### DMR Copy of Record

Permit																			
Permit #:	IN	P000627		Permitte	e:	М	IATERIAL	HANDLING EX	CHANGE	, INC.			Fa	cility:		MATERIAL	HANDLI	NG EXCHANGE, INC.	
lajor:	No	)			e Address:			RICANE ST						cility Locatio	m.	1001 N HUI			
lajon		-			0 / 1001 0001			, IN 46131								FRANKLIN,			
ermitted	Feature: 00	1 tternal Outfall		Discharg	je:		01-A 01 POWD	FR COAT MET	A PARTS	S - TO FRANKLIN									
Poport Dr	ates & Status					0.	011 010												
		om 08/01/22 to 08/3	24/22	DMR Du	Data	0	9/28/22						64	atus:		NetDMR Va	lidatod		
	-		51/22	DIVIR DU	e Dale.	U	5/20/22						31	aius.		NetDivik Va	inualeu		
	ations for Form Com																		
	W MUST BE MEASUR	ED USING VALID I	FLOW MEASURE	MENT DE	EVICES. PRI	EIREAIM	ENTIOF	RANKLIN POT	V JOHNS	ON COUNTY									
	Executive Officer					_							1						
First Nam		Э		Title:		0	perations	Manager					Те	elephone:		317-361-64	34		
ast Nam	e: an	nato																	
lo Data li	ndicator (NODI)																		
orm NO	DI:																		
	Parameter		Monitoring Location	n Season #	Param. NODI				ntity or Loa	-				uality or Concer				# of Ex. Frequency of Anal	lysis Sample
Code	Nan	ne				Sample	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1 Value 1 = 6.81	Qualiti	er 2 Value 2	Qualifie	er 3 Value 3 7.19	Units 12 - SU	01/01 - Daily	GR - GR
00400	рН		1 - Effluent Gross	0		Permit Req.						>= 5.0 DAILY MI	J		<=	10.0 DAILY M		01/01 - Daily	GR - GR
50400	pri		1 - Ellident Gloss	0		Value NODI													
						Sample							=	0.06	=	0.06	19 - mg/L	. 01/30 - Monthly	GR - GF
00720	Cyanide, total [as CN	1	1 - Effluent Gross	0		Permit Req.							<=	0.02 MO AV		0.02 DAILY M		-	GR - GF
00720	• y			Ū.		Value NODI													
						Sample							=	0.04	=	0.04	19 - mg/L	. 01/30 - Monthly	24 - CO
01074	Nickel, total recovera	ble	1 - Effluent Gross	0		Permit Req.							<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L	. 01/30 - Monthly	24 - CO
						Value NODI													
						Sample							<	0.005	<	0.005	19 - mg/L		24 - CON
01079	Silver total recoverab	ole	1 - Effluent Gross	0		Permit Req.							<=	0.24 MO AV	G <=	0.43 DAILY M	( 19 - mg/L	. 01/30 - Monthly	24 - CO
						Value NODI													
						Sample							=	0.02	=	0.02	19 - mg/L		24 - COM
01094	Zinc, total recoverabl	е	1 - Effluent Gross	0		Permit Req.							<=	1.48 MO AV	G <=	2.0 DAILY MX	19 - mg/L	. 01/30 - Monthly	24 - CO
						Value NODI													
						Sample Permit Req.							<	0.005 0.07 MO AV	<	0.005 0.11 DAILY MX	19 - mg/L		24 - COM 24 - COM
01113	Cadmium, total recov	verable	1 - Effluent Gross	0		Value NODI							<=	0.07 100 AV	3 <=	0.11 DAILT MD	19-mg/L	. 01/30 - Monany	24-00
														0.01		0.01	10	01/20 Monthly	24 - CON
			4 <b>E</b> #baset Oreas			Sample Permit Req.							< <=	0.01 0.13 MO AV	< G <=	0.01 0.13 DAILY MX	19 - mg/L ( 19 - mg/L		24 - CO 24 - CO
01114	Lead, total recoverab	le	1 - Effluent Gross	0		Value NODI													
						Sample							<	0.01	<	0.01	19 - mg/L	. 01/30 - Monthly	24 - COM
01118	Chromium, total reco	verable	1 - Effluent Gross	0		Permit Req.							<=	1.71 MO AV		2.77 DAILY M	-		24 - CON
51110		verable		U		Value NODI													
						Sample							=	0.07	=	0.07	19 - mg/L	. 01/30 - Monthly	24 - CO
01119	Copper, total recover	able	1 - Effluent Gross	0		Permit Req.							<=	0.31 MO AV		0.31 DAILY M	-		24 - CO
-		-				Value NODI													
						Sample	=	0.03744	=	0.006065	03 - MGD							01/01 - Daily	TM - TO
50050	Flow, in conduit or th	ru treatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD							01/01 - Daily	TM - TO
		•				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	Туре	Description					
Code	Code     Name       00720     Cyanide, total [as CN]	Monitoring Location	rielu		Description					
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.					
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.					

Acknowledge
Yes
Yes

Comments			
The cyanide is high here again due to one of our tanks bein	ng at the end of its life. They have now both been cleaned out and our intervals have been adjusted accordingly.		
Attachments			
	Name	Туре	Size
Analytical_20220819_111454.pdf		pdf	1020119.0
INP000627_001A_MMR_2022_8.pdf		pdf	320913.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-10-06 14:17 (Time Zone: -04:00)		
Report Last Signed By			
User:	JONAMATO		
Name:	Jonathan amato		
E-Mail:	jonamato@m-h-e.com		
Date/Time:	2022-10-06 14:18 (Time Zone: -04:00)		

### DMR Copy of Record

Permit																	
Permit #:	NP000627			Permittee:		MATERIAL HANDLING E	XCHANGE, INC.					Facility:		MATERIAL HAN	IDLING E	EXCHANGE, INC.	
Major: N	10		1	Permittee Ad	dress:	1001 HURRICANE ST						Facility Location	1:	1001 N HURRIC	ANE ST		
						FRANKLIN, IN 46131								FRANKLIN, IN 4	6131		
	02 External Outfall		1	Discharge:		<b>002-A</b> 002 POWDER COAT ME <sup>-</sup>	TAL PARTS - TO FRA	ANKLIN P	OTW								
Report Dates & Status			I														
	rom 08/01/22 to	08/31/22		DMR Due Da	te:	09/28/22						Status:		NetDMR Valida	ted		
Considerations for Form Comp			I									I					
		D FLOW MEASUF	REMEN	IT DEVICES.	PRETREA	TMENT TO FRANKLIN POTW JO	HNSON COUNTY										
Principal Executive Officer																	
	be		ŀ	Title:		operations manager						Telephone:		317-361-6434			
	imato																
No Data Indicator (NODI)																	
Form NODI:	-																
Parameter		Monitoring Location	n Season	n # Param. NODI	I	Quantity or	Loading				Q	uality or Concentration	on			# of Ex. Frequency of Anal	lysis Sample Ty
Code Name					-	Qualifier 1 Value 1 Qualif	er 2 Value 2	Units	Qualifier 1	Value 1	Qualifier 2	2 Value 2	Qualifier 3	Value 3	Units		
					Sample Permit Req.				>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRA
00400 <b>pH</b>		1 - Effluent Gross	0		Value NODI				/-	C - No Discharge			~-	C - No Discharge	12 00	01/01 Daily	
					Sample					o No Discharge				e ne bischarge			
720 Cyanide, total [as CN]		1 - Effluent Gross	0		Permit Req.						<=	0.02 MO AVG	<=	0.02 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRA
			0		Value NODI							C - No Discharge		C - No Discharge			
					Sample												
01074 Nickel, total recoverable		1 - Effluent Gross	0		Permit Req.						<=	1.6 MO AVG	<=		19 - mg/L	01/30 - Monthly	24 - COMF
					Value NODI							C - No Discharge		C - No Discharge			
					Sample			_							1.0 //		
01079 Silver total recoverable		1 - Effluent Gross	0		Permit Req.						<=	0.24 MO AVG	<=		19 - mg/L	01/30 - Monthly	24 - COMF
					Value NODI							C - No Discharge		C - No Discharge			
04004 <b>7</b> :		4 Efficient Once			Sample Permit Req.			_			<=	1.48 MO AVG	<=	2.0 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMF
01094 Zinc, total recoverable		1 - Effluent Gross	0		Value NODI							C - No Discharge		C - No Discharge			
					Sample									egr			
01113 Cadmium, total recovera	ble	1 - Effluent Gross	0		Permit Req.						<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
,					Value NODI							C - No Discharge		C - No Discharge			
					Sample												
01114 Lead, total recoverable		1 - Effluent Gross	0		Permit Req.						<=	0.13 MO AVG	<=	0.13 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
					Value NODI							C - No Discharge		C - No Discharge			
					Sample							1 71 MO AVO			10	01/30 - Monthly	24 0045
01118 Chromium, total recovera	able	1 - Effluent Gross	0		Permit Req. Value NODI						<=	1.71 MO AVG C - No Discharge		2.77 DAILY MX C - No Discharge	19 - mg/L	0 1/30 - Monthly	24 - COMP
												C - NO DISCHARGE		C - NO Discharge			
01110 Conner total recoverable		1 - Effluent Gross	0		Sample Permit Req.						<=	0.31 MO AVG	<=	0.31 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
01119 Copper, total recoverable	5		0		Value NODI							C - No Discharge		C - No Discharge	Ű	,	
					Sample							3		3.			
50050 Flow, in conduit or thru t	reatment plant	1 - Effluent Gross	0		Permit Req.	Req Mon MO AVG	Req Mon DAILY MX	03 - MGD								01/01 - Daily	TM - TOTA
,					Value NODI	C - No Discharge	C - No Discharge										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

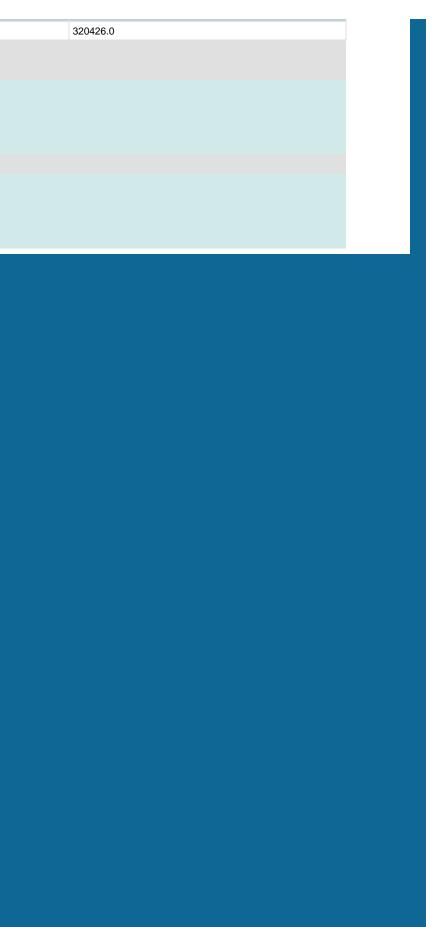
Edit Check Errors

No errors.

Comments

Attachments

INP000627_002A_MMR_2022_8.pdf	
Report Last Saved By	
MATERIAL HANDLING EXCHANGE, INC.	
User:	JONAMATO
Name:	Jonathan amato
E-Mail:	jonamato@m-h-e.com
Date/Time:	2022-10-06 13:09 (Time Zone: -04:00)
Report Last Signed By	
User:	JONAMATO
Name:	Jonathan amato
E-Mail:	jonamato@m-h-e.com
Date/Time:	2022-10-06 13:09 (Time Zone: -04:00)





### WATER & WASTEWATER LABORATORIES, INC.

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

Report Date: August 19, 2022

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	8/5/22	8/15/22	22-3421
#2	Wastewater Effluent Grab	8/5/22	8/15/22	22-3422
#3			GITOILL	

#1	#2	#3	Units	Method	PQL
			-		
<0.005	_		mg/L		0.005
< 0.01	-				0.01
0.07	-				0.01
< 0.01	_				0.01
0.04	-				0.01
<0.005	_				0.005
0.02	-		mg/L	200.7	0.01
-	0.06		ma/l	4500CN C/E	0.01
	non för sad skonstellar och an en sambanden				
177 - 177 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (					
	<0.005 <0.01 0.07 <0.01 0.04 <0.005 0.02	<0.005 - <0.01 - 0.07 - <0.01 - 0.04 - <0.005 - 0.02 -	<0.005 - <0.01 - 0.07 - <0.01 - 0.04 - <0.005 - 0.02 -	<0.005	<0.005

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)

Analysis Certified By: Laboratory Manager 6hn Ondo



WATER & WASTEWATER LABORATORIES, INC.

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

Report Date: August 19, 2022 P.O. #: verbal

`	VCIDAI									
	page 2 of 2									

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	8/5/22	8/15/22	22-3421
#2	Wastewater Effluent Grab	8/5/22	8/15/22	22-3422
#3				

	Method	Matrix Spike	Matrix D	uplicate				
			Spike (MSD)	Sample (Dup)		Test		Date
% recovery	mg/L	% recovery	% recovery	% Deviation	PQL	Method	Analyst	Analyzed
					-	200.2	RK	8/17/2022
100	ND	97	-	0	0.005	200.7	RK	8/17/2022
97	ND	95	-	0	0.01	200.7	RK	8/17/2022
101	ND	101	-	5	0.01	200.7	RK	8/17/2022
101	ND	92	-	0	0.01	200.7	RK	8/17/2022
99	ND	92	-	4	0.01	200.7	RK	8/17/2022
95	ND	100	-	0	0.005	200.7	RK	8/17/2022
98	ND	98	-	3	0.01	200.7	RK ,	8/17/2022
105	ND	100	-	0	0.01	4500CN C/E	JO	8/18/2022
-		11						
	· · · · · · · · · · · · · · · · · · ·							
	97 101 101 99 95 98 105	% recovery     mg/L       100     ND       97     ND       101     ND       101     ND       99     ND       99     ND       98     ND       105     ND	LCS     Blank mg/L     (MS) % recovery       100     ND     97       97     ND     95       101     ND     101       101     ND     92       99     ND     92       95     ND     100       98     ND     98       105     ND     100       105     ND     100       105     ND     100	LCS     Blank     (MS)     Spike (MSD)       % recovery     mg/L     % recovery     % recovery       100     ND     97     -       97     ND     95     -       101     ND     101     -       101     ND     92     -       99     ND     92     -       95     ND     100     -       98     ND     98     -	LCS     Blank mg/L     (MS) % recovery     Spike (MSD) % recovery     Sample (Dup) % beviation       100     ND     97     -     0       97     ND     95     -     0       101     ND     101     -     5       101     ND     92     -     0       99     ND     92     -     0       99     ND     92     -     0       98     ND     98     -     0       98     ND     98     -     3       105     ND     100     -     0       105     ND     100     -     0       105     ND     100     -     0       105     ND     -     -     -       105     ND     -     -     -       105     ND     -     -     -       105     -     -     -     -       105     -     -     - <t< td=""><td>LCS     Blank mg/L     (MS) % recovery     Spike (MSD) % recovery     Sample (Dup) % Deviation     PQL       100     ND     97     -     0     0.005       97     ND     95     -     0     0.01       101     ND     101     -     5     0.01       101     ND     101     -     5     0.01       101     ND     92     -     0     0.005       99     ND     92     -     0     0.01       99     ND     92     -     0     0.005       98     ND     98     -     3     0.01       105     ND     100     -     0     0.01</td><td>LCS     Blank     (MS)     Spike (MSD)     Sample (Dup)     Test       % recovery     mg/L     % recovery     % recovery     % Deviation     PQL     Method       100     ND     97     -     0     0.005     200.7       97     ND     95     -     0     0.01     200.7       101     ND     101     -     5     0.01     200.7       101     ND     101     -     5     0.01     200.7       101     ND     92     -     0     0.01     200.7       99     ND     92     -     4     0.01     200.7       98     ND     100     -     0     0.005     200.7       98     ND     98     -     3     0.01     200.7       105     ND     100     -     0     0.01     4500CN C/E       105     ND     100     -     0     0.01     4500CN C/E       105</td><td>LCS     Blank mg/L     (MS)     Spike (MSD) % recovery     Sample (Dup) % Deviation     Test       % recovery     % recovery     % recovery     % Deviation     PQL     Method     Analyst       100     ND     97     -     0     0.005     200.7     RK       97     ND     95     -     0     0.01     200.7     RK       101     ND     95     -     0     0.01     200.7     RK       101     ND     101     -     5     0.01     200.7     RK       101     ND     92     -     0     0.01     200.7     RK       99     ND     92     -     4     0.01     200.7     RK       95     ND     100     -     0     0.005     200.7     RK       98     ND     98     -     3     0.01     200.7     RK       105     ND     100     -     0     0.01     4500CN C/E     JO &lt;</td></t<>	LCS     Blank mg/L     (MS) % recovery     Spike (MSD) % recovery     Sample (Dup) % Deviation     PQL       100     ND     97     -     0     0.005       97     ND     95     -     0     0.01       101     ND     101     -     5     0.01       101     ND     101     -     5     0.01       101     ND     92     -     0     0.005       99     ND     92     -     0     0.01       99     ND     92     -     0     0.005       98     ND     98     -     3     0.01       105     ND     100     -     0     0.01	LCS     Blank     (MS)     Spike (MSD)     Sample (Dup)     Test       % recovery     mg/L     % recovery     % recovery     % Deviation     PQL     Method       100     ND     97     -     0     0.005     200.7       97     ND     95     -     0     0.01     200.7       101     ND     101     -     5     0.01     200.7       101     ND     101     -     5     0.01     200.7       101     ND     92     -     0     0.01     200.7       99     ND     92     -     4     0.01     200.7       98     ND     100     -     0     0.005     200.7       98     ND     98     -     3     0.01     200.7       105     ND     100     -     0     0.01     4500CN C/E       105     ND     100     -     0     0.01     4500CN C/E       105	LCS     Blank mg/L     (MS)     Spike (MSD) % recovery     Sample (Dup) % Deviation     Test       % recovery     % recovery     % recovery     % Deviation     PQL     Method     Analyst       100     ND     97     -     0     0.005     200.7     RK       97     ND     95     -     0     0.01     200.7     RK       101     ND     95     -     0     0.01     200.7     RK       101     ND     101     -     5     0.01     200.7     RK       101     ND     92     -     0     0.01     200.7     RK       99     ND     92     -     4     0.01     200.7     RK       95     ND     100     -     0     0.005     200.7     RK       98     ND     98     -     3     0.01     200.7     RK       105     ND     100     -     0     0.01     4500CN C/E     JO <

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

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

John Ondo

7										
Relinquished by: (signature) Relinquished by: (signature)	Refinduissed by Kampler &	Sampler(s) [print name(s)-sign below]:				8-5-22 10m	Sample Date		Site Address:	Site Name:
ignature)	gran	ne(s)-sign below]:			- CITIN	10m Spm X	Sample Time Comp.	Franklin, IN 46131	1001 Hurricane Road	Material Handling Exchange, Inc.
						Wastewa	. Grab	131	Road	ng Exchange, Ir
Bate/Time:	Date/Time:				w astewater Ettillent	Wastewater Effluent	Sample Location/site ID	Project Name:	Temp (C):	Sample
Received by: (signature or shipper) Received by: (signature or shipper)	and see		-				ion/site ID			hilled icod Yes No
y: (signat	by: (signal						Numb	er of Cor	Itainers	No
gnature or sh	ure or sh					×	Plastic 8oz 7 Metals			
pper) Phone: P.O.#: Bill to:					×		Plastic 8oz Total Cyar	w/NaOH ide	Analysis / Preservative	
ne: : : : : : : : : : : : : : : : : : :	t to:								live	
	Report to: Jeremy Baughman Material Handling Exchange, Inc. 1800 Churchman Ave Indianapolis, IN 46203	TTO = 1/6months	Frenquency = 1/month		for a total of <i>S</i> hours	was collected every	Sample Comments	Cieveland, Ohio 44115 Phone:(216)696-0280 Fax:(216)696-6831	Water & Wastewater Laboratories, Inc. 2779 Rockefeller Avenue	Water O WI-1 1 1
	Inc.				hours 22342	2-342	Lab #	IZAC	ooratories, Inc.	

# 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 STATE OF		OF INDIAN	India	NTHLY ana Dis Form 308	schar	rge M	Ionito				IR) FC	or ind	UST	RIAL	DISC	HAR	GE P	ERMI	ITS		
	1816		FACILIT Materi 1001 F	Y NAME AN ial Handli Hurricane lin, Indiar	ND ADDF ing Exc e Stree	RESS: change	,						THIS R	Se Comp Report Of the D:	MUST B FOLLOV Indiana Office c 100 No	E POST VING MO Departr of Water rth Sena	MARKEI ONTH. nent of E Quality, I te Avenu	D NO LA Invironm Mail Cod Je	ATER TH nental Ma de 65-42	IAN THE	E
		I												l addres				204-225 <sup>,</sup>   <mark>-h-e.c</mark>			
·			<u> </u>										E-man		-				<u>טווו</u> ד		
	Ν	Р	0 PERI	O MIT NUM	0 /BFR	6	2	7	4	0		ALL NO	<u> </u>	4	0 N	8 10.	2 Y	2 R.	4		
									1		00117		<u>.</u>	1	10	10.			No Dis	charge	
																	This is	a revis	sed sub	mittal	
	ENT CH						.OW	· ·	ъН	_	ANIDE,		· /		CKEL,	TOTAL	<u> </u>		VER, 1	TOTAL	( 0)
-			1				0050	_	0400	Q		C 0072		Q		C0107		Q		C0107	
SAMPL	E TYPE		Monito	t Conditio	<u>on</u>	24 24T01	TOT	GRAB GRAB		──		GRAB GRAB				COMF		<u> </u>		COMF	
FREQU	JENCY			t Conditio	on	DAILY		METE		-		MONT	HIY			MONT				MONT	
			Monito			DAILY		MONT				MONT				MONT				MONT	
EFFLU	ENT		Permit	t Minimu	m	N/A			5.0	N/A		N/A		N/A		N/A		N/A		N/A	
LIMITA	TIONS			t Average		REPO		N/A					65				.38				.24
			Permit	t Maximu		REPO		<u> </u>	10.0				20		<u> </u>		.98				.43
					VITS = 1		IGD 04416	HI 6.94	LOW 6.94		B/DAY	M	G/L	LB/	DAY	M	G/L		DAY	M	G/L
				mon tue	2		)4399	7.08	7.08	┼──								<u> </u>		┼───	
				wed	3	_	04628	6.81	6.81											<u> </u>	
				thu	4	0.00	04731	6.90	6.90												
				fri	5	_	05549	6.98	6.98			0.	06			0.	.04			<0	.005
				sat	6		00000	N/A	N/A	<u> </u>								<u> </u>		<u> </u>	
				sun	7		00000 04026	N/A	N/A	──								<u> </u>		──	
				mon tue	8		)4026 )5508	6.94 6.95	6.94 6.95	┼──								<u> </u>		┼──	
				wed	10		) ) ) ) 5104	6.99	6.99	┼──				+							
				thu	11		03932	6.92	6.92	+										<del> </del>	
				12		04911	6.93	6.93													
				sat	13		00000	N/A	N/A												
				sun	14		00000	N/A	N/A	—				<u> </u>				<u> </u>		<b> </b>	
				mon tue	15 16		06065 05187	7.04	7.04	—								<u> </u>		──	
				wed	10		04967	6.86	6.86	╉──				+				<u> </u>		╂───	
				thu	18	0.00	)5065	6.98	6.98	┼──				+						<del> </del>	
				fri	19		05112	7.07													
				sat	20		00000	N/A	N/A												
				sun	21	_	00000	N/A	N/A	_								┝──		—	
				mon tue	22 23		)5758 )5424	7.19	7.19 7.08	<u> </u>								<u> </u>		──	
				wed	23		05306	7.08	7.07												
				thu	25		)5335	7.01	7.01											<u> </u>	
				fri	26	0.00	)5690	7.04	7.04												
				sat	27		00000	N/A	N/A	$\vdash$										<u> </u>	
				sun	28		00000	N/A	N/A	—								<u> </u>		—	
				mon tue	29 30		05123 05408	7.09 6.93	7.09 6.93	─				-				├──		┼──	
				wed	31		)4420	7.01	7.01												
MONTH	HLY AVE	RAG	E				03744					0.	06			0.	.04			#D	IV/0!
HIGHE	ST VALI	JE				0.00	06065	7.	.19			0.	06			0.	.04				0
	ST VALL					0.00	00000	6.	.81			0.	06			0.	.04				0
	TIMES W			Y, MONTH	ILY		0		0			(	0				0				0
TOTAL						0.11	16064	──	Drona	red by	/ or unde	I ar the dir	rection	of (Cor	tified ()	l norator	).	Dato (	month	day, ye	ar)
									Fiepa	ieu by	or unue		ection		uneu O	perator	).		monun,	uay, ye	;ai)
		-		t this docu on or supe															8/5/	2022	
				at qualified					Prena	rer's tr	elephone	e numbe				Onera	tor's ce	rtificatio	on num	her	
	-			omitted. Ba			-	e	Пори		siephone	5 mannbe	4					linouic	, in that is		
				n, or those							31	72130	178								
				ormation, t and belief, t				d	Cianal	ture of	f principa			looror	thori-		nt	Deta (	(month, day, year)		
		-	-	are signifi							by Net					eu age	ш		monun,	uay, ye	ar)
· ·				uding the j					(0) 40	100100									10/6	0000	
	ment for											Jerem	у ваи	ignma	n				10/6	/2022	

State of the	MONTHLY M Indiana Discha State Form 30530 (	arge Monito					FRIAL DIS	CHARGE	PERMITS					
13 10 10 10 10 10 10 10 10 10 10 10 10 10	FACILITY NAME AND AD Material Handling E 1001 Hurricane Stre Franklin, Indiana	DRESS: xchange, Inc.				THIS R		BE POSTMARKE	E COPY EACH N D NO LATER TH					
						Mail To: Indiana Department of Environmental Management Office of Water Quality, Mail Code 65-42 100 North Senate Avenue Indianapolis, Indiana 46204-2251								
	0 0 0	6 2	7		0 0			8 2	2					
	PERMIT NUMBER				OUTF	ALL NO.	N	10.	/R.					
								<b>T</b> 1 · ·		charge				
EFFLUENT CHARAC	TEDISTICS			<u>n)</u>				This I: OTAL (Pb)	s a revised sub					
EFFLUENT PARAME	-	ZINC, T	C0109	/	Q	TOTAL (Cd) C01113	Q LEAD, I	C01114	Q	/, TOTAL(Cr) C01118				
	Permit Condition	Q.	COMP		Q.	COMP	Q	COMP	Q	COMP				
	Monitored		COMP			COMP		COMP		COMP				
FREQUENCY	Permit Condition		MONT	HLY		MONTHLY		MONTHLY		MONTHLY				
	Monitored		MONT	HLY		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		2.			0.11		0.69		2.77				
	UNITS		MC	G/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L				
		1	<b> </b>							<u> </u>				
		2												
		4								<u> </u>				
		5	0	02		< 0.005		<0.01		<0.01				
		6	0.				1							
	sun	7												
	mon	8								1				
	tue	9												
	wed 1													
	thu 1									ļ				
	fri 1													
	sat 1													
	sun 1 mon 1													
	mon tue1													
	wed 1									ł				
	thu 1													
		9								+				
	sat 2													
	sun 2	1												
	mon 2													
	tue 2													
	wed 2		1				ļ	ļ	ļ	<b> </b>				
	thu 2 fri 2									┨─────				
	2 	-					-	-						
	sat 2 sun 2		-							+				
										+				
	tue 3													
	wed 3	1												
MONTHLY AVERAG	E		0.	02		#DIV/0!		#DIV/0!		#DIV/0!				
HIGHEST VALUE				02		0.000		0.00		0.00				
LOWEST VALUE			0.	02		0.000		0.00		0.00				
NO. OF TIMES WEEKLY EFFL. LIMITATIONS			(	)		0		0		0				
I certify under penalty of were prepared under my				Prepa	red by or unde	r the direction	or (Certified O	perator):	Date (month, 8/5/	day, year) 2022				
a system designed to as				Prepa	rer's telephone	e number		Operator's ce	ertification num	ber				
and evaluate the information			he		r									
persons who manage the			od ic		31	72130178								
responsible for gathering to the best of my knowled				Signe		al executive offi	oor or outhor!-	I acont	Data (month	day year)				
I am aware that there are				(or at	tested by NetF	MR subscriber	r agreement)	eu ayent	Date (month, day, year)					
information, including the		-							10/6/2022					
knowing violations.						Jeremy Bau	iynman		10/6	12022				

STATE OF	Indiana Discha State Form 30530 (	arge Monitor (R3 / 3-14)				R INDUS	R INDUSTRIAL DISCHARGE PERMITS PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH.								
9. 	FACILITY NAME AND AD Material Handling E 1001 Hurricane Stra Franklin, Indiana	Exchange, Inc.				THIS F		MUST B	E POST	MARKE	E COPY E D NO LAT				
	F1d11N111, 111urana				Mail To: Indiana Department of Environm Office of Water Quality, Mail Co 100 North Senate Avenue Indianapolis, Indiana 46204-225								nagement		
I N P		6 2	7	1	0 0	1	٦	0	8	2	2				
	PERMIT NUMBER	-	<u> </u>	1 '	OUTFA		-		1		Ŕ.				
				•			_					lo Disc	° –		
	TEDISTICS			то	т					This is	a revise	d subm	ittal	_	
EFFLUENT CHARAC		COPPER C01119		8141							<u> </u>			_	
SAMPLE TYPE	Permit Condition	COMP		RAB			+								
	Monitored	COMP		RAB										_	
FREQUENCY	Permit Condition	MONTHLY		YEAR											
	Monitored	MONTHLY		YEAR			_					$ \rightarrow $			
EFFLUENT LIMITATIONS	Permit Minimum Permit Average	N/A 2.07		I/A I∕A							<u> </u>			_	
LIMITATIONO	Permit Maximum	3.38		.13			-								
	UNITS											-+		_	
	mon	1													
	tue	2	<u> </u>				_				<u> </u>	$ \rightarrow $			
	wed	3	──								<b> </b>				
	thu fri	<u>4</u> 5 0.07	┝───								├───			-	
	sat	6	<u> </u>									-+		_	
	sun	7	<u> </u>											-	
	mon	8												_	
	tue	9													
		10													
		11	—	'	<u> </u>	ļ					───	-+			
		12 13	├──								┨────	-+			
		14	<u> </u>				+				<del> </del>				
		15					1				<del> </del>				
		16													
		17													
		18			ļ	ļ					Ļ	$\rightarrow$			
		19 20	──								──	-+			
		20	├──								┨────	-+			
		22	<u> </u>								╂────				
		23					1				<del> </del>				
		24													
		25													
		26	—			ļ					<b> </b>	-+			
		27 28	──								──	-+		_	
		20	├──		<del>                                     </del>						┨────	-+			
		30	<u> </u>									-+			
		31			<u> </u>										
MONTHLY AVERAG	E	0.07	#DI	IV/0!											
HIGHEST VALUE		0.07	F			<b></b>					<b>[</b>				
LOWEST VALUE NO. OF TIMES WEEKLY		0.07	──		<b> </b>						───	$\rightarrow$			
EFFL. LIMITATIONS		0	1 1	0		ĺ									
l certify under penalty of were prepared under my	law that this documen			Prepar	red by or under	the direction	n of (Cert	ified Or	perator)		Date (m	nonth, d 8/5/2	day, year) 2022		
system designed to assu	· ·			Propa	rer's telephone	number			Onora	tor's co	I rtificatior	numh		_	
and evaluate the information				пера		number				101 3 00	lincation	Thumb	51		
persons who manage th					317	72130178									
for gathering the informa my knowledge and belie				Cignol			ficaroro	uthoria		~t	Data (m	oonth a	lov voor)	_	
there are significant pen				(or att	ture of principal tested by NetDI	MR subscribe	r agreer	nent)	eu age	IL	Date (III	ionun, d	lay, year)		
the possibility of fine and			5	(0) 40								10/6/2	2022		
			P		L. L.	Jeremy Bau	ugnmai	1				10/0/4	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		India	NTHLY ana Dis Form 305	schar	rge M	lonito				IR) FO	OR INI	DUST	RIAL	DISC	CHAR	GE P	ERMI	ITS			
			FACILIT Materi 1001 I	Y NAME AN ial Handli Hurricane lin, Indiar	ND ADDF ing Exc e Stree	RESS: change							THIS F	OF THE	MUST B FOLLOV Indiana Office o 100 No	E POST WING Mo Departr of Water orth Sena	MARKE ONTH. ment of E Quality, I ate Avenu	D NO LA Environm Mail Cod ue	ATER TH nental Ma le 65-42	IAN THE anagemer	
													I <sub>F-mai</sub>	l addres			diana 463 ool@m				
								1 7	 ר				1	7					1		
- 1	Ν	Р	0 PERI	O NIT NUM	0 //BER	6	2	7	-	0	0 0 OUTFA		).	-	0 N	8 10.	2 Y	2 ′R.	-		
I			• -						-1	L				4	I					charge mittal	X
	JENT CI						.OW	-	pН	_	YANIDE,		· · /	_	CKEL, <sup>-</sup>	-	<u> </u>		VER, 7	TOTAL (	
			1				0050		0400	Q		C 007		Q		C0107		Q		C01079	
SAMP	LE TYP	E	Monito	t Conditio	<u>on</u>	24	TOT T	GRAE				GRAB GRAB				COMF		├──		COMP COMP	
FREQ	UENCY			t Conditio	on	DAILY		METE				MONT				MONT				MONTH	
			Monito	ored		DAILY	,	MON	THLY			MONT	THLY			MONT	THLY			MONTH	HLY
EFFLU				t Minimu		N/A		N/A	5.0	) N/A		N/A		N/A		N/A		N/A		N/A	
LIMITA	ATIONS			t Average					10 (			_	0.65				.38	+		0.2	
			Permit Maximum UNITS				REPORT MGD		10.0		_	.20 G/L	L B/	/DAY		.98 G/L	L B/	'DAY	0.4 MG		
				Tue	1		00000	HI No Di	ischarge		5/6/(1		0/2		0/11		0/2		<u> </u>		<u></u>
				Wed	2		00000		ischarge												
				Thu	3		00000	_	ischarge									<u> </u>			
				Fri Sat	4		00000		ischarge ischarge									├───		<u> </u>	
				Sun	6		00000		ischarge												
				Mon	7		00000	No Di	ischarge	e										1	
				Tue	8		00000	_	ischarge	_											
	Wed 9						00000		ischarge									<u> </u>		──	
				Thu Fri	10 11		00000		ischarge ischarge									┣──		+	
Fri 11 Sat 12						00000		ischarge									<u> </u>		<u> </u>		
Sun 13						00000	No Di	ischarge	e												
				Mon	14		00000		ischarge												
				Tue Wed	15		00000		ischarge ischarge									<u> </u>		<b> </b>	
				Thu	16 17		00000		ischarge									<u> </u>		+	
				Fri	18		00000		ischarge									<u> </u>		<u> </u>	
				Sat	19	0.00	00000		ischarge												
				Sun	20		00000	_	ischarge									<u> </u>			
				Mon Tue	21 22		00000	_	ischarge ischarge	_								├───		<u> </u>	
				Wed	22		00000		ischarge	_											
				Thu	24		00000		ischarge											1	
				Fri	25		00000		ischarge	_											
				Sat	26		00000	_	ischarge	_								┝───		<u> </u>	
				Sun Mon	27 28		00000	_	ischarge ischarge	_								┣──			
				Tue	20		00000	-	ischarge	_										+	
				Wed	30		00000	_	ischarge	_											
				Thu	31	0.00	00000	No Di	ischarge	e											
	HLY AV		E			──				<u> </u>		_	IV/0!				IV/0!	┝──		#DI\	
	EST VAL					┼──						-	.00 .00				0	├──		0	
			Y, DAIL	Y, MONTH	ILY			+													-
EFFL.	LIMITA	TIONS					0		0				0				0			0	)
TOTAL	l Flow					0.00	00000		Prepa	red by	y or und	er the di	rection	of (Cer	tified O	perator	):	Date (	month,	day, yea	ar)
		-		t this docu					1										8/5/	2022	
	•			on or supe				ith			<u> </u>	<u> </u>									
	-			at qualified bmitted. Ba				e	Prepa	irer's t	elephon	e numbe	er			Opera	itor's ce	rtificatio	วท num	ber	
				n, or those					1		о,	70100	170								
	-	-		ormation, t				d	<u> </u>			72130				Ļ		Data (marth day and			
		-	-	nd belief,							f princip					zed age	nt	Date (month, day, year)			
				are signifi udina the i					(or at	liesteo	by Netl								4010	10000	
	ubmitting false information, including the possibility of fine and nprisonment for knowing violations.											Jeremy Baughman 10/6/2022									

State Of B	MONTHLY M Indiana Disch State Form 30530	arge Monito					FRIAL DIS	CHARGE F	PERMITS					
H 1816	FACILITY NAME AND AD Material Handling I 1001 Hurricane Str	DRESS: Exchange, Inc.				PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH. THIS REPORT MUST BE POSTMARKED NO LATER THAN THE 28TH OF THE FOLLOWING MONTH.								
	Franklin, Indiana					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 NUMBE	-	7			2 ALL NO.	8 2 IO. Y	2 2 YR.						
<u> </u>		<u>\</u>		I	00117	ALL NO.			No Dis	charge <b>x</b>				
			OT AL /7						a revised sub					
EFFLUENT CHARAC		Q ZINC, I	OTAL (Z	,	Q	TOTAL (Cd) C01113	Q LEAD, I	OTAL (Pb) C01114	Q	I, TOTAL(Cr)				
SAMPLE TYPE	Permit Condition		COMP			COMP	Q	COMP		COMP				
	Monitored		COMP			COMP		COMP		COMP				
FREQUENCY	Permit Condition		MONT			MONTHLY		MONTHLY		MONTHLY				
	Monitored		MONT	HLY		MONTHLY		MONTHLY	<b></b>	MONTHLY				
EFFLUENT	Permit Minimum		N/A	48		N/A		N/A 0.43	───	N/A				
LIMITATIONS	Permit Average Permit Maximum			40 61		0.07		0.43	<u> </u>	1.71 2.77				
	UNIT	S= LB/DAY		G/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L				
	Tue	1												
	Wed	2												
	Thu	3							<b> </b>					
	Fri Sat	4							<u> </u>					
	Sun	6							<u> </u>	1				
	Mon	7												
	Tue	8												
	Wed	9	_						<b></b>					
		10 11							<u> </u>	<u></u>				
		12	+											
		13												
		14												
		15 16							───					
		17							╂─────	<u> </u>				
		18							1	1				
		19												
		20							<b></b>					
		21	-						╂─────					
		23							<u> </u>					
		24												
		25												
		26 27							───					
		28							<u> </u>	<u> </u>				
	Tue													
		30												
		31				#DIV/0!		#DIV/0!	───	#DIV/0!				
MONTHLY AVERAG	E		-			#DIV/0!		#DIV/0!	╂─────	#DIV/0!				
LOWEST VALUE		<u> </u>				0.000		0.00	+	0.00				
NO. OF TIMES WEEKL EFFL. LIMITATIONS			(	D		0		0		0				
I certify under penalty of were prepared under my			nts	Prepar	red by or unde	r the direction	of (Certified O	perator):	Date (month, 8/5/2	day, year) 2022				
a system designed to as				Prenar	rer's telephone	number		Operator's co	I ertification numl	her				
and evaluate the information	ation submitted. Based	I on my inquiry of t		, iopai										
persons who manage the			ما ام		31	72130178								
responsible for gathering to the best of my knowle				Signat		I executive offi	cer or suthariz	ed agent	Date (month,	day year)				
I am aware that there are						MR subscriber		ou ayont		uuy, yoarj				
information, including the	e possibility of fine and	imprisonment for				Jeremy Bau			10/6	/2022				
knowing violations.						,	<b>U</b>							

	Indiana Discha State Form 30530 ( FACILITY NAME AND ADD	arge Monitor (R3 / 3-14) DRESS:				PLEASE	PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH. THIS REPORT MUST BE POSTMARKED NO LATER THAN THE								
/816	Material Handling E 1001 Hurricane Stre							BE POSTMARKE OWING MONTH.	D NO LAIER IN	IAN THE					
	Franklin, Indiana					Mail To:	Office 100 N	na Department of B of Water Quality, North Senate Aven napolis, Indiana 46	, Mail Code 65-42 nue	•					
I N P	0 0 0		7	1	0 0	2	0	8 2	2						
	PERMIT NUMBER	<u>۲</u>	,	1	OUTFALI	L NO.		MO. Y	YR. No Dis						
								This is	No Dis s a revised subr	scharge <b>x</b> mittal					
EFFLUENT CHARAC	STERISTICS	COPPER	<u>т</u>	то	T T		Γ	1	T						
EFFLUENT PARAME		C01119		8141	†		<u> </u>	1	1	1					
SAMPLE TYPE	Permit Condition	COMP		RAB											
	Monitored	COMP		RAB	<b>↓</b>				<b>_</b>						
FREQUENCY	Permit Condition	MONTHLY		YEAR		i	<b> </b>		<b>_</b>	<b>_</b>					
EFFLUENT	Monitored Permit Minimum	MONTHLY N/A		YEAR I/A	++		───		+						
LIMITATIONS	Permit Minimum Permit Average	2.07		1/A 1/A	++		<u> </u>		+	+					
	Permit Maximum	3.38	_	.13	++		<del> </del>		+						
	UNITS		<b> </b>	<u></u>	+ +		<u> </u>	1	1	1					
	Tue	1							1						
		2			<u> </u>										
		3	—			i	<b> </b>		<b></b>						
		4	—		+		───		<b></b>						
		5 6	<u> </u>		+	i	╂────		+	+					
		7	<u> </u>		+		+		+	+					
		8	<b> </b>		+		<u> </u>	1	1	1					
		9					t		1	İ					
		10													
ļ		11	—				<b></b>		<b></b>	<b></b>					
		12 13	—		+		<b> </b>		<b></b>	<b></b>					
		13	<u> </u>		+		╂────		+	+					
		15	<u> </u>		+		<del> </del>		+	+					
		16	<u> </u>		+		<del> </del>	+	+	1					
	Thu 1	17					t		1	1					
		18			<u> </u>										
		19			───	i	<b></b>		<b></b>						
		20 21	—		++		<b> </b>		<b>_</b>	<u> </u>					
		21	<del>                                     </del>		++		╂────		+	+					
		23	<u> </u>		+		<del> </del>		+	+					
		24	<u> </u>		+		<del> </del>	1	+	1					
		25			1				<u> </u>	<u> </u>					
		26			$\overline{1}$			<b>_</b>							
ļ		27	—				<b> </b>		<b></b>						
	<u> </u>	28	──		++		───								
		30	<u> </u>		++		<del> </del>		+	+					
		<u>~</u>	<u> </u>		+		<del> </del>		+	+					
MONTHLY AVERAG	,E	·  '	#D'	IV/0!			<u> </u>	1	<u> </u>						
HIGHEST VALUE															
LOWEST VALUE		'	Ē		₮───┼		<b>F</b>		<b>F</b>						
NO. OF TIMES WEEKLY EFFL. LIMITATIONS		0	1	0											
				Prepa	ared by or under t	he direction	of (Certified (	Operator):	Date (month,	day, year)					
I certify under penalty of									8/5/	/2022					
were prepared under my system designed to assu				Drong		···mhar									
and evaluate the information				Prepa	arer's telephone n	umber		Operator s ce	ertification num	ber					
persons who manage th	ne system, or those pers	rsons directly respor	onsible	1	2171	2130178									
for gathering the informa				L											
my knowledge and belie				Signa	ature of principal e	executive office	cer or author	ized agent	Date (month,	day, year)					
there are significant pen the possibility of fine and			uding	(or at	ttested by NetDM										
the possibility of fille and		wing violations.			J€	eremy Bau	ghman		10/6	5/2022					