

DMR Copy of Record

Permit

Permit #:INP000627

Major:No

Permitted Feature:001  
External Outfall

Permittee:MATERIAL HANDLING EXCHANGE, INC.

Permittee Address:1001 HURRICANE ST  
FRANKLIN, IN 46131

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 02/01/22 to 02/28/22

DMR Due Date:03/28/22

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						=	6.21			=	7.99	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								<	0.05	<	0.05	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								<	0.01	<	0.01	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								<	0.01	<	0.01	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								<	0.01	<	0.01	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								<	0.05	<	0.05	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								=	0.04	=	0.04	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								=	0.04	=	0.04	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	=	0.001919	=	0.005926	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_2022_2.pdf		pdf	320767.0
Analytical_20220307_111059.pdf		pdf	1163363.0
<b>Report Last Saved By</b>			
<b>MATERIAL HANDLING EXCHANGE, INC.</b>			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-04-06 10:03 (Time Zone: -04:00)		
<b>Report Last Signed By</b>			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-04-06 10:03 (Time Zone: -04:00)		

DMR Copy of Record

Permit

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INP000627

Major:

No

Permittee:

MATERIAL HANDLING EXCHANGE, INC.

Permittee Address:

1001 HURRICANE ST  
FRANKLIN, IN 46131

Facility:

MATERIAL HANDLING EXCHANGE, INC.

Facility Location:

1001 N HURRICANE ST  
FRANKLIN, IN 46131

Permitted Feature:

002  
External Outfall

Discharge:

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

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From 02/01/22 to 02/28/22

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Principal Executive Officer

First Name:

Jennifer

Last Name:

Fortune

Title:

Director of Operations

Telephone:

317-513-1653

No Data Indicator (NODI)

Form 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_002A_MMR_2022_2.pdf		pdf	100303.0
<b>Report Last Saved By</b>			
<b>MATERIAL HANDLING EXCHANGE, INC.</b>			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-04-06 09:47 (Time Zone: -04:00)		
<b>Report Last Signed By</b>			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-04-06 09:51 (Time Zone: -04:00)		



page 1 of 2



page 2 of 2

# Sample Chain of Custody Record

<b>Site Name:</b> Material Handling Exchange, Inc. <b>Site Address:</b> 1001 Hurricane Road Franklin, IN 46131		<b>Sample chilled/iced</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Temp (C):</b> 6 <b>Project Name:</b>		<b>Water &amp; Wastewater Laboratories, Inc.</b> 2779 Rockefeller Avenue Cleveland, Ohio 44115 Phone: (216) 696-0280 Fax: (216) 696-6831	
<b>Sample Date</b> 2-17-22 7am-3pm 2-17-22 11am	<b>Sample Time</b> X X	<b>Comp. Grab</b> X X	<b>Sample Location/site ID</b> Wastewater Effluent Wastewater Effluent	<b>Number of Containers</b> 1 1	<b>Analysis / Preservative</b> Plastic 8oz w/HNO3 7 Metals Plastic 8oz w/NaOH Total Cyanide
<b>Relinquished by: (signature)</b> [Signature]				<b>Date/Time:</b> 2/25/2022 4:45p	<b>Received by: (signature or shipper)</b> [Signature]
<b>Relinquished by: (signature)</b> [Signature]				<b>Date/Time:</b> 2/25/2022 4:45p	<b>Received by: (signature or shipper)</b> [Signature]
<b>Relinquished by: (signature)</b> [Signature]				<b>Date/Time:</b> [Signature]	<b>Received by: (signature or shipper)</b> [Signature]

**Report to: Nick Lawrence**

Material Handling Exchange, Inc.

1800 Churchman Ave

Indianapolis, IN 46203

**Frequency = 1/month**

**TTO = 1/6months**

**For Composite:** a sample was collected every 60 minutes for a total of 8 hours

22-0822

22-0823

**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](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](mailto:jonamato@m-h-e.com)

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		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
	Tue	1	0.002152	7.35	7.35					
	Wed	2	0.005926	7.35	7.35					
	Thu	3	0.000000	na	na					
	Fri	4	0.000000	na	na					
	Sat	5	0.000000	na	na					
	Sun	6	0.000000	na	na					
	Mon	7	0.004170	7.51	7.51					
	Tue	8	0.004872	7.35	7.35					
	Wed	9	0.005074	7.67	7.67					
	Thu	10	0.003042	7.48	7.48					
	Fri	11	0.001120	7.40	7.40					
	Sat	12	0.000000	na	na					
	Sun	13	0.000000	na	na					
	Mon	14	0.002040	7.39	7.39					
	Tue	15	0.002524	7.57	7.57					
	Wed	16	0.002658	7.57	7.57					
	Thu	17	0.001819	7.88	7.88	0.01		<0.05		<0.01
	Fri	18	0.003539	6.21	6.21					
	Sat	19	0.000000	na	na					
	Sun	20	0.000000	na	na					
	Mon	21	0.004986	7.99	7.99					
	Tue	22	0.002976	7.53	7.53					
	Wed	23	0.002056	7.61	7.61					
	Thu	24	0.004126	7.66	7.66					
	Fri	25	0.004252	7.73	7.73					
	Sat	26	0.000000	na	na					
	Sun	27	0.000000	na	na					
	Mon	28	0.002165	7.53	7.53					
	Tue		0.000000	na	na					
	Wed		0.000000	na	na					
	Thu		0.000000	na	na					
MONTHLY AVERAGE		0.001919				0.01		#DIV/0!		#DIV/0!
HIGHEST VALUE		0.005926	7.99			0.01		0		0
LOWEST VALUE		0.000000	6.21			0.01		0		0
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0			0		0		0
TOTAL FLOW		0.059497								

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)
		2/17/2022
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		4/4/2022



# 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
Tue 1									
Wed 2									
Thu 3									
Fri 4									
Sat 5									
Sun 6									
Mon 7									
Tue 8									
Wed 9									
Thu 10									
Fri 11									
Sat 12									
Sun 13									
Mon 14									
Tue 15									
Wed 16									
Thu 17			<0.01		<0.01		<0.05		0.04
Fri 18									
Sat 19									
Sun 20									
Mon 21									
Tue 22									
Wed 23									
Thu 24									
Fri 25									
Sat 26									
Sun 27									
Mon 28									
Tue 29									
Wed 0									
Thu 0									
MONTHLY AVERAGE					#DIV/0!		#DIV/0!		0.04
HIGHEST VALUE					0.000		0.00		0.04
LOWEST VALUE					0.000		0.00		0.04
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)
		2/17/2022
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		4/4/2022



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Indianapolis, Indiana 46204-2251

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	2	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=								
	Tue 1							
	Wed 2							
	Thu 3							
	Fri 4							
	Sat 5							
	Sun 6							
	Mon 7							
	Tue 8							
	Wed 9							
	Thu 10							
	Fri 11							
	Sat 12							
	Sun 13							
	Mon 14							
	Tue 15							
	Wed 16							
	Thu 17	0.04						
	Fri 18							
	Sat 19							
	Sun 20							
	Mon 21							
	Tue 22							
	Wed 23							
	Thu 24							
	Fri 25							
	Sat 26							
	Sun 27							
	Mon 28							
	Fri							
	Wed 0							
	Thu 0							
MONTHLY AVERAGE		0.04	#DIV/0!					
HIGHEST VALUE		0.04						
LOWEST VALUE		0.04						
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) 2/17/2022
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) 4/4/2022



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E-mail address: [jonamato@m-h-e.com](mailto:jonamato@m-h-e.com)

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2
OUTFALL NO.		

0	2	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
	Tue 1	0.000000	No Discharge						
	Wed 2	0.000000	No Discharge						
	Thu 3	0.000000	No Discharge						
	Fri 4	0.000000	No Discharge						
	Sat 5	0.000000	No Discharge						
	Sun 6	0.000000	No Discharge						
	Mon 7	0.000000	No Discharge						
	Tue 8	0.000000	No Discharge						
	Wed 9	0.000000	No Discharge						
	Thu 10	0.000000	No Discharge						
	Fri 11	0.000000	No Discharge						
	Sat 12	0.000000	No Discharge						
	Sun 13	0.000000	No Discharge						
	Mon 14	0.000000	No Discharge						
	Tue 15	0.000000	No Discharge						
	Wed 16	0.000000	No Discharge						
	Thu 17	0.000000	No Discharge						
	Fri 18	0.000000	No Discharge						
	Sat 19	0.000000	No Discharge						
	Sun 20	0.000000	No Discharge						
	Mon 21	0.000000	No Discharge						
	Tue 22	0.000000	No Discharge						
	Wed 23	0.000000	No Discharge						
	Thu 24	0.000000	No Discharge						
	Fri 25	0.000000	No Discharge						
	Sat 26	0.000000	No Discharge						
	Sun 27	0.000000	No Discharge						
	Mon 28	0.000000	No Discharge						
	Tue	0.000000	No Discharge						
	Wed	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)
		2/17/2022
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		4/4/2022