DMR Copy of Record

Permit																									
Permit #:	NP000627			Permittee	e:		MATERIAL HA	NDLING E	XCHANGE, INC.				E	acility:		MATERIA		IG EXCHANGE, INC.							
Major: N	lo				e Address:	:	1800 CHURCHMAN AVE							acility Loc	ation:	1001 N H	1001 N HURRICANE ST								
	-					-	INDIANAPOLI										N, IN 46131								
	01 External Outfall			Discharg	je:		001-A POWDER COAT METAL PARTS - TO FRANKLIN POTW																		
Report Dates & Status																									
Monitoring Period: F	rom 09/01/19 to 09/3	30/19		DMR Due	e Date:		10/28/19						S	Status:			Validated								
Considerations for Form Co	mpletion												I												
THE FLOW MUST BE MEASU		FL OV				PRETRE	ΑΤΜΕΝΤ ΤΟ Ε				ту														
		LOV		OREMENT	DE VIOLO.																				
Principal Executive Officer				1									1_												
First Name: V	Vill			Title:			Operations Ma	nager					Т	elephone:		317-788-	7225								
Last Name: M	lains																								
No Data Indicator (NODI)																									
Form NODI:																									
Parameter	Monitoring Lo	cation	Season #	Param. NODI			Qu	antity or Loa	ding				Qua	lity or Conce	entration		# 0	of Ex. Frequency of Analy	sis Sample T						
Code Name						Qualifier '	1 Value 1	Qualifier 2	Value 2	Units			Qualifier 2	2 Value 2	Qualifier 3		Units								
20400 -11	pH 1 - Effluent Gross	1 - Effluent Gross		•		Sample Demoit Demo							5.14			=	7.06	12 - SU	01/01 - Daily	GR - GRA					
0400 pH			ss (0 ·		Permit Req. Value NODI						>=	5 DAILY MN			<=	10 DAILY MX	12-50 0	01/01 - Daily	GR - GRA					
					Sample								=	0.03	=	0.03	19 - mg/L	01/30 - Monthly	GR - GRA						
00720 Cyanide, total [as CN]	20 Cyanide, total [as CN] 1 - Effluent Gross	ss (0		Permit Req.								<=	.65 MO AVG	i <=	1.2 DAILY MX		01/30 - Monthly	GR - GRA						
					Value NODI																				
	1 Effluent Cree	ss (0		Sample									0.05 2.38 MO AV	=	0.05	19 - mg/L	01/30 - Monthly	24 - COM						
01074 Nickel, total recoverable	1 - Effluent Gros	5 (0		Permit Req. Value NODI								<=	2.30 IVIO AV	G <=	3.98 DAILY M	(19 - mg/L 0	01/30 - Monthly	24 - COM						
					Sample								=	0.01	=	0.01	19 - mg/L	01/30 - Monthly	24 - COM						
01079 Silver total recoverable	1 - Effluent Gros	ss (0 ·		Permit Req.								<=	.24 MO AVG	i <=	.43 DAILY MX	19 - mg/L 0	01/30 - Monthly	24 - COM						
					Value NODI																				
01094 Zinc, total recoverable	1 - Effluent Gros		0		Sample Permit Req.									0.02 1.48 MO AV	= G <=	0.02 2.61 DAILY M	19 - mg/L	01/30 - Monthly 01/30 - Monthly	24 - COMI 24 - COMI						
	1 - Enident Gros	55 (0		Value NODI								<=	1.40 IVIO AV	0 <=	2.01 DAILT M	<19-mg/∟0	01/30 - Montiny	24 - 00101						
					Sample								=	0.01	=	0.01	19 - mg/L	01/30 - Monthly	24 - COM						
1113 Cadmium, total recoverable	1 - Effluent Gros	ss (0 ·		Permit Req.								<=	.07 MO AVG	i <=	.11 DAILY MX	19 - mg/L 0	01/30 - Monthly	24 - CON						
					Value NODI																				
01114 Lead, total recoverable	1 Effluent Cree		0		Sample Bormit Bog								= <=	0.05 .43 MO AVO		0.05	19 - mg/L	01/30 - Monthly	24 - COM						
11114 Leau, Iolai Tecoverable	1 - Effluent Gross		1 - Effluent Gross		1 - Effluent Gross		1 - Effluent Gross		0		Permit Req. Value NODI								<=	.43 100 AVG	. <=	.69 DAILY MX	19 - mg/L 0	01/30 - Monthly	24 - COM
					Sample								=	0.02	=	0.02	19 - mg/L	01/30 - Monthly	24 - COM						
1118 Chromium, total recoverable	1 - Effluent Gros	ss (0 ·		Permit Req.								<=	1.71 MO AV	G <=	2.77 DAILY M	K 19 - mg/L 0	01/30 - Monthly	24 - COM						
					Value NODI																				
	4 F #		0		Sample									0.07	=	0.07	19 - mg/L	01/30 - Monthly	24 - COM						
01119 Copper, total recoverable	1 - Effluent Gros	55 (0		Permit Req. Value NODI								<=	2.07 MO AV	G <=	3.38 DAILY M	19 - Ing/L 0	01/30 - Monthly	24 - COM						
					Sample	=	0.001006	=	0.0037	03 - MGD)							01/01 - Daily	TM - TOT						
50050 Flow, in conduit or thru treatme	ent plant 1 - Effluent Gros	ss (0		Permit Req.		Req Mon MO AV		Req Mon DAILY MX									01/01 - Daily	TM - TOT						
					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	Туре	
INP000627_001A_MMR_2019_09.pdf		pdf	278166
Report Last Saved By			

INF 000027_00TA_ININIT<_2019_09.pdf		pui
Report Last Saved By		
MATERIAL HANDLING EXCHANGE, INC.		
User:	PRODUCTION@M-H-E.COM	
Name:	Sarah McKee	

Size

E-Mail:	production@m-h-e.com
Date/Time:	2019-10-28 16:34 (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:	2019-10-28 16:34 (Time Zone: -04:00)



S CAR THE	Indiana Disc State Form 3053	char	rge Monitor				INDUST	RIAL DISC	JHARGE	PERMITS			
/816	FACILITY NAME AND Material Handlin 1001 Hurricane Franklin, Indiana	ng Exc Stree	change, Inc.				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-maii	l address:	wmains(w	m-h-e.com			
I N P	0 0	0	6 2	7	1	0 0	1	0	9 1	9			
	PERMIT NUM	BER			l	OUIFA	ALL NO.	IV	Л <mark>О</mark> .	YR. No Dis	scharge		
									This	is a revised sub	° –		
EFFLUENT CHARAC	TFRISTICS		FLOW	р	H	CYANIDE.	TOTAL (CN)	NICKEL.	TOTAL (NI)		TOTAL (Ag)		
EFFLUENT PARAME			Q50050		0400	Q	C 00720	Q	C01074	Q	C01079		
SAMPLE TYPE	Permit Condition	n	24TOT	GRAB		<u>~</u>	GRAB		COMP	<u> </u>	COMP		
	Monitored		24TOT	GRAB			GRAB		COMP	1	COMP		
FREQUENCY	Permit Condition	n	DAILY	METER	۲		MONTHLY		MONTHLY		MONTHLY		
	Monitored		DAILY	MONT			MONTHLY		MONTHLY		MONTHLY		
EFFLUENT	Permit Minimum		N/A		5.0	N/A	N/A	N/A	N/A	N/A	N/A		
LIMITATIONS	Permit Average		REPORT	N/A	10.0	 	0.65		2.38		0.24		
	Permit Maximun		REPORT		10.0		1.20		3.98		0.43		
r	Sun	ITS = 1	MGD 0.000000	HI No Dis	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L		
	Mon	2		No Dis			1	+	+	+	+		
	Tue	3		7.06	7.06		1	+	+		+		
	Wed	4		6.96	6.96	<u> </u>	 	1	+	+	+		
	Thu	5		6.76	6.76	ſ							
	Fri	6		6.89	6.89		0.03		0.05		0.01		
	Sat	7	0.001200	6.76	6.76	L							
ļ	Sun	8		No Dis		 	_	4	<u> </u>	4	4		
	Mon	9		6.94	6.94	───	<u></u>	-	───	_	-		
	Tue Wed	10 11		6.89 6.81	6.89 6.81	 							
	Thu	12		6.90	6.90		1	+	+				
	Fri	13		6.66	6.66	<u> </u>	-		+	+	+		
	Sat	14		6.87	6.87		1	1	1	+	1		
	Sun	15	0.000000	No Dis		<u> </u>	1	1	<u>† </u>		1		
	Mon	16	0.000200	7.03	7.03								
	Tue	17	0.001600	5.84	5.84	<u> </u>		<u> </u>	<u> </u>	<u> </u>			
	Wed	18		5.84	5.84	 							
	Thu	19		5.83	5.83	 		_	───		-		
	Fri Sat	20 21	0.001300	5.18 No Dis	5.18	 		-			-		
	Sat	21	0.000000	No Dis	Ŭ		1	+	+				
	Mon	22		6.08	6.08	<u> </u>	-		+	+	+		
	Tue	24	0.001400	5.84	5.84	<u> </u>			1	+	+		
	Wed	25	0.001300	5.99	5.99	<u> </u>	1	1	<u>† </u>		1		
	Thu	26		5.14	5.14								
	Fri	27	0.001200	5.21	5.21		Ţ	[Ţ	1			
	Sat	28		5.63	5.63	 	_	4	<u> </u>	4	4		
	Sat	29		No Dis 6.09	charge 6.09	<u> </u>	+	1	───		-		
	Mon	30	0.000000	No Dis		 							
MONTHLY AVERAG	F		0.000000		Charge	l	0.03	+	0.05	+	0.01		
HIGHEST VALUE			0.003700	7.	06	1	0.03	1	0.05	+	0.01		
LOWEST VALUE			0.000000		14	1	0.03	1	0.05	1	0.01		
NO. OF TIMES WEEKLY EFFL. LIMITATIONS		Y	0	(0		0		0		0		
TOTAL FLOW			0.031200		Prepar	red by or unde	r the direction	of (Certified O	perator):	Date (month,	, day, year)		
I certify under penalty of	law that this docurr	nent ar	nd all attachmen	ts									
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with							Larry Rey	nolds		10/2	8/2019		
a system designed to as					Prepar	rer's telephone	e number		Operator's c	ertification num	ıber		
and evaluate the information persons who manage the	e system, or those	persor	ns directly)) 497-7645			WW17265			
responsible for gathering is to the best of my know	vledge and belief, tr	rue, ac	curate, and	a		ure of principa	al executive offi		zed agent	Date (month,			
complete. I am aware that submitting false informat		•			(or att	ested by NetD	MR subscribe				- /		
imprisonment for knowin		0331011	ity of fine and		Will Mains 10/28/2019								

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THE STATE OF	Indiana Disc							FRIAL DIS	CHAR	GE I	PERM	IIIS			
Z CONTRACTOR	State Form 3053			ning i	соро	·									
	FACILITY NAME AND						PLEAS	E COMPLETE A	ND SUBN		E COPY	EACH N	IONTH.		
	Material Handling		•				THIS REPORT MUST BE POSTMARKED NO LATER THAN THE								
/816	1001 Hurricane S Franklin, Indiana		t				28TH (OF THE FOLLO	WING MC	NTH.					
	FIANKIII, INUIANA						Mail To	: Indiana	Departm	ent of E	Invironm	ental Ma	anagement		
							indii 10		of Water (0		
								100 No	orth Senat	e Aven	Je				
								Indiana	polis, Ind	iana 46	204-2251	I			
I N P	0 0	0	6 2	7	1	0 0	1	0	9	1	9	1			
	PERMIT NUMB	ER	-				ALL NO.	N	10.	Y	′R.				
					-4			-					charge		
											a revis				
EFFLUENT CHARAC				OTAL (Z			TOTAL (Cd)	LEAD, T	(/		OMIUN	/, TOTAL(Cr)		
EFFLUENT PARAME	Permit Condition		Q	C0109 COMF		Q	C01113 COMP	Q	C01114 COMP		Q		C01118 COMP		
SAWFLETTFE	Monitored			COMP			COMP		COMP		╂───				
FREQUENCY	Permit Condition			MONT			MONTHLY		MONT		<u> </u>		MONTHLY		
	Monitored			MONT			MONTHLY		MONT		1		MONTHLY		
EFFLUENT	Permit Minimum			N/A			N/A		N/A				N/A		
LIMITATIONS	Permit Average			_	.48		0.07			43			1.71		
	Permit Maximum		15/5	-	.61	1.5/5.11/	0.11	1.5/5.11	0.0		+		2.77		
	UNI Sun		LB/DAY	M	G/L	LB/DAY	MG/L	LB/DAY	MC	j/L	LB/	DAY	MG/L		
	Mon	1 2				1					──				
	Tue	2		+				1			<u> </u>				
	Wed	4		1							†		1		
	Thu	5													
	Fri	6		0.	.02		0.01		0.0	05			0.02		
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	Sun	8									──		-		
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	Wed	11									<u> </u>				
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MONTHLY AVERAG	E				.02	-	0.01			05	—		0.02		
HIGHEST VALUE				-	.02		0.01		0.0	05	──		0.02		
NO. OF TIMES WEEKL	Y. DAILY MONTHIN	Y			-	-					┼───				
EFFL. LIMITATIONS					0		0		()			0		
					Prepa	ared by or unde	r the direction	of (Certified O	perator):		Date (month.	day, year)		
I certify under penalty of						, -	Larry Rey	-					3/2019		
were prepared under my					L			10103	1-		<u> </u>				
a system designed to as					Prepa	arer's telephone	e number		Operat	or's ce	ertificatio	on num	ber		
and evaluate the information persons who manage the				пе											
responsible for gathering				ed is,		(260)) 497-7645				WW	17265			
to the best of my knowle	-					ature of principa			ed agen	ıt	Date (month.	day, year)		
I am aware that there are			•	1		ttested by NetD			-		ĺ				
information, including the	e possibility of fine a	nd im	prisonment for				Will Ma	ins			1	10/28	3/2019		
knowing violations.											<u> </u>		-		

STATE OF	Indiana Discha State Form 30530 (arge Monitor (R3 / 3-14)			/IR) FOI		PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.						
4	FACILITY NAME AND AD Material Handling E 1001 Hurricane Stra Franklin, Indiana	Exchange, Inc.				THIS R		BE POSTMARKEI					
						Mail To	Office of 100 No	a Department of E of Water Quality, I orth Senate Avenu apolis, Indiana 462	Mail Code 65-42 ue	•			
I N P	0 0 0	6 2	7	0	0	1	0	9 1	9				
	PERMIT NUMBER	2			OUTFAL	LL NO.	N	IO. Y	R.				
								This is	No Disc a revised subr	•			
EFFLUENT CHARAC		COPPER	TT	0			T			littai			
EFFLUENT PARAME		C01119	C78				1						
SAMPLE TYPE	Permit Condition	COMP	GR/			·							
	Monitored	COMP	GR/										
FREQUENCY	Permit Condition Monitored	MONTHLY MONTHLY	2X/YE 2X/YE	EAR			<u> </u>						
EFFLUENT	Permit Minimum	N/A	N//				I		['	Ē			
LIMITATIONS	Permit Average	2.07	N//						ļ'	 			
<u> </u>	Permit Maximum UNITS	3.38 S=	2.1	13	 		───	───	 '	 			
<u> </u>	Sun	<u></u> 1	├───				<u> </u>		<u> </u>				
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LOWEST VALUE		0.07					<u>† </u>	<u> </u>	<u> </u>				
NO. OF TIMES WEEKL' EFFL. LIMITATIONS		0	0)									
I certify under penalty of			nts	Prepared by or under the direction of (Certified Operator): Larry Reynolds					Date (month, day, year)				
were prepared under my							1003	10/28/2019					
system designed to assu and evaluate the informa				Preparer's to	elephone.	number		Operator's ce	ertification numb	Jer			
persons who manage the for gathering the information	ne system, or those per	rsons directly respo	onsible		(260)) 497-7645			WW17265				
my knowledge and belie there are significant pen	ef, true, accurate, and c	complete. I am awa	are that			executive offi MR subscribe	ficer or authoriz	zed agent	Date (month,	day, year)			
the possibility of fine and			uuiig		TOY NOLDA	Will Ma			10/28	8/2019			
1													