

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-A
001 POWDER COAT METAL PARTS - TO FRANKLIN POTW

Report Dates & Status

Monitoring Period:From 07/01/22 to 07/31/22

DMR Due Date:08/28/22

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:joe

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 | | | | | | = | 6.77 | | | = | 7.11 | 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 | | | | | | | | | | | | | | | |
| X 00720 | Cyanide, total [as CN] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | = | 0.055 | = | 0.055 | 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 | | | | | | | | = | 0.07 | = | 0.07 | 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 | | | | | | | | = | 0.04 | = | 0.04 | 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 | | | | | | | | = | 0.07 | = | 0.07 | 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 | = | 0.003588 | = | 0.007223 | 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

| Parameter | | Monitoring Location | Field | Type | Description | Acknowledge |
|-----------|------------------------|---------------------|---|------|---|-------------|
| Code | Name | | | | | |
| 00720 | Cyanide, total [as CN] | 1 - Effluent Gross | Quality or Concentration Sample Value 3 | Soft | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | Yes |
| 00720 | Cyanide, total [as CN] | 1 - Effluent Gross | Quality or Concentration Sample Value 2 | Soft | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | Yes |

Comments

We have gotten on a better maintenance schedule and the first sample was taken right before take cleaning and the second was taken right after. I believe that we should be able to maintain better cyanide levels moving forward as you can see from the second test that we took this month.

Attachments

| Name | Type | Size |
|--------------------------------|------|-----------|
| Analytical_20220725_132946.pdf | pdf | 1152846.0 |
| Analytical_20220804_114009.pdf | pdf | 1091210.0 |
| INP000627_001A_MMR_2022_7.pdf | pdf | 320925.0 |

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

| | |
|------------|--------------------------------------|
| User: | JONAMATO |
| Name: | Jonathan amato |
| E-Mail: | jonamato@m-h-e.com |
| Date/Time: | 2022-09-06 10:55 (Time Zone: -04:00) |

Report Last Signed By

| | |
|------------|--------------------------------------|
| User: | JONAMATO |
| Name: | Jonathan amato |
| E-Mail: | jonamato@m-h-e.com |
| Date/Time: | 2022-09-06 10:55 (Time Zone: -04:00) |

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Major:

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Facility:

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Facility Location:

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Permitted Feature:

002
External Outfall

Discharge:

002-A
002 POWDER COAT METAL PARTS - TO FRANKLIN POTW

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Principal Executive Officer

First Name:

joe

Last Name:

amato

Title:

Operations Manager

Telephone:

317-446-0435

No Data Indicator (NODI)

Form NODI: --

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

| Name | Type | Size |
|------|------|------|
|------|------|------|

| | | | |
|---|--------------------------------------|-----|----------|
| INP000627_002A_MMR_2022_7.pdf | | pdf | 320373.0 |
| Report Last Saved By | | | |
| MATERIAL HANDLING EXCHANGE, INC. | | | |
| User: | JONAMATO | | |
| Name: | Jonathan amato | | |
| E-Mail: | jonamato@m-h-e.com | | |
| Date/Time: | 2022-09-06 10:21 (Time Zone: -04:00) | | |
| Report Last Signed By | | | |
| User: | JONAMATO | | |
| Name: | Jonathan amato | | |
| E-Mail: | jonamato@m-h-e.com | | |
| Date/Time: | 2022-09-06 10:31 (Time Zone: -04:00) | | |



Report Date: July 25, 2022

P.O. #: verbal

page 1 of 2

[illegible]

Analysis Certified By:

Laboratory Manager

John Ondo



page 2 of 2

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): 240
 Project Name:

Analysis / Preservative

Plastic 8oz w/HNO3
 7 Metals
 Plastic 8oz w/NaOH
 Total Cyanide

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



Sample Comments

Lab #

Sample Date Sample Time Comp. Grab Sample Location/site ID
 7-14-22 7:40pm X Wastewater Effluent
 7-14-22 11am X Wastewater Effluent

Number of Containers
 Plastic 8oz w/HNO3 7 Metals
 Plastic 8oz w/NaOH Total Cyanide

For Composite: a sample was collected every 60 minutes for a total of 8 hours
 22-2924
 22-2975

Frequency = 1/month

TTO = 1/6 months

Sampler(s) [print name(s) sign below]:

Jeremy Baughman

Date/Time:

Received by: (signature or shipper)

Report to: Jeremy Baughman

Material Handling Exchange, Inc.

1800 Churchman Ave

Indianapolis, IN 46203

Phone:

Fax:

P.O.#:

Bill to:

Relinquished by: (signature)

Date/Time:

Received by: (signature or shipper)

Relinquished by: (signature)

Date/Time:

Received by: (signature or shipper)



page 1 of 2


[illegible]

John Ondo



page 2 of 2

Sample Chain of Custody Record

| Site Name: Material Handling Exchange, Inc. | | Sample chilled/iced <input type="checkbox"/> Yes <input type="checkbox"/> No | | Water & Wastewater Laboratories, Inc. 2779 Rockefeller Avenue Cleveland, Ohio 44115 Phone: (216) 696-0280 Fax: (216) 696-6831 | | | |
|---|-------------|--|--|---|-------------------------------------|---|---------|
| Site Address: 1001 Hurricane Road Franklin, IN 46131 | | Temp (C): Project Name: | |  | | | |
| Sample Date | Sample Time | Comp. Grab | Sample Location/site ID | Number of Containers | Analysis / Preservative | Sample Comments | Lab # |
| 7-26-22 | 7:30 AM | X | Wastewater Effluent | 1 | Plastic 8oz w/HNO3 7 Metals | For Composite: a sample was collected every | 22-3132 |
| 7-26-22 | 11 AM | X | Wastewater Effluent | 1 | Plastic 8oz w/NaOH Total Cyanide | 60 minutes for a total of 8 hours | 22-3133 |
| Sampler(s) [Print name(s)-sign below]: | | | Report to: Jeremy Baughman | | | | |
| Relinquished by: (signature) Jeremy Baughman | | | Material Handling Exchange, Inc. 1800 Churchman Ave Indianapolis, IN 46203 | | | | |
| Relinquished by: (signature) UPS | | | Date/Time: 7/28/22 Received by: (signature or shipper) UPS | | | | |
| Relinquished by: (signature) UPS | | | Date/Time: 7/28/22 Received by: (signature or shipper) UPS | | | | |
| Relinquished by: (signature) | | | Date/Time: _____ Received by: (signature or shipper) | | | | |

**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/ide/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 | 7 | 2 | 2 |
| MO. | | YR. | |

No Discharge ☐

This is a revised submittal ☐

| EFFLUENT CHARACTERISTICS | | FLOW | pH | | CYANIDE, TOTAL (CN) | | NICKEL, TOTAL (NI) | | SILVER, TOTAL (Ag) | |
|--|------------------|----------|----------|------|---------------------|---------|--------------------|---------|--------------------|---------|
| EFFLUENT PARAMETER NUMBER | | Q50050 | C00400 | | Q | C 00720 | Q | C01074 | Q | C01079 |
| SAMPLE TYPE | Permit Condition | 24TOT | GRAB | | | GRAB | | COMP | | COMP |
| | Monitored | 24TOT | GRAB | | | GRAB | | COMP | | COMP |
| FREQUENCY | Permit Condition | DAILY | METER | | | MONTHLY | | MONTHLY | | MONTHLY |
| | Monitored | DAILY | MONTHLY | | | MONTHLY | | MONTHLY | | MONTHLY |
| EFFLUENT LIMITATIONS | Permit Minimum | N/A | 5.0 | | N/A | N/A | N/A | N/A | N/A | N/A |
| | Permit Average | REPORT | N/A | | | 0.65 | | 2.38 | | 0.24 |
| | Permit Maximum | REPORT | 10.0 | | | 1.20 | | 3.98 | | 0.43 |
| UNITS = | | MGD | HI | LOW | LB/DAY | MG/L | LB/DAY | MG/L | LB/DAY | MG/L |
| | Fri | 1 | 0.005201 | 7.11 | 7.11 | | | | | |
| | Sat | 2 | 0.000000 | na | na | | | | | |
| | Sun | 3 | 0.000000 | na | na | | | | | |
| | Mon | 4 | 0.000000 | na | na | | | | | |
| | Tue | 5 | 0.007157 | 7.06 | 7.06 | | | | | |
| | Wed | 6 | 0.005132 | 7.05 | 7.05 | | | | | |
| | Thu | 7 | 0.005461 | 7.06 | 7.06 | | | | | |
| | Fri | 8 | 0.005047 | 7.03 | 7.03 | | | | | |
| | Sat | 9 | 0.000000 | na | na | | | | | |
| | Sun | 10 | 0.000000 | na | na | | | | | |
| | Mon | 11 | 0.005055 | 7.03 | 7.03 | | | | | |
| | Tue | 12 | 0.005067 | 7.01 | 7.01 | | | | | |
| | Wed | 13 | 0.004888 | 7.05 | 7.05 | | | | | |
| | Thu | 14 | 0.005186 | 7.02 | 7.02 | 0.055 | | 0.07 | | <0.005 |
| | Fri | 15 | 0.005102 | 6.86 | 6.86 | | | | | |
| | Sat | 16 | 0.007223 | 6.77 | 6.77 | | | | | |
| | Sun | 17 | 0.000000 | na | na | | | | | |
| | Mon | 18 | 0.005029 | 6.85 | 6.85 | | | | | |
| | Tue | 19 | 0.005171 | 6.81 | 6.81 | | | | | |
| | Wed | 20 | 0.004865 | 6.91 | 6.91 | | | | | |
| | Thu | 21 | 0.004708 | 6.96 | 6.96 | | | | | |
| | Fri | 22 | 0.005342 | 6.99 | 6.99 | | | | | |
| | Sat | 23 | 0.000000 | na | na | | | | | |
| | Sun | 24 | 0.000000 | na | na | | | | | |
| | Mon | 25 | 0.004627 | 6.87 | 6.87 | | | | | |
| | Tue | 26 | 0.005167 | 6.97 | 6.97 | | | | | |
| | Wed | 27 | 0.004603 | 7.02 | 7.02 | | | | | |
| | Thu | 28 | 0.004950 | 6.93 | 6.93 | | | | | |
| | Fri | 29 | 0.004590 | 6.89 | 6.89 | | | | | |
| | Sat | 30 | 0.001672 | 6.82 | 6.82 | | | | | |
| | Sun | 31 | 0.000000 | NA | NA | | | | | |
| MONTHLY AVERAGE | | 0.003588 | | | | 0.06 | | 0.07 | | #DIV/0! |
| HIGHEST VALUE | | 0.007223 | 7.11 | | | 0.06 | | 0.07 | | 0 |
| LOWEST VALUE | | 0.000000 | 6.77 | | | 0.06 | | 0.07 | | 0 |
| NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED | | 0 | 0 | | | 0 | | 0 | | 0 |
| TOTAL FLOW | | 0.111243 | | | | | | | | |

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) |
| | | 7/14/2022 |
| 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 | | 9/6/2022 |



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 | 7 | 2 | 2 |
| MO. | | YR. | |

No Discharge ☐

This is a revised submittal ☐

| EFFLUENT CHARACTERISTICS | | ZINC, TOTAL (Zn) | | CADMIUM, TOTAL (Cd) | | LEAD, TOTAL (Pb) | | CHROMIUM, TOTAL (Cr) | |
|--|------------------|------------------|---------|---------------------|---------|------------------|---------|----------------------|---------|
| EFFLUENT PARAMETER NUMBER | | Q | C01094 | Q | C01113 | Q | C01114 | Q | C01118 |
| SAMPLE TYPE | Permit Condition | | COMP | | COMP | | COMP | | COMP |
| | Monitored | | COMP | | COMP | | COMP | | COMP |
| FREQUENCY | Permit Condition | | MONTHLY | | MONTHLY | | MONTHLY | | MONTHLY |
| | Monitored | | MONTHLY | | MONTHLY | | MONTHLY | | MONTHLY |
| EFFLUENT LIMITATIONS | Permit Minimum | | N/A | | N/A | | N/A | | N/A |
| | Permit Average | | 1.48 | | 0.07 | | 0.43 | | 1.71 |
| | Permit Maximum | | 2.61 | | 0.11 | | 0.69 | | 2.77 |
| UNITS= | | LB/DAY | MG/L | LB/DAY | MG/L | LB/DAY | MG/L | LB/DAY | MG/L |
| | Fri 1 | | 0.02 | | | | | | |
| | Sat 2 | | | | | | | | |
| | Sun 3 | | | | | | | | |
| | Mon 4 | | | | | | | | |
| | Tue 5 | | | | | | | | |
| | Wed 6 | | | | | | | | |
| | Thu 7 | | | | | | | | |
| | Fri 8 | | | | | | | | |
| | Sat 9 | | | | | | | | |
| | Sun 10 | | | | | | | | |
| | Mon 11 | | | | | | | | |
| | Tue 12 | | | | | | | | |
| | Wed 13 | | | | | | | | |
| | Thu 14 | | 0.04 | | <0.005 | | <0.01 | | <0.01 |
| | Fri 15 | | | | | | | | |
| | Sat 16 | | | | | | | | |
| | Sun 17 | | | | | | | | |
| | Mon 18 | | | | | | | | |
| | Tue 19 | | | | | | | | |
| | Wed 20 | | | | | | | | |
| | Thu 21 | | | | | | | | |
| | Fri 22 | | | | | | | | |
| | Sat 23 | | | | | | | | |
| | Sun 24 | | | | | | | | |
| | Mon 25 | | | | | | | | |
| | Tue 26 | | | | | | | | |
| | Wed 27 | | | | | | | | |
| | Thu 28 | | | | | | | | |
| | Fri 29 | | | | | | | | |
| | Sat 30 | | | | | | | | |
| | Sun 31 | | | | | | | | |
| MONTHLY AVERAGE | | | 0.03 | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| HIGHEST VALUE | | | 0.04 | | 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) | | Date (month, day, year) |
| | 317 446 0935 | | 7/14/2022 |
| | Jon Amato | | 9/6/2022 |



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Material Handling Exchange, Inc.
1001 Hurricane Street
Franklin, Indiana

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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 | 7 | 2 | 2 |
| 1 | YR. | | |

No Discharge

This is a revised submittal

| EFFLUENT CHARACTERISTICS | | COPPER | TTO | | | | | |
|--|------------------|---------|---------|--|--|--|--|--|
| EFFLUENT PARAMETER NUMBER | | C01119 | C78141 | | | | | |
| SAMPLE TYPE | Permit Condition | COMP | GRAB | | | | | |
| | Monitored | COMP | GRAB | | | | | |
| FREQUENCY | Permit Condition | MONTHLY | 2X/YEAR | | | | | |
| | Monitored | MONTHLY | 2X/YEAR | | | | | |
| EFFLUENT LIMITATIONS | Permit Minimum | N/A | N/A | | | | | |
| | Permit Average | 2.07 | N/A | | | | | |
| | Permit Maximum | 3.38 | 2.13 | | | | | |
| UNITS= | | | | | | | | |
| | Fri 1 | | | | | | | |
| | Sat 2 | | | | | | | |
| | Sun 3 | | | | | | | |
| | Mon 4 | | | | | | | |
| | Tue 5 | | | | | | | |
| | Wed 6 | | | | | | | |
| | Thu 7 | | | | | | | |
| | Fri 8 | | | | | | | |
| | Sat 9 | | | | | | | |
| | Sun 10 | | | | | | | |
| | Mon 11 | | | | | | | |
| | Tue 12 | | | | | | | |
| | Wed 13 | | | | | | | |
| | Thu 14 | 0.07 | | | | | | |
| | Fri 15 | | | | | | | |
| | Sat 16 | | | | | | | |
| | Sun 17 | | | | | | | |
| | Mon 18 | | | | | | | |
| | Tue 19 | | | | | | | |
| | Wed 20 | | | | | | | |
| | Thu 21 | | | | | | | |
| | Fri 22 | | | | | | | |
| | Sat 23 | | | | | | | |
| | Sun 24 | | | | | | | |
| | Mon 25 | | | | | | | |
| | Tue 26 | | | | | | | |
| | Wed 27 | | | | | | | |
| | Thu 28 | | | | | | | |
| | Fri 29 | | | | | | | |
| | Sat 30 | | | | | | | |
| | Sun 31 | | | | | | | |
| MONTHLY AVERAGE | | 0.07 | #DIV/0! | | | | | |
| HIGHEST VALUE | | 0.07 | | | | | | |
| LOWEST VALUE | | 0.07 | | | | | | |
| 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) 7/14/2022 |
| 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) 9/6/2022 |

**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 | 7 | 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) |
| | | 7/14/2022 |
| 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 | | 9/6/2022 |



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 | 7 | 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 | | | | | | | | |
| | 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 | | 7/14/2022 |
| | jon amato | | 9/6/2022 |



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

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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 | 7 | 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)

7/14/2022

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

9/6/2022