#### **DMR Copy of Record**

Permit

Permit #: INP000627 Permittee: MATERIAL HANDLING EXCHANGE, INC.

Major: No Permittee Address: 1001 HURRICANE ST

FRANKLIN, IN 46131

**Facility Location:** 

Facility:

MATERIAL HANDLING EXCHANGE, INC.

1001 N HURRICANE ST FRANKLIN, IN 46131

**Permitted Feature:** 

001 External Outfall Discharge: 001-A

001 POWDER COAT METAL PARTS - TO FRANKLIN POTW

Report Dates & Status

**DMR Due Date: Monitoring Period:** From 06/01/22 to 06/30/22

07/28/22

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 Title: **Operations Manager**  Telephone: 317-446-0935

Last Name: amato

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI			Qua	antity or Loading	3				Quali	ty or Concen	tration			# of Ex. Fre	equency 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	3 Value 3	Units			
					Sample						=	6.88			=		12 - SU			GR - GRAB
00400	pH	1 - Effluent Gross	0		Permit Req.					:	>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/0	/01 - Daily	GR - GRAB
					Value NODI															
					Sample								<	0.01	<	0.01	19 - mg/L	01/3	/30 - Monthly	GR - GRAB
00720	Cyanide, total [as CN]	1 - Effluent Gross	0		Permit Req.									0.02 MO AVO		0.02 DAILY MX	-			GR - GRAB
00720	Cyanide, total [as CN]	1 - Ellidelit Gloss	0		Value NODI															
					Sample								=	0.01	=	0.01	19 - mg/L	01/3	/30 - Monthly 2	24 - COMP24
01074	Nickel, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L	01/3	/30 - Monthly	24 - COMP24
01071	Thomas, total root or abic	1 Emacrit Groot			Value NODI															
					Sample								<	0.005	<	0.005	19 - mg/L	01/3	/30 - Monthly 2	24 - COMP24
01079	Silver total recoverable	1 - Effluent Gross	0		Permit Req.								<=	0.24 MO AV	G <=	0.43 DAILY MX	19 - mg/L	01/3	/30 - Monthly 2	24 - COMP24
01079	Silver total recoverable	1 - Liliuelli Gloss	0		Value NODI															
					Sample								=	0.02	=	0.02	19 - mg/L	01/3	/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	01/3	/30 - Monthly	24 - COMP24
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Value NODI															
					Sample								<	0.005	<	0.005	19 - mg/L	01/3	/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	01/3	/30 - Monthly	24 - COMP24
01110					Value NODI															
					Sample								<	0.01	<	0.01	19 - mg/L	01/3	/30 - Monthly	24 - COMP24
01114	Lead, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	0.13 MO AV	e <=	0.13 DAILY MX	19 - mg/L	01/3	/30 - Monthly	24 - COMP24
	,				Value NODI															
					Sample								<	0.01	<	0.01	19 - mg/L	01/3	/30 - Monthly 2	24 - COMP24
01118	Chromium, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	1.71 MO AV	e <=	2.77 DAILY MX	19 - mg/L	01/3	/30 - Monthly 2	24 - COMP24
					Value NODI															
					Sample								=	0.08	=	0.08	19 - mg/L	01/3	/30 - Monthly 2	24 - COMP24
01119	Copper, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	0.31 MO AV	G <=	0.31 DAILY MX	19 - mg/L	01/3	/30 - Monthly	24 - COMP24
01113	coppor, total recoverable	. Lindon 01033			Value NODI															
					Sample	= 0	0.002908	= 0.00	7827	03 - MGD								01/0	/01 - Daily	TM - TOTALZ
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.	F	Req Mon MO AVG	Req	Mon DAILY MX	03 - MGD								01/0	/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

Analytical\_20220617\_135110.pdf pdf 1098977.0 INP000627\_001A\_MMR\_2022\_6.pdf pdf 206296.0 Report Last Saved By MATERIAL HANDLING EXCHANGE, INC. User: JONAMATO Name: Jonathan amato E-Mail: jonamato@m-h-e.com Date/Time: 2022-08-02 15:41 (Time Zone: -04:00) Report Last Signed By User: JONAMATO Name: Jonathan amato E-Mail: jonamato@m-h-e.com

2022-08-02 15:41 (Time Zone: -04:00)

Date/Time:

#### **DMR Copy of Record**

Permit																							
Permit #:	:	INP0006	27		Permittee:		MAT	ERIAL	HANDLING	G EXCI	HANGE	, INC.		Facili	ity:		MAT	ERIAL	HAN	DLIN	G EXCHANGE,	INC.	
Major:		No			Permittee A	ddress:			RICANE ST IN 46131	-				Facili	ity Loca	tion:		N HUF NKLIN,			ST		
Permitted	ed Feature:	001 External	Outfall		Discharge:		<b>001-</b> 001 3		NNUAL TT	0													
Report D	Dates & Status	•																					
Monitorin	ng Period:	From 03/	/01/22 to 06/30/22		DMR Due Da	ate:	07/2	8/22						Statu	s:		NetD	MR Va	lidat	ed			
Consider	rations for For	rm Complet	ion											'									
SEMIANN	NUAL TTO REF	PORTING P	RETREATMENT T	O FRANI	KLIN POTW,	JOHNSON	N COUNT	ΓΥ															
Principal	I Executive Of	fficer																					
First Nam	me:	joseph			Title:		oper	ations r	manager					Telep	hone:		317-4	146-093	35				
Last Nam	ne:	amato												•									
No Data I	Indicator (NOL	DI)																					
Form NO																							
	Parameter		Monitoring Location	Season #	Param. NODI			Quanti	ty or Loading	g				Quality o	or Conce	tration			#	of Ex.	Frequency of An	alysis S	Sample Type
Code	Name	е					Qualifier 1	Value 1	Qualifier 2 V	/alue 2 l	Units Qua	alifier 1 \	/alue 1 Qu	alifier 2 Va				Uni				\	
						Sample Permit Req.									<=		2.0 2.0 DAILY M	19 - m			02/YR - Twice Per 02/YR - Twice Per		
70444																			· 5 · –				
Submiss	organics, total to		any values for the \$		-	Value NODI		f the fol	lowing field	ds will b	oe submi	nitted for	r that row	r: Units, N	Number	of Exc	ursions, Fr	equenc	y of A			Туре.	
Submissi If a param Edit Chec No errorsi Commen	meter row does eck Errors s.	not contain	any values for the S	Sample n	or Effluent T	Value NODI		f the fol	lowing field	ds will b	oe submi	nitted for	r that row	r: Units, N	Number	of Excu	ursions, Fr	equenc	ey of i			Type.	
Submissing Submission	meter row does eck Errors s. nts	not contain		Sample n	or Effluent T	Value NODI		f the fol	lowing field	ds will b	oe submi	nitted for	r that row	r: Units, N	Number	of Excu	ursions, Fr	equenc	ey of i			Туре.	
Submissi If a param Edit Chec No errorsi Commen	meter row does eck Errors s. nts	not contain	any values for the S	Sample n	or Effluent T	Value NODI		f the fol	lowing field	ds will b	e submi	nitted for	r that row	r: Units, N	Number	of Excu	ursions, Fr	equenc	ey of A			Туре.	
Submissing Submission	meter row does eck Errors s. nts	not contain	any values for the S	Sample n	or Effluent T	Value NODI		f the fol	lowing field	ds will b	ne submi	itted for	r that row	r: Units, N	Number	of Excu	ursions, Fr	equenc	ey of a			Туре.	
Submiss. If a param Edit Chee No errors. Commen I put less Attachme	meter row does eck Errors s. nts	not contain	any values for the \$	Sample n	or Effluent T	Value NODI		f the fol	lowing field	ds will b	e submi	itted for	r that row	r: Units, N		of Excu		equenc			sis, and Sample	Type.	
Submiss If a param Edit Chec No errors Commen I put less Attachme	meter row does eck Errors s. ethan two becausents	use our test	any values for the \$	Sample n	or Effluent T	Value NODI		f the fol	lowing field	ds will b	e submi	nitted for	r that row	r: Units, N				equenc		Analy	sis, and Sample	Туре.	
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Submiss. If a parametric part Land MATERIA User: Name: E-Mail: Date/Time Report Land	meter row does eck Errors s. ints than two becausents ents 27_001A_MMR_2 Last Saved By AL HANDLING	use our test	any values for the Stresults came back of the St	AMATO than armato@m	or Effluent T ected" mato -h-e.com	Value NODI rading, the	n none of	f the fol	lowing field:	ds will b	pe submi	nitted for	r that row	r: Units, N				equenc		Analy	sis, and Sample	Type.	
Submiss If a param Edit Chec No errors Commen I put less Attachme INP000627 Report La MATERIA User: Name: E-Mail: Date/Time Report La User:	meter row does eck Errors s. ints than two becausents ents 27_001A_MMR_2 Last Saved By AL HANDLING	use our test	any values for the S results came back  pdf  E, INC.  JON. Jona jonar 2022  JON. Jona	AMATO than aimato@m 2-08-05 ( AMATO than aimato	or Effluent T ected" mato -h-e.com	Value NODI rading, the	n none of	f the fol	lowing field:	ds will b	e submi	nitted for	r that row	r: Units, N				equenc		Analy	sis, and Sample	Type.	

#### **DMR Copy of Record**

Permit

Permit #: INP000627 Permittee: MATERIAL HANDLING EXCHANGE, INC.

No Major:

**Permittee Address:** 1001 HURRICANE ST

FRANKLIN, IN 46131

**Facility Location:** 

Facility:

MATERIAL HANDLING EXCHANGE, INC.

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

**Monitoring Period:** From 06/01/22 to 06/30/22

Amato

DMR Due Date: 07/28/22 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 Title: **Operations Manager**  Telephone: 317-446-0935

No Data Indicator (NODI)

Last Name:

Form NODI:

	Parameter	Monitoring Location	Season	# Param. NODI			Qu	uantity or Loadi	ng				Q	uality or Concentrati	on			# of Ex. Frequency of Analys	sis Sample Type
Code	Name					ualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	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		eq Mon MO AVG C - No Discharge		eq Mon DAILY MX C - No Discharge	03 - MGD								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

INP000627\_002A\_MMR\_2022\_6.pdf pdf 203852.0 Report Last Saved By MATERIAL HANDLING EXCHANGE, INC. User: JONAMATO Name: Jonathan amato E-Mail: jonamato@m-h-e.com Date/Time: 2022-08-02 15:36 (Time Zone: -04:00) Report Last Signed By User: JONAMATO Name: Jonathan amato E-Mail: jonamato@m-h-e.com

2022-08-02 15:36 (Time Zone: -04:00)

Date/Time:

## **DMR Copy of Record**

Permit																						
Permit #	#:	INP	000627			Permittee	:	M	ATERI <i>A</i>	AL HAND	LING E	XCHANGE	INC.		Facili	ty:	MAT	ERIAL HA	NDLIN	G EXCHAN	IGE, INC.	
Major:		No				Permittee	Address:		_	RRICANE IN, IN 461	_				Facili	ty Location		N HURR NKLIN, IN		ST		
Permitte	ed Featui		rnal Out	tfall		Discharge	<b>e</b> :		<b>)2-AS</b> )2 SEM	IANNUAL	_ TTO											
Report L	Dates &	Status																				
Monitori	ring Perio	od: Fro	n 03/01/	/22 to 06/30/22		DMR Due	Date:	07	/28/22						Statu	s:	NetD	MR Valid	lated			
Conside	erations	for Form Con	pletion																			
SEMIAN	NNUAL TT	TO REPORTIN	G PRET	REATMENT TO	O FRAN	KLIN POTW	, JOHNSOI	N COUNT	Υ													
Principa	al Execut	tive Officer																				
First Na		Jos	eph			Title:		O	peration	ns Manag	er				Telep	hone:	317-	446-0935				
Last Nar	ıme:	ama																				
		or (NODI)																				
Form NO																						
		ameter	Mon	nitoring Location	Season #	# Param. NODI			Quantit	ty or Loadi	ng			Q	Quality or	Concentra	tion		# of I	Ex. Frequency	y of Analysis	Sample Ty
Code		Name						Qualifier 1	Value 1	Qualifier 2	Value 2	Units Quali	er 1 Value	e 1 Qualifier 2	2 Value 2	Qualifier 3	Value 3	Unit	S			
oodo																						
	0	- (-(-)(	201 4	F#I O			Sample Permit Reg.									<=	2.0 DAILY MX	19 - m	ı/L	02/YR - Tw	ice Per Year	GR - GRAB
78141  Submiss  If a parar	ssion Not	w does not cor		Effluent Gross values for the S		 nor Effluent T	Permit Req. Value NODI		f the foll	lowing fie	lds will	be submitt	ed for tha	at row: Unit	s, Numl		2.0 DAILY MX C - No Dischar ursions, Freque				e Type.	GR - GRAE
78141  Submiss  If a parar	ssion Note	<i>te</i> w does not cor					Permit Req. Value NODI		f the foll	lowing fie	elds will	be submitt	ed for tha	at row: Unit	s, Numl		C - No Dischar	ge				GR - GRAB
78141  Submiss  If a parar  Edit Che	ameter rov eck Erroi	<i>te</i> w does not cor					Permit Req. Value NODI		f the foll	lowing fie	lds will	be submitt	ed for tha	at row: Unit	s, Numi		C - No Dischar	ge				GR - GRAB
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78141  Submiss If a parar Edit Che No errors Comment Attachm	ameter rov eeck Erron rs. ents	te w does not cor orsMMR_2022_6_	tain any v				Permit Req. Value NODI		f the foll	lowing fie	elds will	be submitt	d for the	at row: Unit	s, Numl	ber of Exc	C - No Dischar ursions, Freque Type	ge	alysis,	and Sample	∋ Type.	GR - GRAB
78141  Submiss If a parar Edit Che No errors Comment Attachm INP00062 Report L	ameter rov neck Erron rs. ents ments 227_002A_ Last Save	te w does not cor orsMMR_2022_6_	tain any v	values for the S			Permit Req. Value NODI		f the foll	lowing fie	elds will	be submitt	ed for the	at row: Unit	s, Numl	ber of Exc	C - No Dischar ursions, Freque Type	ge	alysis,	and Sample	∋ Type.	GR - GRAB
78141  Submiss If a parar Edit Che No errors Comment Attachm INP00062 Report L	ameter rov neck Erron rs. ents ments 227_002A_ Last Save	te w does not cor ors  _MMR_2022_6_ ved By	tain any v	values for the S		nor Effluent T	Permit Req. Value NODI		f the foll	lowing fie	lds will	be submitt	ed for the	at row: Unit	s, Numl	ber of Exc	C - No Dischar ursions, Freque Type	ge	alysis,	and Sample	∋ Type.	GR - GRAB
Submiss If a parar Edit Che No errors Commen  Attachm INP00062 Report L MATERI	ameter rov neck Erron rs. ents ments 227_002A_ Last Save	te w does not cor ors  _MMR_2022_6_ ved By	tain any v	values for the S	Sample r	nor Effluent 1	Permit Req. Value NODI		f the foll	lowing fie	elds will	be submitt	ed for the	at row: Unit	s, Numl	ber of Exc	C - No Dischar ursions, Freque Type	ge	alysis,	and Sample	∋ Type.	GR - GRAB
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# WATER & WASTEWATER LABORATORIES, INC.

Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jonathan Amato

Report Date: June 17, 2022

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	6/1/22	6/7/22	22-2336
#2	Wastewater Effluent Grab	6/1/22	6/7/22	22-2337
#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	0.08	-		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	0.02	-		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)

John Ondo

Analysis Certified By:

Laboratory Manager

Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jonathan Amato

Report Date: June 17, 2022

P.O. #: verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	6/1/22	6/7/22	22-2336
#2	Wastewater Effluent Grab	6/1/22	6/7/22	22-2337
#3				

\nalvtical Batch		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	·=	-		) <del>ii</del>		15	200.2	RK	6/8/2022
Cadmium	100	<0.005	98	-	0	0.005	200.7	RK	6/12/2022
Chromium, total	100	<0.01	100	-	0	0.01	200.7	RK	6/12/2022
Copper	99	<0.01	98	-	0	0.01	200.7	RK	6/12/2022
Lead	99	<0.01	98	-	0	0.01	200.7	RK	6/12/2022
Nickel	96	<0.01	99	-	0	0.01	200.7	RK	6/12/2022
Silver	100	<0.005	99	-	0	0.005	200.7	RK	6/12/2022
Zinc	104	<0.01	103	-	1	0.01	200.7	RK	6/12/2022
Total Cyanide	100	<0.01	100	-	0	0.01	4500CN C/E	RK/JO	6/7/2022
			3.						

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

#### Relinquished by: (signature) Relinquished by (signature) Refinquished by: Sampler(s) [print name(s)-sign below]: d palisinbulas 6-1-22 /1AM G-1-22 72 You Site Name: Site Address: Sample Franklin, IN 46131 1001 Hurricane Road Material Handling Exchange, Inc. Sample Comp. Grab × Wastewater Effluent Wastewater Effluent Date/Time: Date/Time: Sample Location/site ID Project Name: Sample chilled/iced Temp (C): Sample Chain of Custody Record Received by: (signature or shipper) Received by: (signature or shipper Received by: (signature or shipper) Number of Containers Plastic 8oz w/HNO3 Metals Plastic 8oz w/NaOH Analysis / Preservative × lotal Cyanide P.O.#: Fax: Phone: Bill to: Report to: Nick Lawrence Indianapolis, IN 46203 Material Handling Exchange, Inc. 1800 Churchman Ave TTO = 1/6months Frenquency = 1/month for a total of S hours was collected every minute For Composite: a sample Fax:(216)696-6831 Phone:(216)696-0280 Cleveland, Ohio 44115 2779 Rockefeller Avenue Water & Wastewater Laboratories, Inc. Sample Comments minutes 2 Lab#

# 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: <u>jonamato@m-h-e.com</u> Ν Р 6 7 0 0 6

I IN F	PERMIT NUME		0 2	,	-	OUTE	ALL NO.	<b>⊢</b> ⊢	10 2	VD.	
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									This i	s a revised sub	
EEEL LIENT CLIAD	ACTEDICTICS		ELOW/	Ι		CVANIDE	TOTAL (CNI)	NICKEL			
EFFLUENT CHAR			FLOW		)H		TOTAL (CN)		TOTAL (NI)		TOTAL (Ag)
EFFLUENT PARA			Q50050		0400	Q	C 00720	Q	C01074	Q	C01079
SAMPLE TYPE	Permit Condition	n	24TOT	GRAB			GRAB		COMP		COMP
	Monitored		24TOT	GRAB			GRAB		COMP		COMP
FREQUENCY	Permit Condition	n	DAILY	METE	R		MONTHLY		MONTHLY		MONTHLY
	Monitored		DAILY	MONT	HLY		MONTHLY		MONTHLY		MONTHLY
EFFLUENT	Permit Minimum	า	N/A		5.0	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 Maximun	n	REPORT		10.0		1.20		3.98		0.43
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									-	+	-
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	Mon	6		7.04	7.04				<del>                                     </del>	+	<del></del>
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	Wed	8		7.08	7.08						
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	Sun	12	0.000000	NA	NA					1	1
	Mon	13		7.08	7.08					+	
	Tue	14		7.00	7.00				-	+	+
	Wed	15		7.23	7.23				-	+	+
					7.04		+		<del> </del>	+	-
	Thu	16		7.04	-				1	+	_
	Fri	17	0.001846	6.93	6.93				1	+	-
	Sat	18		NA	NA						
	Sun	19		NA	NA						
	Mon	20	0.004832	7.11	7.11						
	Tue	21	0.005701	7.08	7.08					1	
	Wed	22	0.006085	7.13	7.13						
	Thu	23	0.007827	7.03	7.03						
	Fri	24	0.005911	7.15	7.15						
	Sat	25	0.005074	7.21	7.21					1	1
	Sun	26	0.000000	NA	NA						
	Mon	27	0.004575	6.88	6.88				†	+	+
	Tue	28		6.97	6.97				1	+	+
							+		<del> </del>	+	-
	Wed	29	0.005124	7.17	7.17		1		+	+	+
	Thu	30	0.006516	7.03	7.03	ļ	1	+	+	+	+
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LOWEST VALUE			0.000000	6.	.88		0.00		0.01		0
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	of law that this docum my direction or superv									6/1	/2022
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	assure that qualified p				Prepai	rer's telephone	e number		Operator's c	ertification num	nper
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	e the system, or those ring the information, th			d		317	7 446 0935		1		
	,			u	C: .			C		ID-4: /: "	-l \
-	nowledge and belief, tr							ficer or authoriz	zed agent	Date (month	, day, year)
·	that there are significate			(or att	ested by NetD	MR subscribe	er agreement)		1		
	mation, including the po	ossibili	ity of fine and				Jon Am	nato		7/28	3/2022
imprisonment for kno	wing violations.						55117(11			1,20	<i>"</i>



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 PERMIT NUMBER		7	0 0 OUTFA	1 ALL NO.	0 M	6 2 10. Y	YR.	
	-	<u></u>				J <u> </u>	<u>"</u>	No Disc	,
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EFFLUENT CHARA		Q ZINC, TO	OTAL (Zn) C01094	Q CADMIUM,	TOTAL (Cd)	Q LEAD, 10	OTAL (Pb) C01114	Q	I, TOTAL(Cr)
SAMPLE TYPE	Permit Condition	<u> </u>	CO1094 COMP	- C	COMP	LQ	COMP		COMP
OAMI LL III L	Monitored	+	COMP	+	COMP	+	COMP	+	COMP
FREQUENCY	Permit Condition	+	MONTHLY	+	MONTHLY	+	MONTHLY	+	MONTHLY
	Monitored	+	MONTHLY	+	MONTHLY	+	MONTHLY	+	MONTHLY
EFFLUENT	Permit Minimum	+	N/A	+	N/A	†	N/A	+	N/A
LIMITATIONS	Permit Average	+	1.48	†	0.07	†	0.43	†	1.71
	Permit Maximum	<b>—</b>	2.61	<u> </u>	0.11	†	0.69	<u> </u>	2.77
	UNITS	S= LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L
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	Sun	5	<b></b>	<del> </del>	<u> </u>	<u> </u>	<b></b>	<b></b>	<u> </u>
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	ny direction or supervisio						12 ( )		
-	ssure that qualified pers nation submitted. Based		i iopu	arer's telephone	number		Operator's ce	ertification numb	per
	he system, or those pers		ie						
	ng the information, the in		ed is,	317	446 0935				
to the best of my knowle	edge and belief, true, ac	ccurate, and comple	ete. Signa	ture of principa			ed agent	Date (month,	day, year)
	re significant penalties for the possibility of fine and	_	(or at	ttested by NetD					
knowing violations.	ic possibility of file and	imprisoriment for			Jon Am	ıato		7/28/	/2022

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)
FACILITY NAME AND ADDRESS:
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Franklin, Indiana

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Mail To:

Indiana Department of Environmental Management

Office of Water Quality, Mail Code 65-42

								iorth Senate Ave napolis, Indiana		
I	N P	P 0 0 0 0 PERMIT NUMBER		7	0 0	0 1 TFALL NO.	0	6 2		
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		METER NUMBER	C01119	C7814	1	+	<del>-  </del>	†	+	1
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		Monitored	COMP	GRAB	;			1		
FREQUE	ENCY	Permit Condition	MONTHLY	2X/YEA				1		
		Monitored	MONTHLY	2X/YEA	.R			1		
EFFLUE	:NT	Permit Minimum	N/A	N/A				1	1	1
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there are s	significant p	pelief, true, accurate, and openalties for submitting fa	alse information, incl	re that Signal (C	nature of princinature of prin	ipal executive etDMR subscri	officer or authori iber agreement)	zed agent	Date (month,	, day, year)
the possib	oility of fine	and imprisonment for kno	wing violations.			Jon A	Amato		7/28	3/2022

# 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".

# STATE OF THE STATE

#### 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

0 0 0 0 0 6 2 PERMIT NUMBER OUTFALL NO MO YR. No Discharge This is a revised submittal SILVER, TOTAL (Ag) EFFLUENT CHARACTERISTICS FLOW CYANIDE, TOTAL (CN) NICKEL, TOTAL (NI) Ηа EFFLUENT PARAMETER NUMBER Q50050 C00400 C 00720 C01074 C01079 SAMPLE TYPE Permit Condition 24TOT GRAB GRAB COMP COMP COMP Monitored 24TOT GRAB GRAB COMP FREQUENCY Permit Condition DAILY MONTHLY MONTHLY MONTHLY **METER** DAILY MONTHLY MONTHLY MONTHLY MONTHLY Monitored 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 = MG/L MGD НІ LOW LB/DAY MG/L LB/DAY LB/DAY MG/L Wed 0.004085 7.33 < 0.01 0.01 < 0.005 7.33 Thu 0.001687 7.07 7.07 0.002195 Fri 7.18 7.18 Sat 0.000000 NA 4 NA Sun 5 0.000000 NA NA 0.002283 7.04 6 7.04 Mon 0.004287 Tue 7.22 7.22 Wed 8 0.001998 7.08 7.08 0.002083 7.09 Thu 7.09 Fri 10 0.001820 7.05 7.05 Sat 11 0.000000 NA NA 12 0.000000 Sun NA NA Mon 13 0.002859 7.08 7.08 0.002272 Tue 14 7.00 7.00 Wed 15 0.003745 7.23 7.23 0.002196 Thu 16 7.04 7.04 0.001846 Fri 17 6.93 6.93 Sat 18 0.000000 NA NA Sun 19 0.000000 NA NA Mon 20 0.004832 7.11 7.11 Tue 21 0.005701 7.08 7.08 0.006085 22 Wed 7.13 7.13 23 0.007827 7.03 7.03 Thu Fri 24 0.005911 7.15 7.15 0.005074 Sat 25 7.21 7.21 Sun 26 0.000000 NA NA 27 Mon 0.004575 6.88 6.88 28 0.005142 Tue 6.97 6.97 29 0.005124 Wed 7.17 7.17 0.006516 Thu 7.03 7.03 0.000000 NA NA MONTHLY AVERAGE 0.002908 #DIV/0! 0.01 #DIV/0! HIGHEST VALUE 0.007827 7.33 0.00 0.01 0 LOWEST VALUE 6.88 0.00 0.000000 0.01 n NO. OF TIMES WEEKLY, DAILY, MONTHLY 0 0 0 EFFL. LIMITATIONS EXCEEDED 0.090143 TOTAL FLOW Prepared by or under the direction of (Certified Operator): Date (month, day, year) 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 Preparer's telephone number Operator's certification number and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly 317 446 0935 responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and Signature of principal executive officer or authorized agent Date (month, day, year) (or attested by NetDMR subscriber agreement) complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and 8/5/2022 Jon Amato imprisonment for knowing violations.



Indiana Discharge Monitoring Report

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Mail To:

Indiana Department of Environmental Management

Office of Water Quality, Mail Code 65-42

100 North Senate Avenue Indianapolis, Indiana 46204-2251

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knowing violations.						Jon Am	iato		8/5/	2022	

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8/5/2022

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				Indianapolis, Indiana 46204-2251								
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SAMPLE TYPE	Permit Condition	COMP	GRAB									
	Monitored	COMP	GRAB									
FREQUENCY	Permit Condition	MONTHLY	2X/YEAR									
	Monitored	MONTHLY	2X/YEAR									
EFFLUENT	Permit Minimum	N/A	N/A									
LIMITATIONS	Permit Average	2.07	N/A									
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Jon Amato

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Mail To: Indiana Department of Enviro

Indiana Department of Environmental Management Office of Water Quality, Mail Code 65-42

100 North Senate Avenue

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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		5.0	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	
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	Sat	5	0.000000	No Dis	charge							
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	Tue	8	0.000000	No Dis	charge							
	Wed	9	0.000000	No Dis	charge							
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Indiana Department of Environmental Management Office of Water Quality, Mail Code 65-42

100 North Senate Avenue

														Indiana	oolis, Ind	liana 462	204-2251	1
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No Discharge This is a revised submittal EFFLUENT CHARACTERISTICS CADMIUM, TOTAL (Cd) LEAD, TOTAL (Pb) CHROMIUM, TOTAL(Cr) ZINC, TOTAL (Zn) C01094 EFFLUENT PARAMETER NUMBER C01113 C01114 C01118 Q Q Q SAMPLE TYPE Permit Condition COMP COMP COMP COMP Monitored COMP COMP COMP COMP FREQUENCY Permit Condition MONTHLY MONTHLY MONTHLY MONTHLY MONTHLY MONTHLY MONTHLY MONTHLY Monitored **EFFLUENT** Permit Minimum N/A N/A N/A N/A LIMITATIONS Permit Average 1.48 0.07 0.43 1.71 Permit Maximum 2.61 0.11 0.69 2.77 UNITS= LB/DAY LB/DAY LB/DAY LB/DAY MG/L MG/L MG/L MG/L Tue 2 Wed 3 Thu 4 Fri Sat 5 Sun 6 Mon 7 Tue 8 Wed 9 Thu 10 Fri 11 12 Sat Sun 13 14 Mon Tue 15 Wed 16 Thu 17 Fri 18 Sat 19 20 Sun Mon 21 Tue 22 Wed 23 24 Thu Fri 25 26 Sat 27 Sun Mon 28 Tue 30 Wed 31 MONTHLY AVERAGE #DIV/0! #DIV/0! #DIV/0! HIGHEST VALUE 0.000 0.00 0.00 LOWEST VALUE 0.000 0.00 0.00 NO. OF TIMES WEEKLY, DAILY, MONTHLY 0 0 0 0 EFFL. LIMITATIONS EXCEEDED Prepared by or under the direction of (Certified Operator): Date (month, day, year) certify under penalty of law that this document and all attachments 6/1/2022 were prepared under my direction or supervision in accordance with

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.

jon amato

7/26/2022

Page 2 of 3

STATE OF

Indiana Discharge Monitoring Report

State Form 30530 (R3 / 3-14)
FACILITY NAME AND ADDRESS:

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Indiana Department of Environmental Management

7/26/2022

Office of Water Quality, Mail Code 65-42 100 North Senate Avenue

						Indiana	apolis, Indiana	46204-2251	
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SAMPLE TYPE	Permit Condition	COMP	GRAB						
	Monitored	COMP	GRAB						
FREQUENCY	Permit Condition	MONTHLY	2X/YEAR						
	Monitored	MONTHLY	2X/YEAR						
EFFLUENT	Permit Minimum	N/A	N/A						
LIMITATIONS	Permit Average	2.07	N/A						
	Permit Maximum	3.38	2.13						
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I certify under penalty of	f law that this document a	nd all attachments			i ilie uli eciloi	ii oi (Gertilled O	porator).		
	y direction or supervision							6/1	/2022
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jon amato

# 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

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	Wed	9		No Dis	charge										
	Thu	10	0.000000	No Dis	charge										
	Fri	11	0.000000	No Dis	charge										
	Sat	12	0.000000		charge										
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I certify under penalty	of law that this docum	nd all attachment									F /0 /0¢	200			
were prepared under	my direction or superv	in accordance wi									5/3/20	)//			
a system designed to	assure that qualified p	nel properly	Prepar	er's telephone	e number			Opera	tor's ce	ertification	numbe	r			
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is to the best of my kn	nowledge and belief, tru	ıe, ac	curate, and				al executive of			ed age	nt	Date (mo	onth, da	ıy, year)	
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	nation, including the po	ssibil	ity of fine and		jon amato							8/5/2022			
imprisonment for know	wing violations.				<u> </u>		jon am	ato				<u> </u>	8/5/2022		

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

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LIMITATIONS					2.61	+	0.11	+		0.6		+	2.77		
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I am aware that there a	are significant penaltie	es for s	submittin	ng false		(or at	ttested by NetD	MR subscribe	r agreem	nent)					
information, including t	he possibility of fine a	and im	prisonme	ent for				jon ama					8/5/	/2022	
knowing violations.								jorrann	alo				0/0/	2022	

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1001 Hurricane Street
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Mail To:

Indiana Department of Environmental Management

8/5/2022

Office of Water Quality, Mail Code 65-42 100 North Senate Avenue

Indianapolis, Indiana 46204-2251 6 2 0 2 PERMIT NUMBER OUTFALL NO. MO. No Discharge This is a revised submittal **EFFLUENT CHARACTERISTICS** COPPER TTO EFFLUENT PARAMETER NUMBER C01119 C78141 SAMPLE TYPE Permit Condition COMP GRAB COMP Monitored GRAB FREQUENCY Permit Condition MONTHLY 2X/YEAR MONTHLY 2X/YEAR Monitored **EFFLUENT** Permit Minimum N/A N/A LIMITATIONS Permit Average 2.07 N/A Permit Maximum 3.38 2.13 UNITS: Tue Wed Thu 4 Fri Sat 6 Sun Mon Tue 8 Wed 9 Thu 10 11 Fri Sat 12 Sun 13 Mon 14 15 Tue 16 Wed Thu 17 Fri 18 Sat 19 20 Sun Mon 21 Tue 22 Wed 23 Thu 24 25 Fri Sat 26 27 Sun Mon 28 Tue Wed 30 MONTHLY AVERAGE #DIV/0! HIGHEST VALUE LOWEST VALUE NO. OF TIMES WEEKLY, DAILY, MONTHLY 0 0 EFFL. LIMITATIONS EXCEEDED Prepared by or under the direction of (Certified Operator): Date (month, day, year) 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 personne I properly gather Preparer's telephone number Operator's certification number and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible 3174460935 for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that Signature of principal executive officer or authorized agent Date (month, day, year) there are significant penalties for submitting false information, including (or attested by NetDMR subscriber agreement)

jon amato

the possibility of fine and imprisonment for knowing violations.