

DMR Copy of Record

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

Report Dates & Status			
Monitoring Period:	From 11/01/22 to 11/30/22	DMR Due Date:	12/28/22
Status:	NetDMR Validated		

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

Principal Executive Officer			
First Name:	Joe	Title:	operations manager
Last Name:	Amato	Telephone:	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						=	7.08			=	7.44	12 - SU	01/01 - Daily	GR - GRAB	
					Permit Req.					>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB		
					Value NODI															
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample						=	0.01			=	0.01	19 - mg/L	01/30 - Monthly	GR - GRAB	
					Permit Req.					<=	0.02 MO AVG			<=	0.02 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB		
					Value NODI															
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample						=	0.01			=	0.01	19 - mg/L	01/30 - Monthly	24 - COMP24	
					Permit Req.					<=	1.6 MO AVG			<=	1.6 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24		
					Value NODI															
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample						<	0.005			<	0.005	19 - mg/L	01/30 - Monthly	24 - COMP24	
					Permit Req.					<=	0.24 MO AVG			<=	0.43 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24		
					Value NODI															
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample						=	0.02			=	0.02	19 - mg/L	01/30 - Monthly	24 - COMP24	
					Permit Req.					<=	1.48 MO AVG			<=	2.0 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24		
					Value NODI															
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample						<	0.005			<	0.005	19 - mg/L	01/30 - Monthly	24 - COMP24	
					Permit Req.					<=	0.07 MO AVG			<=	0.11 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24		
					Value NODI															
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample						<	0.01			<	0.01	19 - mg/L	01/30 - Monthly	24 - COMP24	
					Permit Req.					<=	0.13 MO AVG			<=	0.13 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24		
					Value NODI															
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample						<	0.01			<	0.01	19 - mg/L	01/30 - Monthly	24 - COMP24	
					Permit Req.					<=	1.71 MO AVG			<=	2.77 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24		
					Value NODI															
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample						=	0.04			=	0.04	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	=	0.00701838	=	0.009355	03 - MGD								01/01 - Daily	TM - TOTALZ	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/01 - Daily	TM - TOTALZ
					Value NODI															

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

Edit Check Errors
 No errors.

Comments

Attachments		
Name	Type	Size

Analytical_20221111_142259.pdf	pdf	1163425.0
INP000627_001A_MMR_2022_11.pdf	pdf	380373.0

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

User: HSSTOOLROOM
Name: Jeremy Baughman
E-Mail: hsstool@m-h-e.com
Date/Time: 2022-12-05 14:30 (Time Zone: -05:00)

Report Last Signed By

User: HSSTOOLROOM
Name: Jeremy Baughman
E-Mail: hsstool@m-h-e.com
Date/Time: 2022-12-05 14:31 (Time Zone: -05:00)

DMR Copy of Record

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

Report Dates & Status			
Monitoring Period:	From 11/01/22 to 11/30/22	DMR Due Date:	12/28/22
Status:	NetDMR Validated		

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

Principal Executive Officer			
First Name:	Joe	Title:	operations manager
Last Name:	Amato	Telephone:	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									01/01 - Daily	TM - TOTALZ	
					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

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: 2022-12-05 14:35 (Time Zone: -05:00)

Report Last Signed By

User: HSSTOOLROOM
Name: Jeremy Baughman
E-Mail: hsstool@m-h-e.com
Date/Time: 2022-12-05 14:35 (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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Temp (C): <u>8.4</u> Project Name:		Water & Wastewater Laboratories, Inc. 2779 Rockefeller Avenue Cleveland, Ohio 44115 Phone: (216) 696-0280 Fax: (216) 696-6831	
Sample Date 11-1-22 11-1-22	Sample Time 7-3 11am	Comp. Grab X X	Sample Location/site ID Wastewater Effluent Wastewater Effluent	Number of Containers 1 1	Analysis / Preservative Plastic 8oz w/HNO3 7 Metals Plastic 8oz w/NaOH Total Cyanide
Relinquished by: (signature) <u>[Signature]</u>			Date/Time: <u>11/03/22 1450</u>	Received by: (signature or shipper) <u>[Signature]</u>	Report to: Jeremy Baughman Material Handling Exchange, Inc. 1800 Churchman Ave Indianapolis, IN 46203 Phone: _____ Fax: _____ P. O. #: _____ Bill to: _____
Relinquished by: (signature) <u>[Signature]</u>			Date/Time: _____	Received by: (signature or shipper) _____	
Relinquished by: (signature) _____			Date/Time: _____	Received by: (signature or shipper) _____	

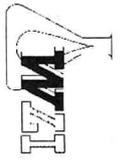
TTO = 1/6months

Frequency = 1/month

For Composite: a sample was collected every 40 minutes for a total of 8 hours

Sample Comments: 22-4703

Lab # _____





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	1	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		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				
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
Tue	1	0.00735	7.39		0.00061336		0.01	0.00061336		0.01	0.00030668	<	0.005
Wed	2	0.003641	7.37										
Thu	3	0.007039	7.32										
Fri	4	0.006836	7.41										
Sat	5	N/A	N/A										
Sun	6	N/A	N/A										
Mon	7	0.007628	7.08										
Tue	8	0.00669	7.41										
Wed	9	0.005116	7.23										
Thu	10	0.006648	7.27										
Fri	11	0.005765	7.41										
Sat	12	N/A	N/A										
Sun	13	N/A	N/A										
Mon	14	0.006435	7.21										
Tue	15	0.008206	7.19										
Wed	16	0.007801	7.11										
Thu	17	0.006521	7.13										
Fri	18	0.007359	7.18										
Sat	19	N/A	N/A										
Sun	20	N/A	N/A										
Mon	21	0.008652	7.22										
Tue	22	0.005344	7.2										
Wed	23	0.007547	7.24										
Thu	24	N/A	N/A										
Fri	25	N/A	N/A										
Sat	26	N/A	N/A										
Sun	27	N/A	N/A										
Mon	28	0.008225	7.28										
Tue	29	0.007943	7.18										
Wed	30	0.009355	7.23										
		0.007285	7.44										
MONTHLY AVERAGE		0.00701838			0.00061336		0.01	0.00061336		0.01	0.00030668		0.005
HIGHEST VALUE		0.009355	7.44		0.00061336		0.01	0.00061336		0.01	0.00030668		0.005
LOWEST VALUE		0.003641	7.08		0.00061336		0.01	0.00061336		0.01	0.00030668		0.005
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

TOTAL FLOW 0.147386

Prepared by or under the direction of (Certified Operator): _____ Date (month, day, year) 11/1/2022

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 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) 12/2/2022



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	1	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				
	Tue 1	0.00122672	0.02	0.00030668	< 0.005	0.00061336	< 0.01	0.00061336	< 0.01				
	Wed 2												
	Thu 3												
	Fri 4												
	Sat 5												
	Sun 6												
	Mon 7												
	Tue 8												
	Wed 9												
	Thu 10												
	Fri 11												
	Sat 12												
	Sun 13												
	Mon 14												
	Tue 15												
	Wed 16												
	Thu 17												
	Fri 18												
	Sat 19												
	Sun 20												
	Mon 21												
	Tue 22												
	Wed 23												
	Thu 24												
	Fri 25												
	Sat 26												
	Sun 27												
	Mon 28												
	Tue 29												
	Wed 30												
MONTHLY AVERAGE		0.00122672	0.02	0.00030668	0.005	0.00061336	0.01	0.00061336	0.01				
HIGHEST VALUE		0.00122672	0.02	0.00030668	0.005	0.00061336	0.01	0.00061336	0.01				
LOWEST VALUE		0.00122672	0.02	0.00030668	0.005	0.00061336	0.01	0.00061336	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)

317-213-0178

Jeremy Baughman

11/1/2022



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	1	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		Copper [Cu]				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	LB/DAY	** MG/L
	Tue 1	0.00245343	0.04						
	Wed 2								
	Thu 3								
	Fri 4								
	Sat 5								
	Sun 6								
	Mon 7								
	Tue 8								
	Wed 9								
	Thu 10								
	Fri 11								
	Sat 12								
	Sun 13								
	Mon 14								
	Tue 15								
	Wed 16								
	Thu 17								
	Fri 18								
	Sat 19								
	Sun 20								
	Mon 21								
	Tue 22								
	Wed 23								
	Thu 24								
	Fri 25								
	Sat 26								
	Sun 27								
	Mon 28								
	Tue 29								
	Wed 30								
MONTHLY AVERAGE		0.00245343	0.04						
HIGHEST VALUE		0.00245343	0.04						
LOWEST VALUE		0.00245343	0.04						
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)

317-213-0178

Jeremy Baughman

11/1/2022



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.

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the 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)
	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)
	Jeremy Baughman		11/1/2022
	317-213-0178		12/2/2022



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	2
OUTFALL NO.		

1	1	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
Tue	1												
Wed	2												
Thu	3												
Fri	4												
Sat	5												
Sun	6												
Mon	7												
Tue	8												
Wed	9												
Thu	10												
Fri	11												
Sat	12												
Sun	13												
Mon	14												
Tue	15												
Wed	16												
Thu	17												
Fri	18												
Sat	19												
Sun	20												
Mon	21												
Tue	22												
Wed	23												
Thu	24												
Fri	25												
Sat	26												
Sun	27												
Mon	28												
Tue	29												
Wed	30												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
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	2
OUTFALL NO.		

1	1	2	2
MO.		YR.	

No Discharge **X**
This is a revised submittal.

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

EFFLUENT CHARACTERISTICS		Copper[Cu]				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	LB/DAY	** MG/L
	Tue 1								
	Wed 2								
	Thu 3								
	Fri 4								
	Sat 5								
	Sun 6								
	Mon 7								
	Tue 8								
	Wed 9								
	Thu 10								
	Fri 11								
	Sat 12								
	Sun 13								
	Mon 14								
	Tue 15								
	Wed 16								
	Thu 17								
	Fri 18								
	Sat 19								
	Sun 20								
	Mon 21								
	Tue 22								
	Wed 23								
	Thu 24								
	Fri 25								
	Sat 26								
	Sun 27								
	Mon 28								
	Tue 29								
	Wed 30								
MONTHLY AVERAGE									
HIGHEST VALUE									
LOWEST VALUE									
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)