DMR Copy of Record

Permit

Permit #: INP000627

Permittee: MATERIAL HANDLING EXCHANGE, INC.

Major: No

Permittee Address: 1001 HURRICANE ST

FRANKLIN, IN 46131

Facility Location: 1001 N HURRICANE ST FRANKLIN, IN 46131

MATERIAL HANDLING EXCHANGE, INC.

Facility:

i ivanivelin,

Permitted Feature: 001

001 Discharge: 001-A
External Outfall 001 PC

001 POWDER COAT METAL PARTS - TO FRANKLIN POTW

Report Dates & Status

Monitoring Period: From 04/01/22 to 04/30/22 DMR Due Date: 05/28/22

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

Amato

Title: Operations Manager

Telephone: 317-361-6434

No Data Indicator (NODI)

Last Name:

Form NODI: --

	Parameter	Monitoring Location	Season	# Param. NOD	I		Qu	antity or Loa	nding			Qual	ity or Conce	ntration			# of Ex. Frequency of Analy	ysis Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units Qualifier 1	1 Value 1	Qualifier 2	Value 2	Qualifier 3	3 Value 3	Units		
					Sample						7.01			=	7.43	12 - SU	01/01 - Daily	GR - GRAB
00400	pH	1 - Effluent Gross	0		Permit Req.					>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB
					Value NODI													
					Sample							<	0.01	<	0.01	19 - mg/L	. 01/30 - Monthly	GR - GRAB
00720	Cyanide, total [as CN]	1 - Effluent Gross	0		Permit Req.							<=	0.02 MO AV	G <=	0.02 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
00.20	Oyumus, total [as on]	1 Emaoni Grood			Value NODI													
					Sample							=	0.03	=	0.03	19 - mg/L	. 01/30 - Monthly	24 - COMP24
01074	Nickel, total recoverable	1 - Effluent Gross	0		Permit Req.							<=	1.6 MO AVG	i <=	1.6 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
01074	Morel, total recoverable	1 Emachi Gross			Value NODI													
					Sample							<	0.005	<	0.005	19 - mg/L	. 01/30 - Monthly	24 - COMP24
01079	Silver total recoverable	1 - Effluent Gross	0		Permit Req.							<=	0.24 MO AV	G <=	0.43 DAILY MX	-		24 - COMP24
01079	Silver total recoverable	1 - Elliuelli Gloss	U		Value NODI													
					Sample							=	0.03	=	0.03	19 - mg/L	. 01/30 - Monthly	24 - COMP24
01094	Zinc, total recoverable	1 - Effluent Gross	0		Permit Req.							<=	1.48 MO AV	G <=	2.0 DAILY MX	19 - mg/L	. 01/30 - Monthly	24 - COMP24
01001	Zino, total rossvorable	1 Emaoni Grood			Value NODI													
					Sample							<	0.005	<	0.005	19 - mg/L	. 01/30 - Monthly	24 - COMP24
01113	Cadmium, total recoverable	1 - Effluent Gross	0		Permit Req.							<=	0.07 MO AV	G <=	0.11 DAILY MX	19 - mg/L	. 01/30 - Monthly	24 - COMP24
01110	Guannam, total 1000101000	1 Emaoni Grood			Value NODI													
					Sample							<	0.01	<	0.01	19 - mg/L	. 01/30 - Monthly	24 - COMP24
01114	Lead, total recoverable	1 - Effluent Gross	0		Permit Req.							<=	0.13 MO AV	G <=	0.13 DAILY MX	19 - mg/L	. 01/30 - Monthly	24 - COMP24
					Value NODI	ı												
					Sample							<	0.01	<	0.01	19 - mg/L	. 01/30 - Monthly	24 - COMP24
01118	Chromium, total recoverable	1 - Effluent Gross	0		Permit Req.							<=	1.71 MO AV	G <=	2.77 DAILY MX	19 - mg/L	. 01/30 - Monthly	24 - COMP24
01110	om omnam, total root totalic				Value NODI	ı												
					Sample							=	0.1	=	0.1	19 - mg/L	. 01/30 - Monthly	24 - COMP24
01119	Copper, total recoverable	1 - Effluent Gross	0		Permit Req.							<=	0.31 MO AV	G <=	0.31 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
01110	Copper, total receive and	1 Emaoni Grood			Value NODI													
					Sample	= (0.002384	=	0.007099	03 - MGD							01/01 - Daily	TM - TOTALZ
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AV	3	Req Mon DAILY MX	C 03 - MGD							01/01 - Daily	TM - TOTALZ
	, January Communication Prairie				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

ame Type Size

Analytical_20220425_122605.pdf pdf 1115067.0 INP000627_001A_MMR_2022_4.pdf pdf 206993.0 Report Last Saved By MATERIAL HANDLING EXCHANGE, INC. User: JONAMATO Name: Jonathan amato E-Mail: jonamato@m-h-e.com Date/Time: 2022-05-04 16:05 (Time Zone: -04:00) Report Last Signed By User: JONAMATO Name: Jonathan amato E-Mail: jonamato@m-h-e.com

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

Date/Time:

DMR Copy of Record

Permit

Permit #: INP000627

002

External Outfall

Permittee: MATERIAL HANDLING EXCHANGE, INC.

Major: No

Permittee Address: 1001 HURRICANE ST

FRANKLIN, IN 46131

V 46131

002-A

002 POWDER COAT METAL PARTS - TO FRANKLIN POTW

Report Dates & Status

Permitted Feature:

Monitoring Period: From 04/01/22 to 04/30/22 DMR Due Date: 05/28/22

Status: NetDMR Validated

317-361-6434

MATERIAL HANDLING EXCHANGE, INC.

1001 N HURRICANE ST FRANKLIN, IN 46131

Facility:

Telephone:

Facility Location:

Considerations for Form Completion

THE FLOW MUST BE MEASURED USING VALID FLOW MEASUREMENT DEVICES. PRETREATMENT TO FRANKLIN POTW JOHNSON COUNTY

Discharge:

Principal Executive Officer

First Name: Joseph Title: Operations Manager

Last Name: Amato

No Data Indicator (NODI)

Form NODI: --

	Parameter	Monitoring Location Season #	Param. NODI			Qu	antity or Loadir	ng				Q	uality or Concentration	on			# of Ex. Frequency of Analysi	s 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	рН	1 - Effluent Gross 0		Sample Permit Req. Value NODI						>=	5.0 DAILY MN C - No Discharge			<=	10.0 DAILY MX C - No Discharge	12 - SU	01/01 - Daily	GR - GRAB
00720	Cyanide, total [as CN]	1 - Effluent Gross 0		Sample Permit Req. Value NODI								<=	0.02 MO AVG C - No Discharge	<=	0.02 DAILY MX C - No Discharge	19 - mg/L	01/30 - Monthly	GR - GRAB
01074	Nickel, total recoverable	1 - Effluent Gross 0		Sample Permit Req. Value NODI								<=	1.6 MO AVG C - No Discharge	<=	1.6 DAILY MX C - No Discharge	19 - mg/L	01/30 - Monthly	24 - COMP24
01079	Silver total recoverable	1 - Effluent Gross 0		Sample Permit Req. Value NODI								<=	0.24 MO AVG C - No Discharge	<=	0.43 DAILY MX C - No Discharge	19 - mg/L	01/30 - Monthly	24 - COMP24
01094	Zinc, total recoverable	1 - Effluent Gross 0		Sample Permit Req. Value NODI								<=	1.48 MO AVG C - No Discharge	<=	2.0 DAILY MX C - No Discharge	19 - mg/L	01/30 - Monthly	24 - COMP24
01113	Cadmium, total recoverable	1 - Effluent Gross 0		Sample Permit Req. Value NODI								<=	0.07 MO AVG C - No Discharge	<=	0.11 DAILY MX C - No Discharge	19 - mg/L	01/30 - Monthly	24 - COMP24
01114	Lead, total recoverable	1 - Effluent Gross 0		Sample Permit Req. Value NODI								<=	0.13 MO AVG C - No Discharge	<=	0.13 DAILY MX C - No Discharge	19 - mg/L	01/30 - Monthly	24 - COMP24
01118	Chromium, total recoverable	1 - Effluent Gross 0		Sample Permit Req. Value NODI								<=	1.71 MO AVG C - No Discharge	<=	2.77 DAILY MX C - No Discharge	19 - mg/L	01/30 - Monthly	24 - COMP24
01119	Copper, total recoverable	1 - Effluent Gross 0		Sample Permit Req. Value NODI								<=	0.31 MO AVG C - No Discharge	<=	0.31 DAILY MX C - No Discharge	19 - mg/L	01/30 - Monthly	24 - COMP24
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross 0		Sample Permit Req. Value NODI		Req Mon MO AVG C - No Discharge		eq Mon DAILY MX C - No Discharge	03 - MGE								01/01 - Daily	TM - TOTALZ

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_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: 2022-05-04 15:57 (Time Zone: -04:00) Report Last Signed By User: JONAMATO Name: Jonathan amato E-Mail: jonamato@m-h-e.com

2022-05-04 15:57 (Time Zone: -04:00)

Date/Time:



WATER & WASTEWATER LABORATORIES, INC.

Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jonathan Amato

Report Date: April 25, 2022

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	4/12/22	4/14/22	22-1540
#2	Wastewater Effluent Grab	4/12/22	4/14/22	22-1541
#3				

Parameter	#1	#2	#3	Units	Method	PQL
Total Metals				-	200.2	-
Cadmium	< 0.005			mg/L	200.7	0.005
Chromium, total	<0.01			mg/L	200.7	0.01
Copper	0.10			mg/L	200.7	0.01
Lead	<0.01			mg/L	200.7	0.01
Nickel	0.03			mg/L	200.7	0.01
Silver	< 0.005			mg/L	200.7	0.005
Zinc	0.03			mg/L	200.7	0.01
Total Cyanide	<0.01			mg/L	4500CN C/E	0.01
			,			

Unit Desc: mg/L = milligrams per liter (ppm), ug/L = micrograms per liter (ppb), mg/Kg = milligrams per Kilograms (ppm)

Std = Standard pH units, ng/L = nanograms per liter (ppt), ND= not detected, below the Practical Quantitation Limit-PQL)

< = less than (not detected, below listed value), > = greater than (higher than listed value)

Analysis Certified By: _____Laboratory Manager

Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jonathan Amato

Report Date: April 25, 2022

P.O. #: verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	4/12/22	4/14/22	22-1540
#2	Wastewater Effluent Grab	4/12/22	4/14/22	22-1541
#3				

		Method	Matrix Spike	Matrix D	uplicate				
Analytical Batch QA/QC Data	LCS % recovery	Blank mg/L	(MS) % recovery	Spike (MSD) % recovery	Sample (Dup) % Deviation	PQL	Test Method	Analyst	Date Analyzed
Total Metals						-	200.2	RK	4/16/2022
Cadmium	103	<0.005	99	-	0	0.005	200.7	RK	4/17/2022
Chromium, total	100	<0.01	101	-	4	0.01	200.7	RK	4/17/2022
Copper	101	<0.01	99	-2	4	0.01	200.7	RK	4/17/2022
Lead	97	<0.01	94	-	0	0.01	200.7	RK	4/17/2022
Nickel	102	<0.01	99	-	0	0.01	200.7	RK	4/17/2022
Silver	103	<0.005	98	-	0	0.005	200.7	RK	4/17/2022
Zinc	103	<0.01	96	-	7	0.01	200.7	RK	4/17/2022
Total Cyanide	87	<0.01	98	-	0	0.01	4500CN C/E	JO	4/21/2022
				*					

Unit Desc: mg/L = milligrams per liter (ppm), ppm = parts per million

ND= not detected, below the Practical Quantitation Limit-PQL), < = less than (not detected, below listed value)

Analysis Certified By: Laboratory Manager

John Ondo

Sample Chain of Custody Record

		ver)	ture or shipp	Received by: (signature or shipper).	Date/Time:	". (signature)	Kelinquished by: (signature)
		/		(Dalinguishad ha
			/				
		5	(signature or shipper)	Received by signar	Date/Time:	: (signature)	Relinquished by: (signature)
		Fax:	Topic in the	30 Jana Jana	04/4/2-14		
	illulaliapolis, IIV 40205	(inch)	trub or ships	Received by: (signature or shipport	Date/Time:	: (Signature)	Relinquished by:
	Indiananalia IN 46202	yer)	ture or shipp	Received by: (signature or shipper)	Date/Time:	Campaign Stamps	ore ?
, Inc.	Material Handling Exchange, Inc.	:			325	501 X	Ores
	Report to: Nick Lawrence	Report t				Sampler(s) [print name(s)-sign below]:	Sampler(s) [print
	TTO = 1/6months			3.0			
	Frenquency = 1/month						
				~			
			1/4		8		
					2		
	The second secon	A STATE OF THE STA	1	7			
					The state of the s		
	77					V.n	
101	for a total of 8 hours						
27116	minutes	^	×	_	Wastewater Effluent	×	4-12-22
22-154	was collected every		×		Wastewater Effluent	Tam Hpm X	4-12-22
Lab#	Sample Comments	Total Cy	Plastic 8 7 Metal: Plastic 8		ab Sample Location/site ID	Sample Time Comp. Grab	Sample Date
	Fax:(216)696-6831	ranide	oz w/HN	ber of (
	Cleveland, Ohio 44115		О3		Project Name:	Franklin IN 46131	
1	2779 Rockefeller Avenue	Alialysis / Fleselvalive				1001 Hurricane Road	Site Address:
oratories, Inc.	Water & Wastewater Laboratories, Inc.	nalysis / Drasamyatiya		Yo. No	xchange, Inc. Sample chilled/iced	Material Handling Exchange, Inc.	Site Name:
		CCOIG	Stone J -				

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 the 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".

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

ı	N	Р	0	0	0	6	2	7		0 0	1		0	4	2	2	
			PERM	IIT NUN	ИBER					OUTFA	ALL NO.		N	<i>I</i> O.	`	/R.	iaahanna 🖳
															This is		ischarge
	IENIE O		TEDIOT	-100			0)4/	1		0)/41/105	TOTAL (ON)	1	IOI/FI :	TOTAL		a revised sub	
			CTERIST				OW)H		TOTAL (CN)		ICKEL,	TOTAL	` '		TOTAL (Ag)
			TER NU				0050		0400	Q	C 00720	Q		C0107		Q	C01079
SAMP	LE TYP	' E		Condition	on		ОТ	GRAB			GRAB	+		COMP		1	COMP
EDEO	LIENOV	,	Monitor			24TO1		GRAB			GRAB	+		COMP		1	COMP
FREQ	UENCY			Condition	on	DAILY		METE			MONTHLY	+		MONT		1	MONTHLY
			Monitor			DAILY		MONT		21/2	MONTHLY			MONT	HLY		MONTHLY
EFFLL				Minimu		N/A			5.0	N/A	N/A	N/A		N/A		N/A	N/A
LIMITA	ATIONS	5		Average		REPO		N/A	10.0		0.65				.38	-	0.24
			Permit	Maximu		REPO			10.0		1.20		/D 4 \ /		.98	15/54)/	0.43
					NITS =		GD	HI	LOW	LB/DAY	MG/L	LB.	/DAY	IVI	G/L	LB/DAY	MG/L
ļ				Fri	1		3563	7.19	7.19					-		-	
ļ				Sat	2		00000	NA	NA					-		-	
ļ				Sun	3		00000	NA	NA					-		-	
<u> </u>				Mon	4		2764	7.20	7.20	 	1	+		1		+	+
				Tue	5	_	3137	7.35	7.35	.	1	+		1		+	+
				Wed	6		2537	7.21	7.21	.		-		 			+
				Thu	7		2034	7.23	7.23								
				Fri	8 9		2600	7.29	7.29		1			 		_	+
	Sat						0000	NA	NA		1			 		_	+
<u> </u>				Sun	10		0000	NA	NA					1			
				Mon	11		7099	7.01	7.01								
				Tue	12		2632	7.27	7.27		<0.01			0.	.03		<0.005
				Wed	13		6449	7.25	7.25								
				Thu	14	_	6629	7.43	7.43								
				Fri	15		3057	7.33	7.33								
				Sat	16		0000	NA	NA								
				Sun	17		0000	NA	NA								
				Mon	18		3719	7.40	7.40								
				Tue	19		2389	7.42	7.42								
				Wed	20		2495	7.23	7.23								
				Thu	21		3857	7.31	7.31								
				Fri	22	_	2478	7.18	7.18								
				Sat	23		0000	NA	NA								
				Sun	24		0000	NA	NA								
				Mon	25		2823	7.07	7.07								
				Tue	26	_	4236	7.27	7.27								
				Wed	27		2809	7.38	7.38								
				Thu	28		3841	7.21	7.21							1	_
				Fri	29		2758	7.11	7.11					<u> </u>		1	
				Sat	30		0000	NA	NA					<u> </u>		1	
<u> </u>							0000	NA	NA			4		1		<u> </u>	
	HLY A		E				2384				#DIV/0!			_	.03		#DIV/0!
_	EST VA					_	7099		.43		0.00	4		_	.03	<u> </u>	0
	ST VA					0.00	0000	7.	.01		0.00			0.	.03	1	0
EFFL.	LIMITA	TIONS	LY, DAILY EXCEE		THLY		0		0		0				0		0
TOTAL	L FLOW	/				0.07	3906		Prepa	red by or unde	er the directio	n of (Ce	rtified O	perator):	Date (month	n, day, year)
l certify	under n	enalty of	f law that	this doc	ument a	nd all at	tachmer	nts								1	- /
I certify under penalty of law that this document and all attac were prepared under my direction or supervision in accorda														4/1	2/2022		
	a system designed to assure that qualified personnel properly							Prena	rer's telephone	e number			Opera	tor's ce	ertification nur	mber	
,	and evaluate the information submitted. Based on my inquiry of the						ne	ιτομα	ioi a tolephone	J HUITIDEI			Орега	3 00	, anoudon nui	11001	
persons who manage the system, or those persons directly								217	7 446 0025								
responsible for gathering the information, the information submitted						ed	317 446 0935										
is to the best of my knowledge and belief, true, accurate, and							Signature of principal executive officer or authorized agent					nt	Date (month, day, year)				
complete. I am aware that there are significant penalties for						(or attested by NetDMR subscriber agreement)					Date (month, day, year)						
submitting false information, including the possibility of fine and						· · · · · · · · · · · · · · · · · · ·				1/2022							
impriso	onment fo	or knowir	ng violatio	ons.							OUII AI					5/4/2022	

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
 6
 2
 7
 0
 0
 1
 0
 4
 2
 2

 PERMIT NUMBER
 OUTFALL NO.
 MO.
 YR.

No Discharge

EEELLIENE OLLADA	OTEDIOTION	71110	TOTAL (7.)	OADMUN.	1 TOTAL (O.1)	T 1545.7		s a revised sub	
EFFLUENT CHARA			TOTAL (Zn)		I, TOTAL (Cd)		OTAL (Pb)	_	I, TOTAL(C
FFLUENT PARAM		Q	C01094	Q	C01113	Q	C01114	Q	C01118
SAMPLE TYPE	Permit Condition		COMP		COMP	-	COMP		COMP
	Monitored	_	COMP		COMP		COMP		COMP
REQUENCY	Permit Condition	_	MONTHLY		MONTHLY		MONTHLY		MONTHLY
	Monitored		MONTHLY		MONTHLY		MONTHLY		MONTHLY
FFLUENT	Permit Minimum		N/A		N/A		N/A		N/A
IMITATIONS	Permit Average		1.48		0.07		0.43		1.71
	Permit Maximum		2.61		0.11		0.69		2.77
	UNITS		MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Fri	1							
	Sat	2							
	Sun	3							
	Mon	4							
	Tue	5					1		
	Wed	6							
	Thu	7							
	Fri	8							
	Sat	9							
	Sun	10							
	Mon	11							
		12	0.03		< 0.005		<0.01		<0.01
	Wed	13							
	Thu	14							
		15							
	Sat	16							
		17							
	Mon	18							
	Tue	19							
	Wed	20							
	Thu	21							
	Fri	22							
	Sat	23							
	Sun	24							
	Mon	25							
		26							
		27							
	Thu	28							
	Fri	29							
	Sat	30							
	0	0							
MONTHLY AVERAG	GE		0.03		#DIV/0!		#DIV/0!		#DIV/0!
HIGHEST VALUE			0.03		0.000		0.00		0.00
OWEST VALUE			0.03		0.000		0.00		0.00
	LY, DAILY, MONTHLY		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) 4/12/2022

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

5/4/2022

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

							<u>. </u>	_			
I N P		0	6 2	7	↓	0 0	1	0	4 2	2	
	PERMIT NUMB	ER			1	OUTFA	LL NO.		1 '	YŘ.	
									T		scharge
Teeel Lieux Olivo A			000000						Inisi	s a revised subr	nittai
EFFLUENT CHARAC			COPPER		TO	 	<u> </u>		-	+	
EFFLUENT PARAME			COMP		8141	 		+		+	
SAMPLE TYPE	Permit Condition		COMP		RAB	 		+		+	
EDECHENCY	Monitored		COMP		RAB	 				 	
FREQUENCY	Permit Condition		MONTHLY		YEAR	 				 	
EFFLUENT	Monitored Permit Minimum		MONTHLY N/A		YEAR I/A	+	 	_		+	1
LIMITATIONS	Permit Average		2.07		V/A V/A	+	 	_		+	-
LIMITATIONS	Permit Maximum		3.38		.13	+	 	_		+	1
	UNI		3.30		.13	+	 			+	
	Fri	1		 		+				+	-
	Sat	2		 		-				+	
	Sun	3		 		+				+	
	Mon	4		 		+				+	
	Tue	5								+	
	Wed	6				+				+	
	Thu	7				+				+	
	Fri	8				+				+	
	Sat	9									
	Sun	10				1				1	1
	Mon	11				1				1	1
	Tue	12	0.1							1	
	Wed	13								1	
	Thu	14									
	Fri	15									
	Sat	16									
	Sun	17									
	Mon	18									
	Tue	19									
	Wed	20		<u> </u>							
	Thu	21									
	Fri	22		<u> </u>							
	Sat	23		<u> </u>							
	Sun	24		ـــــــ							
	Mon	25		—		<u> </u>				<u> </u>	
	Tue	26		——							_
	Wed	27		Ь——				_		 	_
	Thu	28		—		 				+	
	Fri	- 00		—		 				 	
	Sat	30 0		├──		 		+		+	
MONTH II V AVEDAC	0	- 0	0.10	#0	11//01	 				+	
MONTHLY AVERAG HIGHEST VALUE			0.10	#01	IV/0!	+	 	_		+	
LOWEST VALUE			0.10	├──		+	 	_		+	
NO. OF TIMES WEEKL	V DAILY MONTHLY	·	0.10	├──		+	 			+	1
		1	0	1	0						
ETTE. ENVITATIONS	EFFL. LIMITATIONS EXCEEDED					red by or under	r the direction	of (Cortified C	norator):	Date (month,	day yoar)
I certify under penalty of	d all attachment:	s	Пера	red by or under	tile direction	TOI (Certilled C	perator).				
were prepared under my							4/12	/2022			
system designed to assu	r	Prepa	rer's telephone	number		Operator's ce	ertification num	ber			
and evaluate the information submitted. Based on my inquiry of the						Preparer's telephone number Operator's certification number					
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 belie					Signal	ture of principal	executive of	fficer or authoriz	zed agent	Date (month,	day, year)
there are significant pen	_			ding	(or at	tested by NetD	MR subscribe	er agreement)			
the possibility of fine and	I imprisonment for kn	nowing	g violations.				Jon An	nato		5/4/	2022

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	1	0 0	2				
IINIP	PERMIT NUMBER	6 2	/		0 0 OUTFA	2 LL NO	0 M	3 2 O. Y	'R.	
	I LIXWII NOWDLIX			ı	001174	ALL INO.	10	0.		charge X
								This is	a revised sub	
EFFLUENT CHARAC	CTERISTICS	FLOW	l r	Н	CYANIDE.	TOTAL (CN)	NICKEL.	ΓΟΤΑL (NI)		OTAL (Ag)
EFFLUENT PARAME		Q50050		0400	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	METE			MONTHLY		MONTHLY		MONTHLY
	Monitored	DAILY	MONT			MONTHLY		MONTHLY		MONTHLY
EFFLUENT	Permit Minimum	N/A			N/A	N/A	N/A	N/A	N/A	N/A
LIMITATIONS	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 Dis	charge						
	Wed 2	0.000000	No Dis	charge						
	Thu 3	0.000000	No Dis	charge						
	Fri 4	0.000000	No Dis	charge						
	Sat 5	0.000000	No Dis	charge						
	Sun 6	0.000000		charge						
	Mon 7			charge						
	Tue 8			charge						
	Wed 9			charge						
	Thu 10			charge						
	Fri 11			charge						
	Sat 12			charge						
	Sun 13			charge						
	Mon 14			charge						
	Tue 15			charge						
	Wed 16			charge						
	Thu 17			charge						
	Fri 18			charge						
	Sat 19			charge						
	Sun 20		No Discharge							
	Mon 21	0.000000								
	Tue 22	0.000000 No		charge charge						
	Wed 23									
	Thu 24			charge charge						
	Fri 25 Sat 26			charge						
-	Sun 27			charge			1		 	
	Mon 28			charge						
1	Tue 29			scharge		I 	1		1	
—	Wed 30			charge					 	
	Thu 31			charge					1	
MONTHLY AVERAG				- 3-		#DIV/0!	İ	#DIV/0!	1	#DIV/0!
HIGHEST VALUE						0.00		0		0
LOWEST VALUE						0.00		0		0
NO. OF TIMES WEEKL		0		0		0		0		0
EFFL. LIMITATIONS	EXCEEDED	0	'	0		0		0	<u> </u>	0
TOTAL FLOW		0.000000		Prepar	red by or unde	r the direction	of (Certified O	perator):	Date (month,	day, year)
I certify under penalty of	law that this document a	nd all attachment	s	1				•		
	direction or supervision								3/10	/2022
	ssure that qualified perso			Prenai	rer's telephone	number		Operator's ce	rtification num	ber
	ation submitted. Based o	Э	. Topai	o. o totopriorio				. anodaon nam	~~'	
	e system, or those perso			24-	74460935					
responsible for gathering	g the information, the info	t								
is to the best of my know	vledge and belief, true, a					icer or authoriz	ed agent	Date (month,	day, year)	
complete. I am aware th	at there are significant pe		(or att	ested by NetD	MR subscribe	r agreement)				
	tion, including the possib	jon amato 4/29/2022					/2022			
imprisonment for knowing	ng violations.		jon amato 4/29/20							