

DMR Copy of Record

Permit

Permit #:INP000627

Major:No

Permitted Feature:001
External Outfall

Permittee:MATERIAL HANDLING EXCHANGE, INC.

Permittee Address:1800 CHURCHMAN AVE
INDIANAPOLIS, IN 46203

Discharge:001-A
001 POWDER COAT METAL PARTS - TO FRANKLIN POTW

Facility:MATERIAL HANDLING EXCHANGE, INC.

Facility Location:1001 N HURRICANE ST
FRANKLIN, IN 46131

Report Dates & Status

Monitoring Period:From 01/01/22 to 01/31/22

DMR Due Date:02/28/22

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:Jennifer

Last Name:Fortune

Title:Director of Operations

Telephone:317-513-1653

No Data Indicator (NODI)

Form NODI:--

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						=	6.9			=	7.41	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
					Value NODI															
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample								<	0.01	<	0.01	19 - mg/L		01/30 - Monthly	GR - GRAB
					Permit Req.								<=	0.65 MO AVG	<=	1.2 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.03	=	0.03	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	2.38 MO AVG	<=	3.98 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample								<	0.005	<	0.005	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L		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		01/30 - Monthly	24 - COMP24
					Value NODI															
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample								<	0.005	<	0.005	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample								<	0.01	<	0.01	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.43 MO AVG	<=	0.69 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample								<	0.01	<	0.01	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.19	=	0.19	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	2.07 MO AVG	<=	3.38 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.003684	=	0.009969	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
------	------	------

Analytical_20220131_102130.pdf		pdf	1135359.0
INP000627_001A_MMR_2022_1.pdf		pdf	320817.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-03-04 16:33 (Time Zone: -05:00)		
Report Last Signed By			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-03-04 16:33 (Time Zone: -05:00)		

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INP000627

Major:

No

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Permittee Address:

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INDIANAPOLIS, IN 46203

Facility:

MATERIAL HANDLING EXCHANGE, INC.

Facility Location:

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FRANKLIN, IN 46131

Permitted Feature:

002
External Outfall

Discharge:

002-A
002 POWDER COAT METAL PARTS - TO FRANKLIN POTW

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Jennifer

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317-513-1653

No Data Indicator (NODI)

Form NODI:

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Comments

Attachments

Name	Type	Size
------	------	------

INP000627_002A_MMR_2022_1.pdf		pdf	320344.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-03-04 09:34 (Time Zone: -05:00)		
Report Last Signed By			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-03-04 09:35 (Time Zone: -05:00)		



page 1 of 2

[illegible]

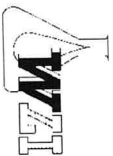
John Ondo



page 2 of 2

Sample Chain of Custody Record

Site Name: Material Handling Exchange, Inc.			Sample chilled/iced <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Water & Wastewater Laboratories, Inc. 2779 Rockefeller Avenue Cleveland, Ohio 44115 Phone: (216) 696-0280 Fax: (216) 696-6831		
Site Address: 1001 Hurricane Road Franklin, IN 46131			Temp (C): <u>20</u>				
			Project Name: <u>20</u>				
Sample Date	Sample Time	Comp. Grab	Sample Location/site ID	Number of Containers	Analysis / Preservative	Sample Comments	Lab #
1-18-22	7:30 pm	X	Wastewater Effluent	1	Plastic 8oz w/HNO3 7 Metals		22-026
1-18-22	11 AM	X	Wastewater Effluent	1	Plastic 8oz w/NaOH Total Cyanide		22-026
Report to: Nick Lawrence Material Handling Exchange, Inc. 1800 Churchman Ave Indianapolis, IN 46203							
Sampler(s) [print name(s)-sign below]: Jeremy Baughman							
Relinquished by: (signature) <u>[Signature]</u>			Date/Time: <u>01/20/2022 1430</u>		Received by: (signature or shipper) <u>[Signature]</u>		Phone: P.O.#: Bill to:
Relinquished by: (signature) <u>[Signature]</u>			Date/Time:		Received by: (signature or shipper)		
Relinquished by: (signature) <u>[Signature]</u>			Date/Time:		Received by: (signature or shipper)		



**INSTRUCTIONS FOR MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL
DISCHARGE PERMITS (State Form 30530)**

There are three (3) pages to the form, each on a separate sheet (see tabs at bottom). You can specify "Print what: Entire Workbook" under the menu File > Print... to print all three (3) pages and these instructions. Or print each page individually (you must have the page "open" when printing it).

General information (Facility Name, Permit Number, etc.) should be entered into the top box on the first page. This information will then show up on subsequent pages of the MMR automatically.

If there is no discharge for the month, simply put an X in the box next to "No Discharge" on page 1.

Round off the calculated numbers as appropriate when transferring the information to your DMR.

Please revise the page numbering as appropriate (eg "Page 1 of 1", etc.). If you wish to use what we've provided as "Page 3" as your first or second page, just change the page info at the bottom.

Detailed information and an example of how to fill out the form is available on our web site at http://www.in.gov/idem/5157.htm#owq_wastewater.

If only one pH sample is taken per day, either column (Hi or Low) may be used.

Many of the cells containing formulas are "locked" to prevent accidental modification.

Should you find it necessary to remove the cell protection, the password is "mmr".

Should you need to have a geometric mean (rather than an average) calculated, you may unlock the form and change the formula wording in the appropriate cell from "average" to "geomean".



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: jonamato@m-h-e.com

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1
OUTFALL NO.		

0	1	2	2
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
	Sat	1	0.000000	na	na					
	Sun	2	0.000000	na	na					
	Mon	3	0.002340	6.92	6.92					
	Tue	4	0.001942	6.93	6.93					
	Wed	5	0.004184	7.22	7.22					
	Thu	6	0.003162	6.90	6.90					
	Fri	7	0.004274	7.19	7.19					
	Sat	8	0.000000	na	na					
	Sun	9	0.000000	na	na					
	Mon	10	0.005562	6.99	6.99					
	Tue	11	0.007106	7.04	7.04					
	Wed	12	0.008439	7.00	7.00					
	Thu	13	0.006482	7.11	7.11					
	Fri	14	0.006264	7.12	7.12					
	Sat	15	0.000000	na	na					
	Sun	16	0.000000	na	na					
	Mon	17	0.006582	6.96	6.96					
	Tue	18	0.007530	7.12	7.12		<0.01	0.03		<0.005
	Wed	19	0.007170	7.18	7.18					
	Thu	20	0.007170	7.20	7.20					
	Fri	21	0.005580	7.11	7.11					
	Sat	22	0.000000	na	na					
	Sun	23	0.000000	na	na					
	Mon	24	0.002031	6.99	6.99					
	Tue	25	0.001941	7.12	7.12					
	Wed	26	0.004900	7.26	7.26					
	Thu	27	0.009969	7.36	7.36					
	Fri	28	0.005853	7.37	7.37					
	Sat	29	0.000000	na	na					
	Sun	30	0.000000	na	na					
	Mon	31	0.005712	7.41	7.41					
MONTHLY AVERAGE		0.003684				#DIV/0!		0.03		#DIV/0!
HIGHEST VALUE		0.009969	7.41			0.00		0.03		0
LOWEST VALUE		0.000000	6.90			0.00		0.03		0
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0			0		0		0
TOTAL FLOW		0.114193								

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)
		1/18/2022
Preparer's telephone number	Operator's certification number	
317 446 0935		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Jon Amato		3/4/2022



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

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	2	2	2
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
	Sat 1								
	Sun 2								
	Mon 3								
	Tue 4								
	Wed 5								
	Thu 6								
	Fri 7								
	Sat 8								
	Sun 9								
	Mon 10								
	Tue 11								
	Wed 12								
	Thu 13								
	Fri 14								
	Sat 15								
	Sun 16								
	Mon 17								
	Tue 18		0.02		<0.005		<0.01		<0.01
	Wed 19								
	Thu 20								
	Fri 21								
	Sat 22								
	Sun 23								
	Mon 24								
	Tue 25								
	Wed 26								
	Thu 27								
	Fri 28								
	Sat 29								
	Sun 30								
	Mon 31								
MONTHLY AVERAGE			0.02		#DIV/0!		#DIV/0!		#DIV/0!
HIGHEST VALUE			0.02		0.000		0.00		0.00
LOWEST VALUE			0.02		0.000		0.00		0.00
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):		Date (month, day, year)
	Preparer's telephone number		Operator's certification number
	317 446 0935		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)			Date (month, day, year)
Jon Amato			3/4/2022



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I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	1	2	2
1	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=								
	Sat 1							
	Sun 2							
	Mon 3							
	Tue 4							
	Wed 5							
	Thu 6							
	Fri 7							
	Sat 8							
	Sun 9							
	Mon 10							
	Tue 11							
	Wed 12							
	Thu 13							
	Fri 14							
	Sat 15							
	Sun 16							
	Mon 17							
	Tue 18	0.19						
	Wed 19							
	Thu 20							
	Fri 21							
	Sat 22							
	Sun 23							
	Mon 24							
	Tue 25							
	Wed 26							
	Thu 27							
	Fri 28							
	Fri 29							
	Sun 30							
	Mon 31							
MONTHLY AVERAGE		0.19	#DIV/0!					
HIGHEST VALUE		0.19						
LOWEST VALUE		0.19						
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):		Date (month, day, year) 1/18/2022
Preparer's telephone number 317 446 0935		Operator's certification number
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Jon Amato		Date (month, day, year) 3/4/2022

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E-mail address: jonamato@m-h-e.com

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PERMIT NUMBER								

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OUTFALL NO.		

0	1	2	2
MO.		YR.	

No Discharge ☒
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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
	Mon	1	0.000000	No Discharge					
	Tue	2	0.000000	No Discharge					
	Wed	3	0.000000	No Discharge					
	Thu	4	0.000000	No Discharge					
	Fri	5	0.000000	No Discharge					
	Sat	6	0.000000	No Discharge					
	Sun	7	0.000000	No Discharge					
	Mon	8	0.000000	No Discharge					
	Tue	9	0.000000	No Discharge					
	Wed	10	0.000000	No Discharge					
	Thu	11	0.000000	No Discharge					
	Fri	12	0.000000	No Discharge					
	Sat	13	0.000000	No Discharge					
	Sun	14	0.000000	No Discharge					
	Mon	15	0.000000	No Discharge					
	Tue	16	0.000000	No Discharge					
	Wed	17	0.000000	No Discharge					
	Thu	18	0.000000	No Discharge					
	Fri	19	0.000000	No Discharge					
	Sat	20	0.000000	No Discharge					
	Sun	21	0.000000	No Discharge					
	Mon	22	0.000000	No Discharge					
	Tue	23	0.000000	No Discharge					
	Wed	24	0.000000	No Discharge					
	Thu	25	0.000000	No Discharge					
	Fri	26	0.000000	No Discharge					
	Sat	27	0.000000	No Discharge					
	Sun	28	0.000000	No Discharge					
	Mon	29	0.000000	No Discharge					
	Tue	30	0.000000	No Discharge					
			0.000000	No Discharge					
MONTHLY AVERAGE					#DIV/0!		#DIV/0!		#DIV/0!
HIGHEST VALUE					0.00		0		0
LOWEST VALUE					0.00		0		0
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0		0		0		0
TOTAL FLOW		0.000000							

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)
		1/18/2022
Preparer's telephone number		Operator's certification number
3174460935		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
jon amato		3/4/2022



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

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2	
OUTFALL NO.			

0	1	2	2
MO.		YR.	

No Discharge	<input checked="" type="checkbox"/>
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
Mon		1							
Tue		2							
Wed		3							
Thu		4							
Fri		5							
Sat		6							
Sun		7							
Mon		8							
Tue		9							
Wed		10							
Thu		11							
Fri		12							
Sat		13							
Sun		14							
Mon		15							
Tue		16							
Wed		17							
Thu		18							
Fri		19							
Sat		20							
Sun		21							
Mon		22							
Tue		23							
Wed		24							
Thu		25							
Fri		26							
Sat		27							
Sun		28							
Mon		29							
Tue		30							
0									
MONTHLY AVERAGE					#DIV/0!		#DIV/0!		#DIV/0!
HIGHEST VALUE					0.000		0.00		0.00
LOWEST VALUE					0.000		0.00		0.00
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):		Date (month, day, year)
	Preparer's telephone number		Operator's certification number
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
	3174460935		1/18/2022
	jon amato		3/4/2022



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100 North Senate Avenue
Indianapolis, Indiana 46204-2251

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2	
OUTFALL NO.			

0	1	2	2
MO.		YR.	

No Discharge

x

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=								
	Mon 1							
	Tue 2							
	Wed 3							
	Thu 4							
	Fri 5							
	Sat 6							
	Sun 7							
	Mon 8							
	Tue 9							
	Wed 10							
	Thu 11							
	Fri 12							
	Sat 13							
	Sun 14							
	Mon 15							
	Tue 16							
	Wed 17							
	Thu 18							
	Fri 19							
	Sat 20							
	Sun 21							
	Mon 22							
	Tue 23							
	Wed 24							
	Thu 25							
	Fri 26							
	Sat 27							
	Sun 28							
	Mon 29							
	Tue 30							
MONTHLY AVERAGE			#DIV/0!					
HIGHEST VALUE								
LOWEST VALUE								
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):

Date (month, day, year)

1/18/2022

Preparer's telephone number

Operator's certification number

3174460935

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

Date (month, day, year)

jon amato

3/4/2022