

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 03/01/22 to 03/31/22

DMR Due Date:04/28/22

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:Joseph

Last Name:Amato

Title:Operations Manager

Telephone:317-361-6434

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						=	7.25			=	7.76	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															
X 00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample								=	0.03	=	0.03	19 - mg/L		01/30 - Monthly	GR - GRAB
					Permit Req.								<=	0.02 MO AVG	<=	0.02 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.								<=	1.6 MO AVG	<=	1.6 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								=	0.04	=	0.04	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.48 MO AVG	<=	2.0 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.								<=	0.13 MO AVG	<=	0.13 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								=	0.22	=	0.22	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.31 MO AVG	<=	0.31 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	=	0.002339	=	0.005792	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

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00720	Cyanide, total [as CN]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00720	Cyanide, total [as CN]	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes

Comments

Our total Cyanide is coming in at .01 higher than the threshold according to our new permit. However, our previous permit was significantly higher. I was told that if our parts get salt on them going down the road they would not pass for cyanide. I am going to reach out to see if there is something incorrect on our permit. Also, I am about to submit April's test results and it was actually 0.01 which is 0.01 lower than the threshold. We have completed all of the wash tank maintenance that was expected to make sure that we are doing everything that we can to alleviate this issue, but from what I understand, our permit was changed for some reason down to a level that we are going to struggle with.

Attachments

Name	Type	Size
INP000627_001A_MMR_2022_3.pdf	pdf	103291.0
Analytical_20220321_122028.pdf	pdf	725230.0

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

User:

JONAMATO

Name:

Jonathan amato

E-Mail:

jonamato@m-h-e.com

Date/Time:

2022-05-03 16:09 (Time Zone: -04:00)

Report Last Signed By

User:

JONAMATO

Name:

Jonathan amato

E-Mail:

jonamato@m-h-e.com

Date/Time:

2022-05-03 16:09 (Time Zone: -04:00)

DMR Copy of Record

Permit

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INP000627

Major:

No

Permittee:

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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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Principal Executive Officer

First Name:

Joseph

Last Name:

Amato

Title:

Operations Manager

Telephone:

317-361-6434

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
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INP000627_002A_MMR_2022_3.pdf		pdf	100340.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-05-03 09:57 (Time Zone: -04:00)		
Report Last Signed By			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-05-03 09:58 (Time Zone: -04:00)		



page 2 of 2



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	3	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	0.003571	7.76	7.76					
	Wed	2	0.002241	7.41	7.41					
	Thu	3	0.003900	7.53	7.53					
	Fri	4	0.001779	7.46	7.46					
	Sat	5	0.000000	na	na					
	Sun	6	0.000000	na	na					
	Mon	7	0.004101	7.44	7.44					
	Tue	8	0.002038	7.39	7.39					
	Wed	9	0.002099	7.42	7.42					
	Thu	10	0.001893	7.44	7.44	0.03		0.03		<0.005
	Fri	11	0.002143	7.47	7.47					
	Sat	12	0.000000	na	na					
	Sun	13	0.000000	na	na					
	Mon	14	0.004269	7.45	7.45					
	Tue	15	0.003511	7.70	7.70					
	Wed	16	0.002249	7.54	7.54					
	Thu	17	0.002004	7.50	7.50					
	Fri	18	0.003756	7.63	7.63					
	Sat	19	0.000000	na	na					
	Sun	20	0.000000	na	na					
	Mon	21	0.002649	7.37	7.37					
	Tue	22	0.003616	7.50	7.50					
	Wed	23	0.005721	7.48	7.48					
	Thu	24	0.005792	7.49	7.49					
	Fri	25	0.002817	7.47	7.47					
	Sat	26	0.000000	na	na					
	Sun	27	0.000000	na	na					
	Mon	28	0.003598	7.47	7.47					
	Tue	29	0.002743	7.33	7.33					
	Wed	30	0.003199	7.47	7.47					
	Thu	31	0.002812	7.25	7.25					
MONTHLY AVERAGE		0.002339				0.03		0.03		#DIV/0!
HIGHEST VALUE		0.005792	7.76			0.03		0.03		0
LOWEST VALUE		0.000000	7.25			0.03		0.03		0
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0			0		0		0
TOTAL FLOW		0.072501								

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)
		3/10/2022
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		4/29/2022



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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	2
OUTFALL NO.		

0	3	2	2
MO.		YR.	

No Discharge ☒
This is a revised submittal ☐

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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	29	0.000000	No Discharge					
	Wed	30	0.000000	No Discharge					
	Thu	31	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.

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		3/10/2022
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		4/29/2022