

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 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

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						=	7.01			=	7.43	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.								<=	0.02 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								=	0.03	=	0.03	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								=	0.1	=	0.1	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	=	0.002384	=	0.007099	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_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		
Date/Time:	2022-05-04 16:05 (Time Zone: -04:00)		

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INP000627

Major:

No

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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

Report Dates & Status

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From 04/01/22 to 04/30/22

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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
------	------	------

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

John Ondo

Sample Chain of Custody Record

Site Name: Material Handling Exchange, Inc. Site Address: 1001 Hurricane Road Franklin, IN 46131		Sample chilled/iced <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Temp (C): <u>10°</u> Project Name:		Water & Wastewater Laboratories, Inc. 2779 Rockefeller Avenue Cleveland, Ohio 44115 Phone: (216) 696-0280 Fax: (216) 696-6831	
Sample Date 4-12-22 4-12-22	Sample Time 7-4pm 7am	Comp. Grab X X	Sample Location/site ID Wastewater Effluent Wastewater Effluent	Number of Containers 1 1	Analysis / Preservative Plastic 8oz w/HNO3 7 Metals Plastic 8oz w/NaOH Total Cyanide
Relinquished by: (signature) <u>[Signature]</u> Relinquished by: (signature) <u>[Signature]</u> Relinquished by: (signature) <u>[Signature]</u>				Date/Time: 04/14/22 1430	Received by: (signature or shipper) Received by: (signature or shipper) Received by: (signature or shipper)
Relinquished by: (signature) Relinquished by: (signature) Relinquished by: (signature)				Date/Time: 04/14/22 1430	Received by: (signature or shipper) Received by: (signature or shipper) Received by: (signature or shipper)
Relinquished by: (signature) Relinquished by: (signature) Relinquished by: (signature)				Date/Time: 04/14/22 1430	Received by: (signature or shipper) Received by: (signature or shipper) Received by: (signature or shipper)

Report to: Nick Lawrence

Material Handling Exchange, Inc.
 1800 Churchman Ave
 Indianapolis, IN 46203

Phone:
 Fax:
 P.O.#:
 Bill to:

Frequency = 1/month

TTO = 1/6months

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

22-1540
224154

**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	4	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
	Fri	1	0.003563	7.19	7.19					
	Sat	2	0.000000	NA	NA					
	Sun	3	0.000000	NA	NA					
	Mon	4	0.002764	7.20	7.20					
	Tue	5	0.003137	7.35	7.35					
	Wed	6	0.002537	7.21	7.21					
	Thu	7	0.002034	7.23	7.23					
	Fri	8	0.002600	7.29	7.29					
	Sat	9	0.000000	NA	NA					
	Sun	10	0.000000	NA	NA					
	Mon	11	0.007099	7.01	7.01					
	Tue	12	0.002632	7.27	7.27		<0.01	0.03		<0.005
	Wed	13	0.006449	7.25	7.25					
	Thu	14	0.006629	7.43	7.43					
	Fri	15	0.003057	7.33	7.33					
	Sat	16	0.000000	NA	NA					
	Sun	17	0.000000	NA	NA					
	Mon	18	0.003719	7.40	7.40					
	Tue	19	0.002389	7.42	7.42					
	Wed	20	0.002495	7.23	7.23					
	Thu	21	0.003857	7.31	7.31					
	Fri	22	0.002478	7.18	7.18					
	Sat	23	0.000000	NA	NA					
	Sun	24	0.000000	NA	NA					
	Mon	25	0.002823	7.07	7.07					
	Tue	26	0.004236	7.27	7.27					
	Wed	27	0.002809	7.38	7.38					
	Thu	28	0.003841	7.21	7.21					
	Fri	29	0.002758	7.11	7.11					
	Sat	30	0.000000	NA	NA					
			0.000000	NA	NA					
MONTHLY AVERAGE		0.002384				#DIV/0!		0.03		#DIV/0!
HIGHEST VALUE		0.007099	7.43			0.00		0.03		0
LOWEST VALUE		0.000000	7.01			0.00		0.03		0
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0			0		0		0
TOTAL FLOW		0.073906								

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)
		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



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	4	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
	Fri 1								
	Sat 2								
	Sun 3								
	Mon 4								
	Tue 5								
	Wed 6								
	Thu 7								
	Fri 8								
	Sat 9								
	Sun 10								
	Mon 11								
	Tue 12		0.03		<0.005		<0.01		<0.01
	Wed 13								
	Thu 14								
	Fri 15								
	Sat 16								
	Sun 17								
	Mon 18								
	Tue 19								
	Wed 20								
	Thu 21								
	Fri 22								
	Sat 23								
	Sun 24								
	Mon 25								
	Tue 26								
	Wed 27								
	Thu 28								
	Fri 29								
	Sat 30								
	0 0								
MONTHLY AVERAGE			0.03		#DIV/0!		#DIV/0!		#DIV/0!
HIGHEST VALUE			0.03		0.000		0.00		0.00
LOWEST VALUE			0.03		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)
		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



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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	1	
OUTFALL NO.			

0	4	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=								
	Fri 1							
	Sat 2							
	Sun 3							
	Mon 4							
	Tue 5							
	Wed 6							
	Thu 7							
	Fri 8							
	Sat 9							
	Sun 10							
	Mon 11							
	Tue 12	0.1						
	Wed 13							
	Thu 14							
	Fri 15							
	Sat 16							
	Sun 17							
	Mon 18							
	Tue 19							
	Wed 20							
	Thu 21							
	Fri 22							
	Sat 23							
	Sun 24							
	Mon 25							
	Tue 26							
	Wed 27							
	Thu 28							
	Fri							
	Sat 30							
	0 0							
MONTHLY AVERAGE		0.10	#DIV/0!					
HIGHEST VALUE		0.10						
LOWEST VALUE		0.10						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0					

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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



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

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PERMIT NUMBER								

0	0	2
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	0.000000	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		Prepared by or under the direction of (Certified Operator):				Date (month, day, year)	

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	
3174460935		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
jon amato		4/29/2022