

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 07/01/18 to 07/31/18

DMR Due Date:

08/28/18

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:

Will

Last Name:

Mains

Title:

Operations Manager

Telephone:

317-788-7225

No Data Indicator (NODI)

Form NODI:

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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			=	6.98	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	5 DAILY MN			<=	10 DAILY MX	12 - SU	0	01/01 - Daily	GR - GRAB
					Value NODI															
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample								=	0.04	=	0.04	19 - mg/L		01/30 - Monthly	GR - GRAB
					Permit Req.								<=	.65 MO AVG	<=	1.2 DAILY MX	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Value NODI															
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample								<	0.05	<	0.05	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	2.38 MO AVG	<=	3.98 DAILY MX	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample								<	0.01	<	0.01	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	.24 MO AVG	<=	.43 DAILY MX	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.02	=	0.02	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.48 MO AVG	<=	2.61 DAILY MX	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample								<	0.01	<	0.01	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	.07 MO AVG	<=	.11 DAILY MX	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample								<	0.05	<	0.05	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	.43 MO AVG	<=	.69 DAILY MX	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample								<	0.02	<	0.02	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.25	=	0.25	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	2.07 MO AVG	<=	3.38 DAILY MX	19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.001614	=	0.0025	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								0	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
INP000627_001A_MMR_2018_07.pdf	pdf	89123

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

User:

rlkassab@sbcglobal.net

Name:

Raymond Kassab

E-Mail:	rlkassab@sbcglobal.net
Date/Time:	2018-08-10 14:39 (Time Zone: -04:00)
<i>Report Last Signed By</i>	
User:	PRODUCTION@M-H-E.COM
Name:	Sarah McKee
E-Mail:	production@m-h-e.com
Date/Time:	2018-08-25 14:50 (Time Zone: -04:00)



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: wmains@m-h-e.com

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1
OUTFALL NO.		

0	7	1	8
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	0.002100	6.06 6.06						
Tue	3	0.002000	6.42 6.42						
Wed	4	No Discharge	No Discharge						
Thu	5	0.000200	6.62 6.62						
Fri	6	0.000200	6.74 6.74						
Sat	7	0.002100	6.28 6.28						
Sun	8	No Discharge	No Discharge						
Mon	9	0.001700	6.78 6.78						
Tue	10	0.002200	6.81 6.81						
Wed	11	0.001800	6.85 6.85						
Thu	12	0.001300	6.00 6.00						
Fri	13	0.001800	6.31 6.31						
Sat	14	No Discharge	No Discharge						
Sun	15	No Discharge	No Discharge						
Mon	16	0.001600	6.59 6.59						
Tue	17	No Discharge	No Discharge						
Wed	18	0.002100	6.98 6.98						
Thu	19	0.001600	6.91 6.91						
Fri	20	0.001500	6.68 6.68		0.04		<0.05		<0.01
Sat	21	No Discharge	No Discharge						
Sun	22	No Discharge	No Discharge						
Mon	23	0.000900	6.40 6.40						
Tue	24	0.002500	6.44 6.44						
Wed	25	0.001800	6.67 6.67						
Thu	26	0.001800	6.79 6.79						
Fri	27	0.001700	6.56 6.56						
Sat	28	0.000900	6.60 6.60						
Sun	29	No Discharge	No Discharge						
Mon	30	0.002400	6.55 6.55						
Tue	31	0.001300	6.53 6.53						
MONTHLY AVERAGE		0.001614			0.04		<0.05		<0.01
HIGHEST VALUE		0.002500	6.98		0.04		<0.05		<0.01
LOWEST VALUE		0.000200	6.00		0.04		<0.05		<0.01
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0		0		0		0
TOTAL FLOW		0.035500							

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.

Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
Raymond Kassab		8/10/2018
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)
Will Mains		8/10/2018



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Indiana Discharge Monitoring Report

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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	7	1	8
MO.		YR.	

No Discharge ☐

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									
Thu 12									
Fri 13									
Sat 14									
Sun 15									
Mon 16									
Tue 17									
Wed 18									
Thu 19									
Fri 20			0.02		<0.01		<0.05		<0.02
Sat 21									
Sun 22									
Mon 23									
Tue 24									
Wed 25									
Thu 26									
Fri 27									
Sat 28									
Sun 29									
Mon 30									
Tue 31									
MONTHLY AVERAGE			0.02		<0.01		<0.05		<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, 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): Raymond Kassab		Date (month, day, year) 8/10/2018
Preparer's telephone number (317) 841-8280	Operator's certification number WW019226	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Will Mains		Date (month, day, year) 8/10/2018



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I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1
OUTFALL NO.		

0	7	1	8
MO.		YR.	

No Discharge
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							
	Thu 12							
	Fri 13							
	Sat 14							
	Sun 15							
	Mon 16							
	Tue 17							
	Wed 18							
	Thu 19							
	Fri 20	0.25						
	Sat 21							
	Sun 22							
	Mon 23							
	Tue 24							
	Wed 25							
	Thu 26							
	Fri 27							
	Sat 28							
	Sun 29							
	Mon 30							
	Tue 31							
MONTHLY AVERAGE		0.25						
HIGHEST VALUE		0.25						
LOWEST VALUE		0.25						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		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): Raymond Kassab	Date (month, day, year) 8/10/2018
	Preparer's telephone number (317) 841-8280	Operator's certification number WW019226
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Will Mains	Date (month, day, year) 8/10/2018