DMR Copy of Record

Permit																			
Permit #:	INP000627		Permitt	tee:		MATERIA	L HANDLING I	EXCHANG	E, INC.				acility:		MATER	RIAL F	HANDLIN	G EXCHANGE, INC.	
Major:	No		Permit	tee Address			RRICANE ST N, IN 46131					Fa	cility Loca	tion:			RICANE IN 46131	ST	
Permitted Feature:	001 External Outfall		Discha	rge:		001-A 001 POW	DER COAT ME	ETAL PAR	TS - TO FRANKLIN POT	W									
Report Dates & Status			1																
Monitoring Period:	From 09/01/22 to 0	09/30/22	DMR D	ue Date:		10/28/22						St	atus:		NetDM	R Val	idated		
Considerations for Form (completion		1																
THE FLOW MUST BE MEA	SURED USING VAL	ID FLOW MEASUR	EMENT	DEVICES. F	PRETREA	TMENT TO) FRANKLIN P	OTW JOH	NSON COUNTY										
Principal Executive Office	·																		
First Name:	Joe		Title:			Operation	is manager					Te	elephone:		317-36	1-643	4		
.ast Name:	Amato					·	-					I							
No Data Indicator (NODI)			1																
Form NODI:																			
Paramete	r	Monitoring Location	Season #	Param. NODI			Qua	antity or Loa	ding				ality or Conc					of Ex. Frequency of An	alysis Sample
Code Na	me				Osmula	Qualifier 1	Value 1	Qualifier 2	Value 2 Units	Qualifier 1		Qualifie	r 2 Value 2				Units	04/04 Daile	GR - GR
00400		1 Effluent Cross	0		Sample Permit Req						6.8 5.0 DAILY MN	1		= <=	7.67 10.0 DAIL		12 - SU 12 - SU	01/01 - Daily 01/01 - Daily	GR - GF GR - GF
00400 pH		1 - Effluent Gross	0		Value NOD														
					Sample							<	0.01	<	0.01		19 - mg/L	01/30 - Monthly	GR - GF
0720 Cyanide, total [as C	N]	1 - Effluent Gross	0		Permit Req							<=	0.02 MO A	VG <=	0.02 DAIL		-	01/30 - Monthly	GR - GF
	-				Value NOD	I													
					Sample							<	0.01	<	0.01		19 - mg/L	01/30 - Monthly	24 - CO
01074 Nickel, total recover	able	1 - Effluent Gross	0		Permit Req							<=	1.6 MO AV	′G <=	1.6 DAILY	MX	19 - mg/L	01/30 - Monthly	24 - CO
					Value NOD	1													
		. =			Sample Permit Req							< <=	0.005 0.24 MO A	< VG <=	0.005 0.43 DAIL		19 - mg/L 19 - mg/l	01/30 - Monthly 01/30 - Monthly	24 - COM 24 - COM
01079 Silver total recovera	ble	1 - Effluent Gross	0		Value NOD							-	0.21111071		0.10 2712	1 1000	io ing/E	o noo monuny	21 001
					Sample							=	0.02	_	0.02		19 - mg/L	01/30 - Monthly	24 - COM
01094 Zinc, total recoveral	ble	1 - Effluent Gross	0		Permit Req							<=	1.48 MO A	VG <=	2.0 DAILY		•	01/30 - Monthly	24 - COI
					Value NOD	I													
					Sample							<	0.005	<	0.005		19 - mg/L	01/30 - Monthly	24 - CON
01113 Cadmium, total reco	verable	1 - Effluent Gross	0		Permit Req							<=	0.07 MO A	VG <=	0.11 DAIL	Y MX '	19 - mg/L	01/30 - Monthly	24 - COI
					Value NOD	1													
					Sample Permit Req							< <=	0.01 0.13 MO A	< VG <=	0.01 0.13 DAIL		19 - mg/L 19 - mg/l	01/30 - Monthly 01/30 - Monthly	24 - COI 24 - COI
01114 Lead, total recovera	ble	1 - Effluent Gross	0		Value NOD							~-	0.10 100 /		0.10 DAIL		15 mg/L	o hoo monthiy	24 001
					Sample							<	0.01	<	0.01		19 - mg/L	01/30 - Monthly	24 - CON
01118 Chromium, total rec	overable	1 - Effluent Gross	0		Permit Req							<=	1.71 MO A		2.77 DAIL			01/30 - Monthly	24 - COI
••••••					Value NOD	I													
					Sample							<	0.05	<	0.05		19 - mg/L	01/30 - Monthly	24 - COI
01119 Copper, total recover	rable	1 - Effluent Gross	0		Permit Req							<=	0.31 MO A	VG <=	0.31 DAIL	Y MX '	19 - mg/L	01/30 - Monthly	24 - CO
					Value NOD														
					Sample	=	0.004211	=	0.013086 03 - MGE)								01/01 - Daily	TM - TO
50050 Flow, in conduit or t		1 - Effluent Gross			Permit Req		Req Mon MO AVG	2	Req Mon DAILY MX 03 - MGD	\								01/01 - Daily	TM - TOT

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

Analytica	I_20221003_123756.pdf		pdf	1147649.0
INP00062	27_001A_MMR_2022_9.pdf		pdf	320857.0
Report I	Last Saved By			
MATERI	IAL HANDLING EXCHANGE, INC.			
User:		JONAMATO		
Name:		Jonathan amato		
E-Mail:		jonamato@m-h-e.com		
Date/Tim	ne:	2022-10-07 08:54 (Time Zone: -04:00)		
Report I	Last Signed By			
User:		JONAMATO		
Name:		Jonathan amato		
E-Mail:		jonamato@m-h-e.com		
Date/Tim	ne:	2022-10-07 08:55 (Time Zone: -04:00)		



DMR Copy of Record

Permit																			
Permit #:	INP000627			Permittee:		M	ATERIAL HANDL	ING EXCHANGE, I	INC.					Facility:		MATERIAL HAN	IDLING E	EXCHANGE, INC.	
Major:	No		1	Permittee Ad	Idress:	10	01 HURRICANE	ST						Facility Location	1:	1001 N HURRIC	CANE ST		
						FF	RANKLIN, IN 461	31								FRANKLIN, IN 4	16131		
Permitted Feature:	: 002 External Outfall		I	Discharge:)2-A)2 POWDER CO/	AT METAL PARTS -	- TO FRAN		OTW								
Report Dates & Sta																			
Monitoring Period:		o 09/30/22	1	DMR Due Dat	te:	10)/28/22							Status:		NetDMR Valida	ted		
Considerations for	r Form Completion		I											I					
THE FLOW MUST I	BE MEASURED USING VAL	ID FLOW MEASUR	REMEN	IT DEVICES. I	PRETREA	TMENT TO	O FRANKLIN PO	TW JOHNSON COU	JNTY										
Principal Executiv	e Officer																		
First Name:	Joe		1	Title:		O	perations manage	er						Telephone:		317-361-6434			
Last Name:	Amato																		
No Data Indicator	(NODI)																		
Form NODI:																			
	Parameter	Monitoring Location	n Season	n # Param. NODI	I	0 117 4		ntity or Loading						uality or Concentration				# of Ex. Frequency of Anal	lysis Sample Ty
Code	Name				Sample	Qualifier 1	Value 1	Qualifier 2 Valu	ue 2	Units	Qualifier 1	Value 1	Qualifier 2	2 Value 2	Qualifier 3	Value 3	Units		
00400 pH		1 - Effluent Gross	0		Permit Req.					2	>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRA
•					Value NODI							C - No Discharge				C - No Discharge			
					Sample														
00720 Cyanide, to	tal [as CN]	1 - Effluent Gross	0		Permit Req.								<=	0.02 MO AVG	<=		19 - mg/L	01/30 - Monthly	GR - GRAE
					Value NODI									C - No Discharge		C - No Discharge			
					Sample Permit Req.								<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
01074 Nickel, tota	I recoverable	1 - Effluent Gross	0		Value NODI									C - No Discharge		C - No Discharge			
					Sample	-								<u> </u>					
01079 Silver total	recoverable	1 - Effluent Gross	0		Permit Req.								<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
					Value NODI	l i								C - No Discharge		C - No Discharge			
					Sample														
01094 Zinc, total r	ecoverable	1 - Effluent Gross	0		Permit Req.								<=	1.48 MO AVG		2.0 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
					Value NODI									C - No Discharge		C - No Discharge			
01113 Cadmium, t	atal racevarable	1 - Effluent Gross	0		Sample Permit Req.								<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
orris Cadmium, t		I - Ellident Gloss	0		Value NODI									C - No Discharge		C - No Discharge	0		
					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									4.74.100.01/0			10	04/00 N 11	04 00115
01118 Chromium,	total recoverable	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	01/30 - Monthly	24 - COMP
														C - NO DISCharge		C - NO DISCHarge			
01110 Connor tot	al 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, tot		- Enident Gross	0		Value NODI									C - No Discharge		C - No Discharge			
					Sample									_					
50050 Flow, in con	nduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG	Req Mon D	DAILY MX	03 - MGD								01/01 - Daily	TM - TOTA
					Value NODI		C - No Discharge	C - No D	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_9.pdf	
Report Last Saved By	
MATERIAL HANDLING EXCHANGE, INC.	
User:	JONAMATO
Name:	Jonathan amato
E-Mail:	jonamato@m-h-e.com
Date/Time:	2022-10-07 08:19 (Time Zone: -04:00)
Report Last Signed By	
User:	JONAMATO
Name:	Jonathan amato
E-Mail:	jonamato@m-h-e.com
Date/Time:	2022-10-07 08:32 (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: October 3, 2022

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	9/16/22	9/20/22	22-3958
#2	Wastewater Effluent Grab	9/16/22	9/20/22	22-3959
#3				

Parameter	#1	#2	#3	Units	Method	MDL
Total Metals				-	200.2	=
Cadmium	<0.005	-		mg/L	200.7	0.001
Chromium, total	<0.01	-		mg/L	200.7	0.001
Copper	0.05	-		mg/L	200.7	0.003
Lead	<0.01	-		mg/L	200.7	0.003
Nickel	<0.01	-		mg/L	200.7	0.003
Silver	<0.005	-		mg/L	200.7	0.001
Zinc	0.02	-		mg/L	200.7	0.003
Total Cyanide	-	<0.01		mg/L	4500CN C/E	0.006

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, less than the Method Detection Limit-MDL)
 < = less than (not detected, below listed value), > = greater than (higher than listed value)

< = less than (not detected, below listed value), > = greater than (higher than listed value)

Analysis Certified By:

John Ondo

Laboratory Manager



WATER & WASTEWATER LABORATORIES, INC.

Client: Material Handling Exchange, Inc. Address: 1800 Churchman Ave Indianapolis, IN 46203 Attention: Jonathan Amato Report Date: October 3, 2022

P.O. #: verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	9/16/22	9/20/22	22-3958
#2	Wastewater Effluent Grab	9/16/22	9/20/22	22-3959
#3				

		Method	Matrix Spike	Matrix I	Duplicate				
Analytical Batch QA/QC Data	LCS % recovery	Blank mg/L	(MS) % recovery	Spike (MSD) % recovery	Sample (Dup) % Deviation	MDL	Test Method	Analyst	Date Analyzed
Total Metals							200.2	RK	9/21/2022
Cadmium	95	ND	96	-	0	0.001	200.7	RK	9/24/2022
Chromium, total	91	ND	95	-	8	0.001	200.7	RK	9/24/2022
Copper	96	ND	107	-	18	0.003	200.7	RK	9/24/2022
Lead	92	ND	92	-	0	0.003	200.7	RK	9/24/2022
Nickel	93	ND	100	-	4	0.003	200.7	RK	9/24/2022
Silver	92	ND	100	-	0	0.001	200.7	RK	9/24/2022
Zinc	96	ND	94	-	1	0.003	200.7	RK	9/24/2022
Total Cyanide	100	ND	98	-	0	0.006	4500CN C/E	JO	9/28/2022

Unit Desc: mg/L = milligrams per liter (ppm),

ND= not detected, less than the Method Detection Limit-MDL)

Laboratory Manager Analysis Certified By: John Ondo

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

		tture or shipper)	Received by: (signature or shipper)	Date/Time:		Relinquished by: (signature)	Relinquished
		signature or shipper) P.O.#: Bill to:	Received by signa	Date/Time:		Relinquished by: (signature)	Relinquished
		Harry	Received by:	1 Date/Time: 20/22 / 400	160	by: (stgnature)	Relinquished by
	1800 Churchman Ave Indianapolis, IN 46203		Received by: (signature or shipper)	Date/Time:	ature)	inquished by tramptof signature)	Relinquished
nge, Inc.	Report to: Jeremy Baugnman Material Handling Exchange, Inc.	Report		-1122		n belo	Sampler(s) [pri
	TTO = 1/6months						
	Frenquency = 1/month						
			e bounder				
101010	for a total of 8 hours	X		Wastewater Effluent	X Wastew	- 1OAM	4-16-2-2
1 24	60 minutes	<	- -				1 1 1 1
22-395	For Composite: a sample was collected every	X	1	Wastewater Effluent		2.7	1-11-17
Lab #	Sample Comments	Plastic 8c 7 Metals Plastic 8c Total Cya		Sample Location/site ID	Comp. Grab		Sample
	Phone:(216)696-0280 Fax:(216)696-6831	oz w/NaC	er of Co	Project Name:	46131	Franklin, IN 46131	
	Cleveland, Ohio 44115		ontai	Temp (C):	ane Road	1001 Hurricane Road	Site Address:
	2779 Rockefeller Avenue	Analysis / Preservative	Ners	c. Sample chilled/iced	Material Handling Exchange, Inc.	Material Har	Site Name:
horatories. Inc.	Water & Westewater Laboratories. Inc.	UUY NEEDIN	Sample Chain of Custouy Record	Sample			
		inder Barnerd	Chain of Curat				

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".

SEAL OF	Indiana Discharg State Form 30530 (R3 FACILITY NAME AND ADDR						onito				IR) FC	OR INDUSTRIAL DISCHARGE PERMITS									
- Harr	/816		FACILIT Materi 1001 I		ID ADDF	RESS: change						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									Ē
																	diana 46				
											-	<u> </u>	E-mai	l addres	ss:	jonar	nato@	<u>)m-h-e</u>	e.com		
	Ν	Р		0 MIT NUM		6	2	7		0		1 ALL NO		-	0	9	2	2	ļ		
			PERI		IBER						OUTF	ALL NO		1	IV	10.	Ť	R.	I No Dis	charge	
																	This is	a revis	ed sub	mittal	
	ENT CH						OW		0H	_	ANIDE,		· /	_	CKEL, ⁻		<u> </u>		VER, 1	TOTAL	(0)
	ENT PA			UMBER			0050 FOT	GRAB	0400	Q		C 0072 GRAB		Q		C0107 COMF		Q		C0107 COMF	
		-	Monito		511	24TO		GRAB				GRAB				COMF				COMF	
FREQU	JENCY		Permi	t Conditio	on	DAILY		METE	R			MONT	HLY			MONT	HLY			MONT	THLY
			Monito			DAILY		MONT				MONT	ΉLΥ			MONT	HLY			MONT	THLY
EFFLU LIMITA				t Minimur		N/A REPO	рт	N/A	5.0	N/A		N/A	65	N/A		N/A	.38	N/A		N/A	.24
				t Average t Maximu		REPO		IN/A	10.0				20				.30 .98				.24 .43
					NITS =		GD	ні	LOW		B/DAY		G/L	LB/	/DAY		G/L	LB/	DAY		G/L
				Thu	1)5702	7.02	7.02												
				Fri Sat	2		4625	6.98	6.98												
				Sun	4		00000	NA NA	NA NA												
				Mon	5		00000	NA	NA												
				Tue	6)5342	6.91	6.91												
				Wed	7)5338)6061	7.02	7.02												
				Thu Fri	8		6370	7.09	7.09 6.80												
				Sat	10		00000	NA	NA												
				Sun	11		00000	NA	NA												
				Mon	12		3086	7.03	7.03												
				Tue Wed	13 14)4399)4026	7.15	7.15												
				Thu	15)5524	6.95	6.95												
				Fri	16	0.00	4566	7.18	7.18			<0	.01			<	.01			<.	005
				Sat	17		00000	NA	NA												
				Sun Mon	18 19)0000)6240	NA 7.08	NA 7.08												
				Tue	20)9740	7.38	7.38												
				Wed	21	0.00	6294	7.45	7.45												
				Thu	22		5267	7.58	7.58												
				Fri Sat	23 24)5036)0000	7.65 NA	7.65 NA												
				Sun	24		00000	NA	NA			+				-					
				Mon	26		5597	7.53	7.53												
				Tue	27)5415	7.48	7.48												
				Wed Thu	28 29)9039)6633	7.45	7.45												
				Fri	30		6247	7.67	7.67												
						0.00	00000	NA	NA												
	HLY AV		E				4211	_					V/0!				IV/0!				IV/0!
	ST VAL						3086	_	.67 .80				00				0 0				0
			Y, DAIL	Y, MONTH	ILY												-				-
	NO. OF TIMES WEEKLY, DAILY, MONTHLY 0 EFFL. LIMITATIONS EXCEEDED						0				0				0				0		
TOTAL	TOTAL FLOW 0.130547						Prepa	red by	or unde	er the dir	rection	of (Cer	tified O	perator):	Date (month,	day, ye	ear)		
	certify under penalty of law that this document and all attachments																9/16	/2022			
•	were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly				ITN	Drone	ror's t	alonhar	numh-)r			Onoro	tor's ce	L rtification						
	-			omitted. Ba			-	е	гтера	1015(6	elephone		51				IOIS CE	runcatio	mum	NEI	
				n, or those							317	7 446 0)935								
				ormation, t and belief, t				a	Signal		fprincipa			icer or 4	authoria	l ed ano	nt	Date /	month	day yr	ar)
			-	are signifi							by Net					.ou ayo		Date (month, day, year)		<i>J</i> ur <i>J</i>	
				uding the	possibil	ity of fine	e and		l				n Am		-,				10/7/2022		
Imprison	ment for	KNOWIN	g violati	uns.														1			

State Or	MONTHLY M Indiana Disch State Form 30530	arge Monito	GREPORT	T (MMR) FO	FOR INDUSTRIAL DISCHARGE PERMITS							
18 10 10 10 10 10 10 10 10 10 10 10 10 10	FACILITY NAME AND AL Material Handling I 1001 Hurricane Str Franklin, Indiana	DRESS: Exchange, Inc.			THIS R		BE POSTMARKE					
					Mail To	Office of 100 No	Department of E of Water Quality, rth Senate Avenu polis, Indiana 46	Mail Code 65-42 Je	•			
		6 2	7	0 0			9 2	2				
	PERMIT NUMBE	-			ALL NO.		-	<u> </u>				
						-			charge			
								a revised sub				
EFFLUENT CHARAC	-	Q ZINC, I	OTAL (Zn) C01094	Q	, TOTAL (Cd) C01113	Q LEAD, I	OTAL (Pb) C01114	Q	1, TOTAL(Cr) C01118			
SAMPLE TYPE	Permit Condition		COMP	Q	COMP	Q	COMP		COMP			
	Monitored		COMP		COMP				COMP			
FREQUENCY	Permit Condition		MONTHLY		MONTHLY		MONTHLY		MONTHLY			
	Monitored		MONTHLY		MONTHLY		MONTHLY		MONTHLY			
EFFLUENT	Permit Minimum		N/A		N/A		N/A		N/A			
LIMITATIONS	Permit Average		1.48		0.07		0.43		1.71			
	Permit Maximum		2.61		0.11		0.69		2.77			
	UNITS	S= LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L	LB/DAY	MG/L			
	 Fri	2										
	Sat	3			1							
	Sun	4										
	Mon	5										
	Tue	6										
	Wed	7										
	Thu	8										
	Fri Sat	9										
		11			_							
		12										
	Tue	13										
		14										
		15			0.05							
		16 17	0.02		<.005		<.01		<.01			
		18										
		19										
	Tue	20										
		21										
		22										
		23 24	+									
		24			+							
		26			1							
		27										
		28										
		29										
	<u> </u>	30 0										
MONTHLY AVERAG		<u> </u>	0.02		#DIV/0!		#DIV/0!		#DIV/0!			
HIGHEST VALUE		1	0.02		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		0			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with				ared by or unde	er the direction	of (Certified O	perator):	Date (month, 9/16	day, year) /2022			
				arer's telephon	e number		Operator's ce	rtification num	ber			
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,					7 446 0935		a s certification number					
to the best of my knowle					al executive offi	cer or authoriz	ed agent	Date (month, day, year)				
I am aware that there are	e significant penalties f	or submitting false	(or a	ttested by Net[OMR subscriber	agreement)		te (month, udy, year)				
information, including the knowing violations.	e possibility of fine and	imprisonment for			Jon Am	ato		10/7/2022				

	MONTHLY MC Indiana Discha State Form 30530 (F FACILITY NAME AND ADD Material Handling Ex	arge Monitor R3 / 3-14) DRESS:				DR INDUSTRIAL DISCHARGE PERMITS PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH. THIS REPORT MUST BE POSTMARKED NO LATER THAN THE 28TH OF THE FOLLOWING MONTH.							
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I certify under penalty of								9/16	/2022				
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for gathering the informa	ation, the information su	ubmitted is, to the b	best of			446 0935							
my knowledge and belie				Signa	ture of principa	l executive off	ficer or authoriz	zed agent	Date (month,	day, year)			
there are significant pen			uding	(or at	ttested by NetD								
the possibility of fine and		ving violations.				Jon Am	iato		10/7	/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".

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		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										
															anapolis, Indiana 46204-2251						
													E-mai	l addres	address:		jonamato@		<u>)m-h-e.com</u>		
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I certify under penalty of law that this document and all attachments						1									0/46/2022						
were prepared under my direction or supervision in accordance with												9/16/2022									
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and evaluate the information submitted. Based on my inq persons who manage the system, or those persons direc						e	1		-		o e =										
		•		ormation, t	•			d			31	74460	935								
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submitting false information, including the possibility of fine and imprisonment for knowing violations.							jon amato 10/7/20						/2022								

A THE STATE ON	MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS Indiana Discharge Monitoring Report												
	State Form 30530 (FACILITY NAME AND AD Material Handling E 1001 Hurricane Str Franklin, Indiana	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.							
						Mail To	Environmental Ma Mail Code 65-42 Je 204-2251	•					
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knowing violations.	-			jon amato 10/7/2022									

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