DMR Copy of Record

Permit																			
Permit #:	NP000627		Permit	tee:		MATERIA	L HANDLING I	EXCHANG	E, INC.			Fa	acility:		MATERI	AL HAN	IDLING	EXCHANGE, INC.	
Major: N	0		Permit	tee Address	S:		RRICANE ST N, IN 46131					Fa	acility Loca	tion:	1001 N I FRANKL			-	
	01 xternal Outfall		Discha	arge:		001-A 001 POW	DER COAT ME	ETAL PAR	TS - TO FRANKLIN POT	W									
Report Dates & Status			1																
	rom 05/01/22 to 0)5/31/22	DMR D	Due Date:		06/28/22						St	atus:		NetDMR	Validat	ted		
Considerations for Form Con	npletion		I									I							
THE FLOW MUST BE MEASU		ID FLOW MEASUR	EMENT	DEVICES. F	PRETREA	TMENT TO) FRANKLIN P	отw јоні	NSON COUNTY										
Principal Executive Officer																			
	oseph		Title:			Operation	s Manager					ΙT	elephone:		317-361	-6434			
	mato											1							
No Data Indicator (NODI)			I																
Form NODI:																			
Parameter		Monitoring Location	Season #	# Param. NODI			Qua	antity or Loa	ding			Qu	ality or Conce	entration			# of	Ex. Frequency of Anal	lysis Sample
Code Name						Qualifier 1	Value 1	Qualifier 2	Value 2 Units	Qualifier '		Qualifie	r 2 Value 2	Qualifi					
					Sample Permit Reg					= >=	6.49 5.0 DAILY MN	J		= <=	7.39 10.0 DAILY	12 - S		01/01 - Daily 01/01 - Daily	GR - GR GR - GR
00400 pH		1 - Effluent Gross	0		Value NOD					>=	5.0 DAILT WI	N		<=	10.0 DAIL I	WIA 12-5	30	01/01 - Dally	GR - GR
						1							0.01	<	0.01	10	~~/l	01/30 - Monthly	GR - GR
00720 Cyanide, total [as CN]		1 - Effluent Gross	0		Sample Permit Reg							< <=	0.01 0.02 MO A		0.01 0.02 DAILY	19 - r MX 19 - r	_	01/30 - Monthly 01/30 - Monthly	GR - GR
ovanide, total [as civ]		1 - Ellident Gloss	0		Value NOD	1													
					Sample							=	0.01	=	0.01	19 - ı	mg/L	01/30 - Monthly	24 - COI
01074 Nickel, total recoverabl	le	1 - Effluent Gross	0		Permit Req							<=	1.6 MO AV	G <=	1.6 DAILY N		_	01/30 - Monthly	24 - CO
					Value NOD	I													
					Sample							<	0.005	<	0.005	19 - r		01/30 - Monthly	24 - CON
01079 Silver total recoverable	2	1 - Effluent Gross	0		Permit Req							<=	0.24 MO A	VG <=	0.43 DAILY	MX 19 - r	mg/L	01/30 - Monthly	24 - COM
					Value NOD	1													
					Sample Permit Req							= <=	0.09 1.48 MO A	=	0.09 2.0 DAILY N	19-i		01/30 - Monthly 01/30 - Monthly	24 - CON 24 - CON
01094 Zinc, total recoverable		1 - Effluent Gross	0		Value NOD							~-	1.40 100 /	VO <=	2.0 DALET		ing/ E	o 1/50 Monally	24 000
					Sample							<	0.005	<	0.005	19 - r	ma/l	01/30 - Monthly	24 - CON
01113 Cadmium, total recover	rable	1 - Effluent Gross	0		Permit Req							<=	0.07 MO A		0.11 DAILY		-	01/30 - Monthly	24 - CON
			Ŭ		Value NOD	1													
					Sample							<	0.01	<	0.01	19 - r	mg/L	01/30 - Monthly	24 - CON
01114 Lead, total recoverable	•	1 - Effluent Gross	0		Permit Req							<=	0.13 MO A	VG <=	0.13 DAILY	MX 19 - r	mg/L	01/30 - Monthly	24 - CON
					Value NOD	I													
					Sample							<	0.01	<	0.01	19 - r		01/30 - Monthly	24 - CON
01118 Chromium, total recover	erable	1 - Effluent Gross	0		Permit Req							<=	1.71 MO A	VG <=	2.77 DAILY	MX 19 - r	mg/L	01/30 - Monthly	24 - CON
					Value NOD														
					Sample Permit Req							= <=	0.1 0.31 MO A	= VG <=	0.1 0.31 DAILY	19 - r MX 19 - r	•	01/30 - Monthly 01/30 - Monthly	24 - CON 24 - CON
01119 Copper, total recoveral	ble	1 - Effluent Gross	0		Value NOD								0.07 WO A		0.01 DAILT	19 1	y/ L	o noo monuny	24-001
					Sample		0.00225	=	0.006889 03 - MGD)								01/01 - Daily	TM - TOT
50050 Flow, in conduit or thru	i treatment plant	1 - Effluent Gross	0		Permit Req		Req Mon MO AVG		Req Mon DAILY MX 03 - MGD									01/01 - Daily	TM - TOT
in conduit of thirt	a deatment plant	- Lindent G1055	U		Value NOD														

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.

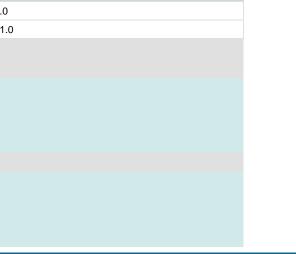
Edit Check Errors

No errors.

Comments

Attachments

INP000627_001A_MMR_2022_5.pdf		pdf	206938.0
Analytical_20220523_152031.pdf		pdf	1140611.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-06-13 10:19 (Time Zone: -04:00)		
Report Last Signed By			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-06-13 10:23 (Time Zone: -04:00)		



DMR Copy of Record

Permit																			
Permit #:	INP000627			Permittee:		M	ATERIAL HANDI	ING EXCHANGE	E, INC.					Facility:		MATERIAL HAN	IDLING E	EXCHANGE, INC.	
Major:	No			Permittee Ad	ldress:		001 HURRICANE							Facility Location	1:	1001 N HURRIC	CANE ST		
						FF	RANKLIN, IN 461	31								FRANKLIN, IN 4	16131		
Permitted Feature:	002 External Outfall		I	Discharge:)2-A)2 POWDER CO/	AT METAL PART	S - TO FRA		ЭТW								
Report Dates & Status																			
Monitoring Period:	From 05/01/22 t	o 05/31/22		DMR Due Dat	te:	06	6/28/22							Status:		NetDMR Valida	ted		
Considerations for Form Co	ompletion													I					
THE FLOW MUST BE MEAS	URED USING VAL	ID FLOW MEASUF	REMEN	IT DEVICES. I	PRETREAT	TMENT TO	O FRANKLIN PO	TW JOHNSON C	OUNTY										
Principal Executive Officer																			
First Name:	Joseph		-	Title:		O	perations Manage	er						Telephone:		317-361-6434			
Last Name:	Amato													•					
No Data Indicator (NODI)																			
Form NODI:																			
Parameter		Monitoring Location	n Season	n # Param. NODI		0 117 4		antity or Loading						uality or Concentration				# of Ex. Frequency of Anal	lysis Sample Ty
Code Nam	le				Sample	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	2 Value 2	Qualifier 3	Value 3	Units		
00400 pH		1 - Effluent Gross	0		Permit Req.					:	>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRA
•					Value NODI							C - No Discharge				C - No Discharge			
					Sample														
00720 Cyanide, total [as CN]	l	1 - Effluent Gross	0		Permit Req.								<=	0.02 MO AVG	<=		19 - mg/L	01/30 - Monthly	GR - GRAE
					Value NODI									C - No Discharge		C - No Discharge			
					Sample Permit Req.								<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
01074 Nickel, total recoveral	ble	1 - Effluent Gross	0		Value NODI									C - No Discharge		C - No Discharge			
					Sample														
01079 Silver total recoverab	le	1 - Effluent Gross	0		Permit Req.								<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
					Value NODI									C - No Discharge		C - No Discharge			
					Sample														
01094 Zinc, total recoverable	9	1 - Effluent Gross	0		Permit Req.								<=	1.48 MO AVG		2.0 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
					Value NODI									C - No Discharge		C - No Discharge			
01113 Cadmium, total recov	orablo	1 - Effluent Gross	0		Sample Permit Req.								<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
UTTIS Cadmium, total recov	erable	r - Eniuent Gross	0		Value NODI									C - No Discharge		C - No Discharge	0		
					Sample														
01114 Lead, total recoverabl	le	1 - Effluent Gross	0		Permit Req.								<=	0.13 MO AVG	<=	0.13 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
					Value NODI									C - No Discharge		C - No Discharge			
					Sample									4 74 MO AVO			10	04/00 N 11	04 00115
01118 Chromium, total reco	verable	1 - Effluent Gross	0		Permit Req.								<=	1.71 MO AVG		2.77 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
					Value NODI									C - No Discharge		C - No Discharge			
01110 Conner total receiver	ablo	1 - Effluent Gross	0		Sample Permit Req.								<=	0.31 MO AVG	<=	0.31 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
01119 Copper, total recovera	ลมเซ	i - Eniuent Gross	0		Value NODI									C - No Discharge		C - No Discharge			
					Sample									_					
50050 Flow, in conduit or th	ru treatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG	Req Mo	n DAILY MX	03 - MGD								01/01 - Daily	TM - TOTA
					Value NODI		C - No Discharge	C - No	o Discharge										

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

INP000627_002A_MMR_2022_5.pdf	
Report Last Saved By	
MATERIAL HANDLING EXCHANGE, INC.	
User:	JONAMATO
Name:	Jonathan amato
E-Mail:	jonamato@m-h-e.com
Date/Time:	2022-06-13 10:36 (Time Zone: -04:00)
Report Last Signed By	
User:	JONAMATO
Name:	Jonathan amato
E-Mail:	jonamato@m-h-e.com
Date/Time:	2022-06-13 10:37 (Time Zone: -04:00)





WATER & WASTEWATER LABORATORIES, INC.

Client: Material Handling Exchange, Inc. Address: 1800 Churchman Ave Indianapolis, IN 46203 Attention: Jonathan Amato

Report Date: May 23, 2022

P.O. #: verbal page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	5/3/22	5/5/22	22-1830
#2	Wastewater Effluent Grab	5/3/22	5/5/22	22-1831
#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	0.01	-		mg/L	200.7	0.01
Silver	<0.005	_		mg/L	200.7	0.005
Zinc	0.09	-		mg/L	200.7	0.01
Total Cyanide	-	<0.01		mg/L	4500CN C/E	0.01
			,			
		v .				

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)

John Ondo

Analysis Certified By:

Laboratory Manager

2779 Rockefeller Avenue • Cleveland, Ohio 44115 • (216) 696-0280 • FAX (216) 696-6831



WATER & WASTEWATER LABORATORIES, INC.

Client: Material Handling Exchange, Inc. Address: 1800 Churchman Ave Indianapolis, IN 46203 Attention: Jonathan Amato Report Date: May 23, 2022

P.O. #; verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	5/3/22	5/5/22	22-1830
#2	Wastewater Effluent Grab	5/3/22	5/5/22	22-1831
#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	5/6/2022
Cadmium	103	<0.005	97	-	0	0.005	200.7	RK	5/8/2022
Chromium, total	104	<0.01	95	-	5	0.01	200.7	RK	5/8/2022
Copper	101	<0.01	101	-	0	0.01	200.7	RK	5/8/2022
Lead	99	<0.01	93	-	6	0.01	200.7	RK	5/8/2022
Nickel	105	<0.01	- 98	-	3	0.01	200.7	RK	5/8/2022
Silver	102	<0.005	95	-	0	0.005	200.7	RK	5/8/2022
Zinc	102	<0.01	97	-	2	0.01	200.7	RK	5/8/2022
Total Cyanide	95	<0.01	95	-	0	0.01	4500CN C/E	JO	5/11/2022
		2	-						
							й.		

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)

Laboratory Manager Analysis Certified By: John Ondo

2779 Rockefeller Avenue • Cleveland, Ohio 44115 • (216) 696-0280 • FAX (216) 696-6831

	Land Internet	or shipper)	ignature .	Received by: (signature or shipper)	Date/Time:		ture)	Relinquished by: (signature)
	P.O.#:	or shipper)	lgnature (Received by: (signature or shipper,	/ Date/Time:)-	tture)	Relinquished by: (signature)
	Phone: Fax:	litt of haddings u	ignature o	Received by: (signature or shi	15/22 1440	150	(ture)	Relinquished by: <i>signature</i>
Indianapolis, IN 46203		or snupper)	ignature o	Received by: (signature or supper)	Date/11me:	4	Ver glenaturet	Belinquished by: (sampler
Material Handling Exchange, Inc.		[:]				nas	1 1	Jeremy
Report to: Nick Lawrence	Report to:-N						sign below]:	Sampler(s) [print name(s)-sign below]:
TTO = 1/6months	T						2	
Frenquency = 1/month	Fi							
			-					
				- - - - - - - - - - - - - - - - - - -				
	*		¢					
for a total of <u>S</u> hours	for			241				
60 minutes 22 (P2		×			Wastewater Effluent	X Wastewa		5-3-22 11 Am
was collected every	Ho Wa		1 X		Wastewater Effluent	Wastewa	3 _{pin} X	227
Sample Comments Lab #	1	-		D	Sample Location/site ID	Grab	Sample Time Comp. G	Sample Sar Date Ti
Phone:(216)696-0280 Fax:(216)696-6831	Phc Fax	oz w/NaC	ber of Co		Project Name:		Franklin, IN 46131	Fran
Cleveland, Ohio 44115	C	ЭН			Temp (C):	d	1001 Hurricane Road	Site Address: 1001
2779 Rockefeller Avenue		Analysis / Preservative	ners		 Sample chilled/iced 	xchange, Inc.	Material Handling Exchange,	Site Name: Mate

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".

STATE OF	MONTHLY	char	rge Monitoi				OR INDUS	FRIAL DIS	CHARGE	PERMITS	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	FACILITY NAME AND Material Handling 1001 Hurricane S Franklin, Indiana	D ADDR g Excl Street	RESS: hange, Inc.				THIS F	REPORT MUST OF THE FOLLC D: Indian	AND SUBMIT OF BE POSTMARK DWING MONTH. a Department of of Water Quality,	ED NO LATER T Environmental M	THAN THE Nanagement
									lorth Senate Aver		2
									apolis, Indiana 4		
							E-mai	il address:		@m-h-e.com	<u>l</u>
I N P			6 2	7	4	0 0		0	5 2	2	
	PERMIT NUMB	EΚ			1	00167	ALL NO.		MO.	YR. No Dis	scharge
		_							This is	s a revised subr	•
EFFLUENT CHARA			FLOW	· ·	эΗ		TOTAL (CN)		TOTAL (NI)	-	TOTAL (Ag)
EFFLUENT PARAM			Q50050	_	0400	Q	C 00720	Q	C01074	Q	C01079
SAMPLE TYPE	Permit Condition Monitored	!	24TOT 24TOT	GRAB GRAB		 	GRAB GRAB	───	COMP		COMP COMP
FREQUENCY	Permit Condition		DAILY	METER		 	MONTHLY	+	MONTHLY		MONTHLY
The goene.	Monitored		DAILY	MONT		1	MONTHLY	+	MONTHLY		MONTHLY
EFFLUENT	Permit Minimum		N/A	t		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	<u> </u>	10.0		1.20	: 5 / 5 4) /	3.98	: 5/24)/	0.43
r		TS = 1	MGD	HI	LOW	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
	Sun Mon	1	0.000000	NA 7.05	NA 7.05	 			_		
	Tue	2		7.39	7.39	 	<0.01	+	0.01	-	< 0.005
	Wed	4		7.21	7.21	<u>† </u>		<u>+</u>		<u>+</u>	
	Thu	5		6.49	6.49						
	Fri	6		6.55	6.55	<u> </u>	<u> </u>				<u> </u>
	Sat	7		NA	NA		<u> </u>	<u> </u>			4
	Sun Mon	8 9		NA 6.87	NA 6.87	<u> </u>		+		+	-
	Tue	9 10		7.25	6.87 7.25		+	+	+	+	
	Wed	11	0.001861	6.99	6.99	 	+			+	
	Thu	12		7.30	7.30	<u> </u>	<u>+</u>	<u>+</u>			1
	Fri	13		7.17	7.17						
	Sat	14		NA	NA	Ļ	_				
	Sun	15		NA	NA		<u> </u>	<u> </u>			_
	Mon Tue	16 17	0.004183 0.003446	7.34	7.34	 			_		-
	Wed	17		7.23	7.23		+	+	+	+	
	Thu	19		7.17		1	+	+			-
	Fri	20	0.002233	7.09	7.09	<u> </u>				T	
	Sat	21	0.000000	NA	NA						
	Sun	22		NA	NA						_
	Mon	23	0.003624	7.28	7.28	───	+	┥────			
	Tue Wed	24 25		7.15 7.23	7.15	<u> </u>			-		
	Thu	25 26		7.23	7.08		+			-	+
	Fri	27	0.004043	7.22	7.22	†	1	1			+
	Sat	28		NA	NA	[
	Sun	29		NA	NA						
	Mon	30		7.02	7.02						
	25	!	0.000000 0.002250	NA	NA	<u> </u>	#DIV/0!	+	0.01		#DIV/0!
MONTHLY AVERAGE	<u>, , , , , , , , , , , , , , , , , , , </u>	—	0.002250	7	.39		#DIV/0!	+	0.01	+	#DIV/0!
LOWEST VALUE			0.000000		.49	1	0.00	+	0.01		0
NO. OF TIMES WEEK		LY	0		0	1	0		0		0
EFFL. LIMITATIONS	3 EXCEEDED	!	-		-				-		-
TOTAL FLOW	OTAL FLOW 0.069744						er the direction	of (Certified (Operator):	Date (month	, day, year)
I certify under penalty of	of law that this docurr	nent a	nd all attachmer	nts						5/3	/2022
	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with										
-	and evaluate the information submitted. Based on my inquiry of the					rer's telephone	e number		Operator's ce	ertification num	ıber
persons who manage t				ie	247 440 0005						
responsible for gatherin				ed	317 446 0935						
is to the best of my kno	-										, day, year)
complete. I am aware t	•	•			(or attested by NetDMR subscriber agreement)						
submitting false inform imprisonment for know		OSSIDI	lity of fine and				Jon Am	ato		6/10)/2022

STATE OF	Indiana Discha					OR INDUSTRIAL DISCHARGE PERMITS							
THE THE	State Form 30530	R3 / 3-14)					SE COMPLETE A			MONTH			
/816	Material Handling E 1001 Hurricane Str	xchange, l	nc.			THIS I	REPORT MUST E	BE POSTMARKE					
	Franklin, Indiana					Mail T		•	Environmental Ma Mail Code 65-42	•			
								orth Senate Aver apolis, Indiana 46					
I N P	0 0 0	6	2	7	0 0	1	0	5 2	2				
	PERMIT NUMBER	{			001	ALL NO.		10.	YR. No Dis	scharge			
EFFLUENT CHARAG		71	NC, TOTA	l (7 n)		I, TOTAL (Cd)		This i OTAL (Pb)	s a revised sub	mittal //, TOTAL(Cr)			
EFFLUENT PARAME		Q		1094	Q	C01113	Q LEAD, I	C01114	Q	C01118			
SAMPLE TYPE	Permit Condition	~		MP	~	COMP	<u> </u>	COMP	~	COMP			
	Monitored		CC	MP		COMP		COMP		COMP			
FREQUENCY	Permit Condition			ONTHLY		MONTHLY		MONTHLY		MONTHLY			
EFFLUENT	Monitored Permit Minimum			NTHLY		MONTHLY	-	MONTHLY N/A		MONTHLY N/A			
LIMITATIONS	Permit Minimum Permit Average		N/A	1.48	-	N/A 0.07	-	N/A 0.43		N/A 1.71			
	Permit Maximum			2.61		0.11	-	0.40		2.77			
	UNITS	= LB/D	AY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L			
	Sun	1											
	Mon	2		0.00		-0.005		-0.04		-0.04			
	Tue Wed	3		0.09		<0.005	-	<0.01		<0.01			
	Thu	5											
	Fri	6											
	Sat	7											
	Sun	8 9											
	Mon Tue	9								+			
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I certify under penalty of	law that this document			Prepa	ared by or und	er the direction	of (Certified O	perator):	Date (month, 5/3/	day, year) /2022			
were prepared under my a system designed to as	sure that qualified pers	onnel proper	ly gather	Prepa	arer's telephor	e number		Operator's c	ertification num				
and evaluate the informat persons who manage the responsible for gathering	e system, or those pers	ons directly			31	7 446 0935							
to the best of my knowle	dge and belief, true, ac	curate, and o	complete.	Signa	ature of princip	al executive off	ficer or authoriz	ed agent	Date (month, day, year)				
I am aware that there are information, including the		-		(or a	ittested by Net	DMR subscribe Jon Arr			6/10	6/10/2022			
knowing violations.						0011741			6/10/2022				

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STATE OF	MONTHLY MC Indiana Discha State Form 30530 (R	rge Monitor R3 / 3-14)				GE PERMITS							
/816	FACILITY NAME AND ADD Material Handling Ex 1001 Hurricane Stree	change, Inc.				т	PLEASE COM THIS REPORT 18TH OF THE	T MUST BE		MARKED			
	Franklin, Indiana					N	/lail To:	Office of 100 Nor	f Water C th Senat	Quality, N te Avenu	nvironment Vail Code 6 Ie 204-2251		agement
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	Monitored	MONTHLY		YEAR	+						 	\rightarrow	
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I certify under penalty of	law that this document a		Prepar	ared by or under	the direc	ction of (Cer	rtified Op	erator):		Date (mo	onth, da 5/3/20		
were prepared under my system designed to assu	y direction or supervision i				L. S. L. ala ana				0				
	ation submitted. Based or			Prepar	arer's telephone	number			Operat	ior's cer	rtification i	numpe	r.
persons who manage the for gathering the informa	e system, or those perso	ons directly respons	sible										
there are significant pena		information, inclue		Signat (or at	ture of principal ttested by NetDI	executiv MR subs	e officer or criber agree	authorize ement)	d agen	t	Date (month, day, year)		
the possibility of fine and	imprisonment for knowir	ng violations.				Jon	Amato				6/10/2022		

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 Disc State Form 3053	char 30 (R3	rge Monito 3 / 3-14)			• •	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							
/816	FACILITY NAME AND Material Handling 1001 Hurricane S Franklin, Indiana	g Exc Street	change, Inc.											
	L						E-filan	l address:	jonama	<u>.to@m-n</u>	<u>-e.com</u>	<u>l</u>		
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	Monitored		DAILY	MONTHLY		<u> </u>	MONTHLY	MONTHL				MONTHLY		
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I certify under penalty of law that this document and all attachments									5/3/2022					
were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly						arer's telephone		r'a cortifica						
and evaluate the information submitted. Based on my inquiry of the						Tel S lelephone	Humber		Operator	Stertinoa	certification number			
persons who manage th	ne system, or those	perso	ons directly			3174460935								
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is to the best of my know	-			ľ			al executive offi		zed agent	Date	; (month.	, day, year)		
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imprisonment for knowin)02210	IIIty of fine and	ľ			jon ama		6/10/2022					

STATE OF	MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS Indiana Discharge Monitoring Report													
JEAN JE	State Form 30530 (R FACILITY NAME AND ADDR	3 / 3-14)		-		PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH. THIS REPORT MUST BE POSTMARKED NO LATER THAN THE 28TH OF THE FOLLOWING MONTH.								
1816	Material Handling Exe 1001 Hurricane Stree	change, Inc.												
	Franklin, Indiana					Mail To		Environmental Ma Mail Code 65-42	vironmental Management ail Code 65-42					
						100 North Senate Avenue Indianapolis, Indiana 46204-2251								
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	PERMIT NUMBER				OUTFALL NO).	N	10.	YR. No Dis	charge x				
									s a revised subr	mittal				
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	Monitored		COMP		COM		COMP			COMP				
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EFFL. LIMITATIONS		nd all attachmer					of (Certified Op	perator):	Date (month,	day, year)				
were prepared under my				5/3/2022										
a system designed to as and evaluate the informa		Preparer's tele	ephone numbe	Operator's c	certification number									
persons who manage the			3174460											
responsible for gathering			Signature of a			cer or authorize	nd agont	Data (manth day year)						
to the best of my knowled I am aware that there are	с. с .	or attested b	v NetDMR su	eu ayent	Date (month, day, year)									
information, including the								/2022						
knowing violations.			J¢		0/10/2022									

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S THE STATE OF	Indiana Dischar State Form 30530 (R													
/816	FACILITY NAME AND ADDF Material Handling Exe 1001 Hurricane Stree Franklin, Indiana	change, Inc.	THI	PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH. THIS REPORT MUST BE POSTMARKED NO LATER THAN THE 28TH OF THE FOLLOWING MONTH.										
						Mail	Department of Environmental Management Water Quality, Mail Code 65-42 h Senate Avenue olis, Indiana 46204-2251							
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EFFLUENT	Permit Minimum	N/A			╂─────						 	\rightarrow		-
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NO. OF TIMES WEEKL' EFFL. LIMITATIONS		0	1	0					ı.					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a			Prepared by or under the direction of (Certified Operator): Date (month, day, year) 5/3/2022											
				Prena	Preparer's telephone number Operator's certifi						rtification	numh	r	-+
system designed to assure that qualified personne I properly gather and evaluate the information submitted. Based on my inquiry of the					Preparer's telephone number Operator's cer						lincation	numbe	71	
persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of					3174460935									
my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including					Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)						onth, d	ay, year)		
the possibility of fine and	l imprisonment for knowir		jon amato							6/10/2022				