

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 09/01/19 to 09/30/19

DMR Due Date:

10/28/19

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						=	5.14			=	7.06	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								=	0.03	=	0.03	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								=	0.07	=	0.07	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	=	0.001006	=	0.0037	03 - MGD									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
INP000627_001A_MMR_2019_09.pdf	pdf	278166

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

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)
<i>Report Last Signed By</i>	
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)



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	9	1	9
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		COMP		COMP
	Monitored	24TOT	GRAB		GRAB		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	0.000000	No Discharge						
	Mon 2	0.000000	No Discharge						
	Tue 3	0.001300	7.06 7.06						
	Wed 4	0.001400	6.96 6.96						
	Thu 5	0.001400	6.76 6.76						
	Fri 6	0.001200	6.89 6.89		0.03		0.05		0.01
	Sat 7	0.001200	6.76 6.76						
	Sun 8	0.000000	No Discharge						
	Mon 9	0.003700	6.94 6.94						
	Tue 10	0.001300	6.89 6.89						
	Wed 11	0.000900	6.81 6.81						
	Thu 12	0.001400	6.90 6.90						
	Fri 13	0.000600	6.66 6.66						
	Sat 14	0.001200	6.87 6.87						
	Sun 15	0.000000	No Discharge						
	Mon 16	0.000200	7.03 7.03						
	Tue 17	0.001600	5.84 5.84						
	Wed 18	0.001500	5.84 5.84						
	Thu 19	0.001500	5.83 5.83						
	Fri 20	0.001300	5.18 5.18						
	Sat 21	0.000000	No Discharge						
	Sun 22	0.000000	No Discharge						
	Mon 23	0.002000	6.08 6.08						
	Tue 24	0.001400	5.84 5.84						
	Wed 25	0.001300	5.99 5.99						
	Thu 26	0.001100	5.14 5.14						
	Fri 27	0.001200	5.21 5.21						
	Sat 28	0.000800	5.63 5.63						
	Sat 29	0.000000	No Discharge						
	Mon 30	0.001700	6.09 6.09						
		0.000000	No Discharge						
MONTHLY AVERAGE		0.001006			0.03		0.05		0.01
HIGHEST VALUE		0.003700	7.06		0.03		0.05		0.01
LOWEST VALUE		0.000000	5.14		0.03		0.05		0.01
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0		0		0		0
TOTAL FLOW		0.031200							

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)
Larry Reynolds		10/28/2019
Preparer's telephone number	Operator's certification number	
(260) 497-7645	WW17265	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Will Mains		10/28/2019



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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	9	1	9
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		COMP		COMP		COMP		COMP
	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		0.02		0.01		0.05		0.02
	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								
	Sat 21								
	Sun 22								
	Mon 23								
	Tue 24								
	Wed 25								
	Thu 26								
	Fri 27								
	Sat 28								
	Fri 29								
	Mon 30								
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): Larry Reynolds		Date (month, day, year) 10/28/2019
Preparer's telephone number (260) 497-7645		Operator's certification number WW17265
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Will Mains		Date (month, day, year) 10/28/2019



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I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	9	1	9
MO.		YR.	

No Discharge

This is a revised submittal

EFFLUENT CHARACTERISTICS		COPPER	TTO					
EFFLUENT PARAMETER NUMBER		C01119	C78141					
SAMPLE TYPE	Permit Condition	COMP	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	0.07						
	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							
	Sat 21							
	Sun 22							
	Mon 23							
	Tue 24							
	Wed 25							
	Thu 26							
	Fri 27							
	Sat 28							
	Fri 29							
	Mon 30							
MONTHLY AVERAGE		0.07						
HIGHEST VALUE		0.07						
LOWEST VALUE		0.07						
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):

Larry Reynolds

Date (month, day, year)

10/28/2019

Preparer's telephone number

(260) 497-7645

Operator's certification number

WW17265

Signature of principal executive officer or authorized agent
(or attested by NetDMR subscriber agreement)

Will Mains

Date (month, day, year)

10/28/2019