

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 06/01/22 to 06/30/22

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

Last Name:amato

Title:Operations Manager

Telephone:317-446-0935

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						=	6.88			=	7.33	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								=	0.01	=	0.01	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								=	0.02	=	0.02	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								=	0.08	=	0.08	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	=	0.002908	=	0.007827	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_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		
Date/Time:	2022-08-02 15:41 (Time Zone: -04:00)		

DMR Copy of Record

Permit

Permit #:

INP000627

Major:

No

Permittee:

MATERIAL HANDLING EXCHANGE, INC.

Permittee Address:

1001 HURRICANE ST
FRANKLIN, IN 46131

Facility:

MATERIAL HANDLING EXCHANGE, INC.

Facility Location:

1001 N HURRICANE ST
FRANKLIN, IN 46131

Permitted Feature:

001
External Outfall

Discharge:

001-AS
001 SEMIANNUAL TTO

Report Dates & Status

Monitoring Period:

From 03/01/22 to 06/30/22

DMR Due Date:

07/28/22

Status:

NetDMR Validated

Considerations for Form Completion

SEMIANNUAL TTO REPORTING PRETREATMENT TO FRANKLIN POTW, JOHNSON COUNTY

Principal Executive Officer

First Name:

joseph

Last Name:

amato

Title:

operations manager

Telephone:

317-446-0935

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

I put less than two because our test results came back "Not Detected"

Attachments

Name	Type	Size
INP000627_001A_MMR_2022_6_TTO.pdf	pdf	206322.0

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

User:

JONAMATO

Name:

Jonathan amato

E-Mail:

jonamato@m-h-e.com

Date/Time:

2022-08-05 09:04 (Time Zone: -04:00)

Report Last Signed By

User:

JONAMATO

Name:

Jonathan amato

E-Mail:

jonamato@m-h-e.com

Date/Time:

2022-08-05 09:04 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:

INP000627

Major:

No

Permittee:

MATERIAL HANDLING EXCHANGE, INC.

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

Monitoring Period:

From 06/01/22 to 06/30/22

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

Last Name:

Amato

Title:

Operations Manager

Telephone:

317-446-0935

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

DMR Copy of Record

Permit

Permit #:

INP000627

Major:

No

Permittee:

MATERIAL HANDLING EXCHANGE, INC.

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-AS
002 SEMIANNUAL TTO

Report Dates & Status

Monitoring Period:

From 03/01/22 to 06/30/22

DMR Due Date:

07/28/22

Status:

NetDMR Validated

Considerations for Form Completion

SEMIANNUAL TTO REPORTING PRETREATMENT TO FRANKLIN POTW, JOHNSON COUNTY

Principal Executive Officer

First Name:

Joseph

Last Name:

amato

Title:

Operations Manager

Telephone:

317-446-0935

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_6_TTO.pdf	pdf	203289.0

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

User:

JONAMATO

Name:

Jonathan amato

E-Mail:

jonamato@m-h-e.com

Date/Time:

2022-08-05 09:02 (Time Zone: -04:00)

Report Last Signed By

User:

JONAMATO

Name:

Jonathan amato

E-Mail:

jonamato@m-h-e.com

Date/Time:

2022-08-05 09:02 (Time Zone: -04:00)



page 1 of 2

[illegible]

John Ondo

Sample Chain of Custody Record

Site Name: Material Handling Exchange, Inc.

Site Address:

1001 Hurricane Road
Franklin, IN 46131

Sample chilled/iced

☒ Yes ☐ No

Temp (C):

24.3°

Project Name:

Water & Wastewater Laboratories, Inc.
2779 Rockefeller Avenue
Cleveland, Ohio 44115
Phone: (216) 696-0280
Fax: (216) 696-6831



Water & Wastewater Laboratories, Inc.

2779 Rockefeller Avenue

Cleveland, Ohio 44115

Phone: (216) 696-0280

Fax: (216) 696-6831

Sample Comments

Lab #

For Composite: a sample was collected every

60 minutes

for a total of 8 hours

22-2336

22-2337

22-2338

22-2339

22-2340

22-2341

22-2342

22-2343

22-2344

22-2345

22-2346

22-2347

22-2348

22-2349

22-2350

22-2351

22-2352

22-2353

22-2354

22-2355

22-2356

22-2357

22-2358

22-2359

22-2360

22-2361

22-2362

22-2363

22-2364

22-2365

22-2366

22-2367

22-2368

22-2369

22-2370

22-2371

22-2372

22-2373

22-2374

22-2375

22-2376

22-2377

22-2378

22-2379

22-2380

22-2381

22-2382

22-2383

22-2384

22-2385

22-2386

22-2387

22-2388

22-2389

22-2390

22-2391

22-2392

22-2393

22-2394

22-2395

22-2396

22-2397

22-2398

22-2399

22-2400

22-2401

22-2402

22-2403

22-2404

22-2405

22-2406

22-2407

22-2408

22-2409

22-2410

22-2411

22-2412

22-2413

22-2414

22-2415

22-2416

22-2417

22-2418

22-2419

22-2420

22-2421

22-2422

22-2423

22-2424

22-2425

22-2426

22-2427

22-2428

22-2429

22-2430

22-2431

22-2432

22-2433

22-2434

22-2435

22-2436

22-2437

22-2438

22-2439

22-2440

22-2441

22-2442

22-2443

22-2444

22-2445

22-2446

22-2447

22-2448

22-2449

22-2450

22-2451

22-2452

22-2453

22-2454

22-2455

22-2456

22-2457

22-2458

22-2459

22-2460

22-2461

22-2462

22-2463

22-2464

22-2465

22-2466

22-2467

22-2468

22-2469

22-2470

22-2471

22-2472

22-2473

22-2474

22-2475

22-2476

22-2477

22-2478

22-2479

22-2480

22-2481

22-2482

22-2483

22-2484

22-2485

22-2486

22-2487

22-2488

22-2489

22-2490

22-2491

22-2492

22-2493

22-2494

22-2495

22-2496

22-2497

22-2498

22-2499

22-2500

22-2501

22-2502

22-2503

22-2504

22-2505

22-2506

22-2507

22-2508

22-2509

22-2510

22-2511

22-2512

22-2513

22-2514

22-2515

22-2516

22-2517

22-2518

22-2519

22-2520

22-2521

22-2522

22-2523

22-2524

22-2525

22-2526

22-2527

22-2528

22-2529

22-2530

22-2531

22-2532

22-2533

22-2534

22-2535

22-2536

22-2537

22-2538

22-2539

22-2540

22-2541

22-2542

22-2543

22-2544

22-2545

22-2546

22-2547

22-2548

22-2549

22-2550

22-2551

22-2552

22-2553

22-2554

22-2555

22-2556

22-2557

22-2558

22-2559

22-2560

22-2561

22-2562

22-2563

22-2564

22-2565

22-2566

22-2567

22-2568

22-2569

22-2570

22-2571

22-2572

22-2573

22-2574

22-2575

22-2576

22-2577

22-2578

22-2579

22-2580

22-2581

22-2582

22-2583

22-2584

22-2585

22-2586

22-2587

22-2588

22-2589

22-2590

22-2591

22-2592

22-2593

22-2594

**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	6	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
	Wed	1	0.004085	7.33	7.33	<0.01		0.01		<0.005
	Thu	2	0.001687	7.07	7.07					
	Fri	3	0.002195	7.18	7.18					
	Sat	4	0.000000	NA	NA					
	Sun	5	0.000000	NA	NA					
	Mon	6	0.002283	7.04	7.04					
	Tue	7	0.004287	7.22	7.22					
	Wed	8	0.001998	7.08	7.08					
	Thu	9	0.002083	7.09	7.09					
	Fri	10	0.001820	7.05	7.05					
	Sat	11	0.000000	NA	NA					
	Sun	12	0.000000	NA	NA					
	Mon	13	0.002859	7.08	7.08					
	Tue	14	0.002272	7.00	7.00					
	Wed	15	0.003745	7.23	7.23					
	Thu	16	0.002196	7.04	7.04					
	Fri	17	0.001846	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					
	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					
	Sun	26	0.000000	NA	NA					
	Mon	27	0.004575	6.88	6.88					
	Tue	28	0.005142	6.97	6.97					
	Wed	29	0.005124	7.17	7.17					
	Thu	30	0.006516	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		0.000000	6.88			0.00		0.01		0
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0			0		0		0
TOTAL FLOW		0.090143								

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)
		6/1/2022
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		7/28/2022



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	6	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
	Wed 1		0.02		<0.005		<0.01		<0.01
	Thu 2								
	Fri 3								
	Sat 4								
	Sun 5								
	Mon 6								
	Tue 7								
	Wed 8								
	Thu 9								
	Fri 10								
	Sat 11								
	Sun 12								
	Mon 13								
	Tue 14								
	Wed 15								
	Thu 16								
	Fri 17								
	Sat 18								
	Sun 19								
	Mon 20								
	Tue 21								
	Wed 22								
	Thu 23								
	Fri 24								
	Sat 25								
	Sun 26								
	Mon 27								
	Tue 28								
	Wed 29								
	Thu 30								
	0 0								
MONTHLY AVERAGE			0.02		#DIV/0!		#DIV/0!		#DIV/0!
HIGHEST VALUE			0.02		0.000		0.00		0.00
LOWEST VALUE			0.02		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)
	Preparer's telephone number 317 446 0935		Operator's certification number
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
	Jon Amato		7/28/2022



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	6	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=								
	Wed 1	0.08						
	Thu 2							
	Fri 3							
	Sat 4							
	Sun 5							
	Mon 6							
	Tue 7							
	Wed 8							
	Thu 9							
	Fri 10							
	Sat 11							
	Sun 12							
	Mon 13							
	Tue 14							
	Wed 15							
	Thu 16							
	Fri 17							
	Sat 18							
	Sun 19							
	Mon 20							
	Tue 21							
	Wed 22							
	Thu 23							
	Fri 24							
	Sat 25							
	Sun 26							
	Mon 27							
	Tue 28							
	Fri 29							
	Thu 30							
	0 0							
MONTHLY AVERAGE		0.08	#DIV/0!					
HIGHEST VALUE		0.08						
LOWEST VALUE		0.08						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		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)

6/1/2022

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

7/28/2022

**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 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	6	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
	Wed 1	0.004085	7.33	7.33		<0.01		0.01		<0.005
	Thu 2	0.001687	7.07	7.07						
	Fri 3	0.002195	7.18	7.18						
	Sat 4	0.000000	NA	NA						
	Sun 5	0.000000	NA	NA						
	Mon 6	0.002283	7.04	7.04						
	Tue 7	0.004287	7.22	7.22						
	Wed 8	0.001998	7.08	7.08						
	Thu 9	0.002083	7.09	7.09						
	Fri 10	0.001820	7.05	7.05						
	Sat 11	0.000000	NA	NA						
	Sun 12	0.000000	NA	NA						
	Mon 13	0.002859	7.08	7.08						
	Tue 14	0.002272	7.00	7.00						
	Wed 15	0.003745	7.23	7.23						
	Thu 16	0.002196	7.04	7.04						
	Fri 17	0.001846	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						
	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						
	Sun 26	0.000000	NA	NA						
	Mon 27	0.004575	6.88	6.88						
	Tue 28	0.005142	6.97	6.97						
	Wed 29	0.005124	7.17	7.17						
	Thu 30	0.006516	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		0.000000	6.88			0.00		0.01		0
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		0	0			0		0		0
TOTAL FLOW		0.090143								

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)
		5/3/2022
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		8/5/2022



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	6	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
	Wed 1		0.02		<0.005		<0.01		<0.01
	Thu 2								
	Fri 3								
	Sat 4								
	Sun 5								
	Mon 6								
	Tue 7								
	Wed 8								
	Thu 9								
	Fri 10								
	Sat 11								
	Sun 12								
	Mon 13								
	Tue 14								
	Wed 15								
	Thu 16								
	Fri 17								
	Sat 18								
	Sun 19								
	Mon 20								
	Tue 21								
	Wed 22								
	Thu 23								
	Fri 24								
	Sat 25								
	Sun 26								
	Mon 27								
	Tue 28								
	Wed 29								
	Thu 30								
	0 0								
MONTHLY AVERAGE			0.02		#DIV/0!		#DIV/0!		#DIV/0!
HIGHEST VALUE			0.02		0.000		0.00		0.00
LOWEST VALUE			0.02		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)
	Preparer's telephone number		Operator's certification number
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Jon Amato		Date (month, day, year)
			5/3/2022
		317 446 0935	
			8/5/2022



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	6	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=								
	Wed 1	0.08	ND					
	Thu 2							
	Fri 3							
	Sat 4							
	Sun 5							
	Mon 6							
	Tue 7							
	Wed 8							
	Thu 9							
	Fri 10							
	Sat 11							
	Sun 12							
	Mon 13							
	Tue 14							
	Wed 15							
	Thu 16							
	Fri 17							
	Sat 18							
	Sun 19							
	Mon 20							
	Tue 21							
	Wed 22							
	Thu 23							
	Fri 24							
	Sat 25							
	Sun 26							
	Mon 27							
	Tue 28							
	Fri 29							
	Thu 30							
	0 0							
MONTHLY AVERAGE		0.08	#DIV/0!					
HIGHEST VALUE		0.08						
LOWEST VALUE		0.08						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED		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)
5/3/22.

Preparer's telephone number

317 446 0935

Operator's certification number

Signature of principal executive officer or authorized agent
(or attested by NetDMR subscriber agreement)

Jon Amato

Date (month, day, year)

8/5/2022

**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 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	2
OUTFALL NO.		

0	6	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							

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)
		6/1/2022
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		7/26/2022



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	2	
OUTFALL NO.			

0	6	2	2
MO.		YR.	

No Discharge

x

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
	Tue 1								
	Wed 2								
	Thu 3								
	Fri 4								
	Sat 5								
	Sun 6								
	Mon 7								
	Tue 8								
	Wed 9								
	Thu 10								
	Fri 11								
	Sat 12								
	Sun 13								
	Mon 14								
	Tue 15								
	Wed 16								
	Thu 17								
	Fri 18								
	Sat 19								
	Sun 20								
	Mon 21								
	Tue 22								
	Wed 23								
	Thu 24								
	Fri 25								
	Sat 26								
	Sun 27								
	Mon 28								
	Tue								
	Wed 30								
	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 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)
		6/1/2022
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		7/26/2022



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	2	
OUTFALL NO.			

0	6	2	2
MO.		YR.	

No Discharge

x

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

6/1/2022

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

7/26/2022

**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 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	2
OUTFALL NO.		

0	6	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							

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)
		5/3/2022
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		8/5/2022



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	2	
OUTFALL NO.			

0	6	2	2
MO.		YR.	

No Discharge	<input checked="" type="checkbox"/>
This is a revised submittal	<input type="checkbox"/>

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
Tue 1									
Wed 2									
Thu 3									
Fri 4									
Sat 5									
Sun 6									
Mon 7									
Tue 8									
Wed 9									
Thu 10									
Fri 11									
Sat 12									
Sun 13									
Mon 14									
Tue 15									
Wed 16									
Thu 17									
Fri 18									
Sat 19									
Sun 20									
Mon 21									
Tue 22									
Wed 23									
Thu 24									
Fri 25									
Sat 26									
Sun 27									
Mon 28									
Tue 29									
Wed 30									
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 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)
	Preparer's telephone number		Operator's certification number
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
	3174460935		5/3/2022
	jon amato		8/5/2022



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	2	
OUTFALL NO.			

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

5/3/2022

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

8/5/2022