ON BE POSTMARKE	PERMITS NE COPY EACH I ED NO LATER TH		
					Mail To	Office 100 No				
I N P	0 0 0 PERMIT NUMBE	-	7	0 0 OUTFAL	1 1 NO	0	5 1 10.	8 YR.		
	F EI\WIT NOWLE	n.		00117.2	L NO.		<i>i</i> .		scharge	
							This i	s a revised sub	omittal	
EFFLUENT CHARA		COPPER	TTO						<u> </u>	
EFFLUENT PARAM	1	C01119	C78141	+						
SAMPLE TYPE	Permit Condition Monitored	GRAB COMP	GRAB GRAB	+					+	
FREQUENCY	Permit Condition	MONTHLY	2X/YEAR	+					+	
Theoderio .	Monitored	MONTHLY	2X/YEAR	+				-	+	
EFFLUENT	Permit Minimum	N/A	N/A	+ +				-	+	
LIMITATIONS	Permit Average	2.07	N/A							
	Permit Maximum	3.38	2.13							
	UNITS		<u> </u>							
	Tue	1	ļ						<u> </u>	
	Wed	2	 	++			-		+	
	Thu Fri	3								
	Sat	5		+				-		
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MONTHLY AVERAG	ЭЕ	0.25	0.015							
HIGHEST VALUE		0.25	0.015							
LOWEST VALUE		0.25	0.015						_	
NO. OF TIMES WEEK		0	0							
were prepared under m system designed to as	of law that this documen ny direction or supervisio sure that qualified perso	on in accordance wi	ts ith a ^{er} Prepa	ared by or under F arer's telephone	Raymond I	-		Date (month, 6/21 ertification num	/2018	
persons who manage t for gathering the inform	hation submitted. Based the system, or those per hation, the information su	rsons directly respon submitted is, to the b	nsible est of	of (317) 841-8280 00019226						
there are significant pe	ef, true, accurate, and c nalties for submitting fal nd imprisonment for kno	lse information, inclu	iding (Or a	ature of principal attested by NetDN	executive of MR subscribe Will Ma	er agreement)	orized agent Date (month, day, yea t) 6/21/2018			