

**DMR Copy of Record**

<b>Permit</b>			
<b>Permit #:</b>	<b>INP000627</b>	<b>Permittee:</b>	MATERIAL HANDLING EXCHANGE, INC.
<b>Major:</b>	No	<b>Permittee Address:</b>	1001 HURRICANE ST FRANKLIN, IN 46131
<b>Permitted Feature:</b>	001 External Outfall	<b>Discharge:</b>	<b>001-A</b> 001 POWDER COAT METAL PARTS - TO FRANKLIN POTW
<b>Facility:</b>	MATERIAL HANDLING EXCHANGE, INC.		
<b>Facility Location:</b>	1001 N HURRICANE ST FRANKLIN, IN 46131		

<b>Report Dates &amp; Status</b>			
<b>Monitoring Period:</b>	<b>From 10/01/22 to 10/31/22</b>	<b>DMR Due Date:</b>	<b>11/28/22</b>
<b>Status:</b>	<b>NetDMR Validated</b>		

**Considerations for Form Completion**  
 THE FLOW MUST BE MEASURED USING VALID FLOW MEASUREMENT DEVICES. PRETREATMENT TO FRANKLIN POTW JOHNSON COUNTY

<b>Principal Executive Officer</b>			
<b>First Name:</b>	Joe	<b>Title:</b>	operations manager
<b>Last Name:</b>	Amato	<b>Telephone:</b>	317-361-6434

**No Data Indicator (NODI)**  
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					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						=	6.6			=	7.73	12 - SU	01/01 - Daily	GR - GRAB	
					Permit Req.						>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB	
					Value NODI															
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample								<	0.01	<	0.01	19 - mg/L	01/30 - Monthly	GR - GRAB	
					Permit Req.							<=	0.02 MO AVG	<=	0.02 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB		
					Value NODI															
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.01	=	0.01	19 - mg/L	01/30 - Monthly	24 - COMP24	
					Permit Req.							<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24		
					Value NODI															
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample								=	0.005	=	0.005	19 - mg/L	01/30 - Monthly	24 - COMP24	
					Permit Req.							<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24		
					Value NODI															
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.04	=	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								<	0.001	<	0.001	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	=	0.00415945	=	0.008206	03 - MGD								01/01 - Daily	TM - TOTALZ	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/01 - Daily	TM - TOTALZ
					Value NODI															

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

**Edit Check Errors**  
 No errors.

**Comments**

**Attachments**

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

INP000627_001A_MMR_2022_10.pdf	pdf	850136.0
Analytical_20221021_143006.pdf	pdf	1147393.0

**Report Last Saved By**

**MATERIAL HANDLING EXCHANGE, INC.**

User: HSSTOOLROOM  
Name: Jeremy Baughman  
E-Mail: hsstool@m-h-e.com  
Date/Time: 2022-11-09 15:15 (Time Zone: -05:00)

**Report Last Signed By**

User: HSSTOOLROOM  
Name: Jeremy Baughman  
E-Mail: hsstool@m-h-e.com  
Date/Time: 2022-11-09 15:15 (Time Zone: -05:00)

**DMR Copy of Record**

<b>Permit</b>			
<b>Permit #:</b>	<b>INP000627</b>	<b>Permittee:</b>	MATERIAL HANDLING EXCHANGE, INC.
<b>Major:</b>	No	<b>Permittee Address:</b>	1001 HURRICANE ST FRANKLIN, IN 46131
<b>Permitted Feature:</b>	002 External Outfall	<b>Discharge:</b>	<b>002-A</b> 002 POWDER COAT METAL PARTS - TO FRANKLIN POTW
<b>Facility:</b>	MATERIAL HANDLING EXCHANGE, INC.		
<b>Facility Location:</b>	1001 N HURRICANE ST FRANKLIN, IN 46131		

<b>Report Dates &amp; Status</b>			
<b>Monitoring Period:</b>	From 10/01/22 to 10/31/22	<b>DMR Due Date:</b>	11/28/22
<b>Status:</b>	NetDMR Validated		

**Considerations for Form Completion**  
THE FLOW MUST BE MEASURED USING VALID FLOW MEASUREMENT DEVICES. PRETREATMENT TO FRANKLIN POTW JOHNSON COUNTY

<b>Principal Executive Officer</b>			
<b>First Name:</b>	Joe	<b>Title:</b>	operations manager
<b>Last Name:</b>	Amato	<b>Telephone:</b>	317-361-6434

**No Data Indicator (NODI)**  
Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type			
					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																
					Permit Req.						>=	5.0 DAILY MN					<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB
					Value NODI																
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample																
					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																
					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																
					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																
					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																
					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																
					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																
					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																
					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																
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD											
					Value NODI		C - No Discharge		C - No Discharge											01/01 - Daily	TM - TOTALZ

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

**Edit Check Errors**  
No errors.

**Comments**

**Attachments**

Name	Type	Size

**Report Last Saved By**

**MATERIAL HANDLING EXCHANGE, INC.**

User: HSSTOOLROOM  
Name: Jeremy Baughman  
E-Mail: hsstool@m-h-e.com  
Date/Time: 2022-11-09 14:51 (Time Zone: -05:00)

**Report Last Signed By**

User: HSSTOOLROOM  
Name: Jeremy Baughman  
E-Mail: hsstool@m-h-e.com  
Date/Time: 2022-11-09 14:52 (Time Zone: -05:00)





# 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): 12.0  
Project Name:

Sample Date: **10-11-22** Sample Time: **7-3** Comp. Grab: **X** Sample Location/site ID: **10-11-22 11am**

Number of Containers: **1**

Analysis / Preservative  
Plastic 8oz w/HNO3 7 Metals **X**  
Plastic 8oz w/NaOH Total Cyanide **X**

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



Sample Comments

Lab #

For Composite: a sample was collected every

60 minutes  
for a total of 8 hours

**22-4383**

**22-4384**

Frequency = 1/month

TTO = 1/6months

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

**Anna Corrie**

Report to: **Nick Lawrence**

Material Handling Exchange, Inc.  
1800 Churchman Ave  
Indianapolis, IN 46203

Relinquished by: (sampler signature)

Date/Time:

Received by: (signature or shipper)

Relinquished by: (signature)

Date/Time:

Received by: (signature or shipper)

Relinquished by: (signature)

Date/Time:

Received by: (signature or shipper)

Relinquished by: (signature)

Date/Time:

Received by: (signature or shipper)

## **INSTRUCTIONS FOR MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS**

**General information (Facility Name, Permit Number, Outfall, and Date)** should be entered along the top of the first page, **first**. This information will then automatically display on subsequent pages of the MMR.

**No Discharge?** If no discharge for the entire calendar month, put an X in the box next to "No Discharge" on page 1. Complete the Signature block and save. ("Revised" is also available, if needed.)

**If Discharge:** Report concentration measurement values in the "C" column. Do not enter data in the "Q" columns for they are loading calculation columns.

**Parameters:** Flow and pH are already labeled on page one. Be sure each of the other parameters are individually labeled at the top of the (double) Quantity/Concentration ("Q"/"C") columns.

**Reporting Non-Detect Values:** If a measurement value is Non-detect, report the absolute value of the limit of detection in the "C" column and enter a "<" sign in the corresponding narrow gray column to its left.

### **Rounding of MMR values (when transferring MMR summary data to corresponding netDMR)**

- Flow values can be reported precisely (in MGD) to at least the sixth place to the right of the decimal and should be reported to at least the fourth place to the right of the decimal (if a minor).
- Non-flow values can be rounded down to same number of significant digits of the limit for that parameter.

### **To add additional pages (e.g. "tabs") to the MMR in order to add additional parameters:**

- Right click on the tab below labeled "MMR - Page 3".
- Select Move or Copy.
- Select move to end and Create Copy from the popup .
- Label the tab "MMR - page 4" by right clicking and choosing "Rename".
- Repeat if other pages are needed.

**Signature Block:** Fully complete the Signature block on page 1 of the MMR. Save.

**pH Notes:** If only one pH sample is taken per day, either column (Hi or Low) may be used.

**MMR Cell Calculation Notes:** Many of the cells containing formulas are "locked" to prevent accidental modification.

- 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".

**NetDMR NODI Codes** that are allowed to be used in place of measurement data on the netDMR for Indiana NPDES permits (when they apply to the entire monitoring period) are the ones that are bolded on the attached NODI code list. To use any of the other NODI codes you must acquire special permission from the IDEM OWQ Compliance Data Section and explain in the NetDMR "Comments" field. When form is completed, save it as an Excel document first (in case you ever need to revise it).

### **To Save MMR as a PDF (to attach to netDMR) while the Excel MMR is open (and completed):**

- Click on "Page 1" tab (at bottom) to select it (left click on it with mouse).
- Hold down the Shift key (with left hand).
- Click on the last page/tab used (i.e., Page 3), using the mouse.
- Release the CTRL key (and all the pages should now appear to be selected).
- Click on "File".
- Choose "Save As".
- Name the MMR correctly (i.e., PermitID\_Outfall\_MMR\_YYYY\_MM)
- Choose the File Type of "PDF".
- Click on Save.

Note where this PDF file was saved on your computer.

### NetDMR NODI Codes - Indiana

Below is a list of NetDMR NODI codes. IDEM recommends that you limit your use to the codes in **bold** type and highlighted yellow when they apply to the entire monitoring period. The table also indicates if the code results in a non-receipt permit violation. All NODI code use must be explained in the NetDMR Comments area.

NODI Code	Description	Places Permit in Noncompliance Status
1	Wrong Flow	YES
2	Operation Shutdown	NO
3	Special Report Attached	NO
4	Discharge to Lagoon / Groundwater	NO
<b>5</b>	<b>Frozen Conditions</b>	<b>NO</b>
7	No Influent	NO
8	Other ( <i>See Comments</i> )	YES
<b>9</b>	<b>Conditional Monitoring - Not Required This Period</b>	<b>NO</b>
A	General Permit Exemption	NO
B	Below Detection / No Detection	NO
<b>C</b>	<b>No Discharge</b>	<b>NO</b>
<b>D</b>	<b>Lost Sample - Data Not Available</b>	<b>YES</b>
<b>E</b>	<b>Analysis Not Conducted / No Sample</b>	<b>YES</b>
F	Insufficient Flow for Sampling	NO
<b>G</b>	<b>Sampling Equipment Failure</b>	<b>YES</b>
<b>H</b>	<b>Invalid Test</b>	<b>YES</b>
I	Land Applied	NO
J	Recycled - Closed System	unknown
K	Natural Distaster	NO
L	DMR Received but Not Entered	unknown
<b>M</b>	<b>Laboratory Error</b>	<b>YES</b>
<b>N</b>	<b>Not Constructed</b>	<b>NO</b>
Q	Not Quantifiable	NO
S	Fire Conditions	unknown
<b>V</b>	<b>Weather Related</b>	<b>NO</b>
W	Dry Lysimeter / Well	unknown
<b>X</b>	<b>Parameter / Value Not Reported</b>	<b>YES</b>



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:  
 Material Handling Exchange, Inc.  
 1001 Hurricane Street  
 Franklin Indiana 46131

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.  
 ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A  
 PDF DOCUMENT, NAMED APPROPRIATELY  
 (PERMITID\_OUTFALLID\_MMR\_YYYY\_MM.pdf, i.e.,  
 IN0012345\_001A\_MMR\_2019\_01.pdf),  
 AND ATTACHED TO THE CORRESPONDING NETDMR FORM  
 FOR SUBMITTAL.

E-mail address: hsstool@m-h-e.com

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1
OUTFALL NO.		

1	0	2	2
MO.		YR.	

No Discharge

\*\* < column: Can enter "<" if measurement value is less than limit of detection

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
	Permit Average	Report	N/A		0.02		1.60		0.24
	Permit Maximum	Report	10.0		0.02		1.60		0.43

UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Sat	1	0	N/A										
Sun	2	0	N/A										
Mon	3	0.005987	7.68										
Tue	4	0.006615	7.73										
Wed	5	0.006461	7.6										
Thu	6	0.005011	7.53										
Fri	7	0.006105	7.61										
Sat	8	0	N/A										
Sun	9	0	N/A										
Mon	10	0.006536	7.72										
Tue	11	0.006572	7.58		0.00054843	<	0.01	0.00054843		0.01	0.00027422	<	0.005
Wed	12	0.006342	7.45										
Thu	13	0.003727	7.57										
Fri	14	0.006228	7.6										
Sat	15	0	N/A										
Sun	16	0	N/A										
Mon	17	0.006012	7.42										
Tue	18	0.00385	7.36										
Wed	19	0.004568	7.39										
Thu	20	0.005382	6.6										
Fri	21	0.007274	7.42										
Sat	22	0	N/A										
Sun	23	0	N/A										
Mon	24	0.006354	7.43										
Tue	25	0.00565	7.34										
Wed	26	0.006629	7.53										
Thu	27	0.008206	7.38										
Fri	28	0.008149	7.11										
Sat	29	0	N/A										
Sun	30	0	N/A										
Mon	31	0.007285	7.44										
MONTHLY AVERAGE		0.00415945			0.00054843		0.01	0.00054843		0.01	0.00027422		0.005
HIGHEST VALUE		0.008206	7.73		0.00054843		0.01	0.00054843		0.01	0.00027422		0.005
LOWEST VALUE		0	6.6		0.00054843		0.01	0.00054843		0.01	0.00027422		0.005
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

TOTAL FLOW: 0.128943

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 person or 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) 10/11/2022

Preparer's telephone number: 317-213-0178 Operator's certification number: \_\_\_\_\_

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Jeremy Baughman Date (month, day, year) 11/9/2022



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

Material Handling Exchange, Inc.  
1001 Hurricane Street  
Franklin Indiana 46131

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.  
ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A  
PDF DOCUMENT, NAMED APPROPRIATELY  
(PERMITID\_OUTFALLID\_MMR\_YYYY\_MM.pdf, i.e.,  
IN0012345\_001A\_MMR\_2019\_01.pdf),  
AND ATTACHED TO THE CORRESPONDING NETDMR FORM  
FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1
OUTFALL NO.		

1	0	2	2
MO.		YR.	

No Discharge

\*\* < column: Can enter "<" if measurement value is less than limit of detection

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Zink, 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		0.13		1.71				
	Permit Maximum		2.0		0.11		0.13		2.77				
UNITS=		LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L				
	Sat 1												
	Sun 2												
	Mon 3												
	Tue 4												
	Wed 5												
	Thu 6												
	Fri 7												
	Sat 8												
	Sun 9												
	Mon 10												
	Tue 11	0.00219373	0.04	0.00027422 <	0.005	0.00054843 <	0.01	0.00054843 <	0.01				
	Wed 12												
	Thu 13												
	Fri 14												
	Sat 15												
	Sun 16												
	Mon 17												
	Tue 18												
	Wed 19												
	Thu 20												
	Fri 21												
	Sat 22												
	Sun 23												
	Mon 24												
	Tue 25												
	Wed 26												
	Thu 27												
	Fri 28												
	Sat 29												
	Sun 30												
	Mon 31												
MONTHLY AVERAGE		0.00219373	0.04	0.00027422	0.005	0.00054843	0.01	0.00054843	0.01				
HIGHEST VALUE		0.00219373	0.04	0.00027422	0.005	0.00054843	0.01	0.00054843	0.01				
LOWEST VALUE		0.00219373	0.04	0.00027422	0.005	0.00054843	0.01	0.00054843	0.01				
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

<p>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 person or 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.</p>	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)



**MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS**

**Indiana Discharge Monitoring Report**

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

Material Handling Exchange, Inc.  
1001 Hurricane Street  
Franklin Indiana 46131

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.  
ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A  
PDF DOCUMENT, NAMED APPROPRIATELY  
(PERMITID\_OUTFALLID\_MMR\_YYYY\_MM.pdf, i.e.,  
IN0012345\_001A\_MMR\_2019\_01.pdf),  
AND ATTACHED TO THE CORRESPONDING NETDMR FORM  
FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1
OUTFALL NO.		

1	0	2	2
MO.		YR.	

No Discharge

This is a revised submittal.

\*\* < column: Can enter "<" if measurement value is less than limit of detection

EFFLUENT CHARACTERISTICS		Copper				TTO				
EFFLUENT PARAMETER NUMBER		Q	C01119	Q	C78141	Q	C	Q	C	
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		0.31		N/A					
	Permit Maximum		0.31		2.00					
	UNITS=	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	Sat 1									
	Sun 2									
	Mon 3									
	Tue 4									
	Wed 5									
	Thu 6									
	Fri 7									
	Sat 8									
	Sun 9									
	Mon 10									
	Tue 11	0.00383903		0.07						
	Wed 12									
	Thu 13									
	Fri 14									
	Sat 15									
	Sun 16									
	Mon 17									
	Tue 18									
	Wed 19									
	Thu 20									
	Fri 21									
	Sat 22									
	Sun 23									
	Mon 24									
	Tue 25									
	Wed 26									
	Thu 27									
	Fri 28									
	Sat 29									
	Sun 30									
	Mon 31									
MONTHLY AVERAGE		0.00383903		0.07						
HIGHEST VALUE		0.00383903		0.07						
LOWEST VALUE		0.00383903		0.07						
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED										

<p>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 person or 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.</p>	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)



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

Material Handeling Exchange, Inc.  
1001 Hurricane Street  
Franklin Indiana 46131

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.  
ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A  
PDF DOCUMENT, NAMED APPROPRIATELY  
(PERMITID\_OUTFALLID\_MMR\_YYYY\_MM.pdf, i.e.,  
IN0012345\_001A\_MMR\_2019\_01.pdf),  
AND ATTACHED TO THE CORRESPONDING NETDMR FORM  
FOR SUBMITTAL.

E-mail address: hsstool@m-h-e.com

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2
OUTFALL NO.		

1	0	2	2
MO.		YR.	

No Discharge

\*\* < column: Can enter "<" if measurement value is less than limit of detection

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	
	Permit Average	Report	N/A		0.02		1.60		0.24	
	Permit Maximum	Report	10.0		0.02		1.60		0.43	

UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Sat	1												
Sun	2												
Mon	3												
Tue	4												
Wed	5												
Thu	6												
Fri	7												
Sat	8												
Sun	9												
Mon	10												
Tue	11						<					<	
Wed	12												
Thu	13												
Fri	14												
Sat	15												
Sun	16												
Mon	17												
Tue	18												
Wed	19												
Thu	20												
Fri	21												
Sat	22												
Sun	23												
Mon	24												
Tue	25												
Wed	26												
Thu	27												
Fri	28												
Sat	29												
Sun	30												
Mon	31												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

TOTAL FLOW	0	Prepared by or under the direction of (Certified Operator):	Date (month, day, year)
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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 person or 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.

Preparer's telephone number		Operator's certification number	
317-213-0178			
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)	
Jeremy Baughman		11/9/2022	