DMR Copy of Record

Permit																				
Permit #:	INP000627		Permitte	ee:		MATERIA	L HANDLING	EXCHANG	E, INC.			Fa	acility:		MAT	ERIAL	. HANDL	ING EXC	HANGE, INC.	
Major:	No		Permitte	ee Address			RRICANE ST N, IN 46131					Fa	acility Loca	tion:			RRICAN , IN 4613			
Permitted Feature:	001 External Outfall		Dischar	rge:		001-A 001 POW	DER COAT MI	ETAL PAR	TS - TO FRANKLIN POT	W										
Report Dates & Status																				
, Monitoring Period:	From 11/01/22 to 2	11/30/22	DMR Du	ue Date:		12/28/22						St	atus:		Netl	OMR V	alidated	1		
Considerations for Form (Completion		1									Į								
THE FLOW MUST BE MEA	SURED USING VAL	ID FLOW MEASUR		DEVICES. F	PRETREA	TMENT TO) FRANKLIN P	ОТШ ЈОНІ	NSON COUNTY											
Principal Executive Office																				
First Name:	Joe		Title:			operations	s manager					Te	elephone:		317-	361-64	134			
Last Name:	Amato											1								
No Data Indicator (NODI)			1																	
Form NODI:																				
Paramete		Monitoring Location	Season #	Param. NODI			Qua	antity or Loa	ding			Qu	ality or Conc	entration				# of Ex. I	Frequency of Anal	ysis Sample
Code Na	ame					Qualifier 1	Value 1	Qualifier 2	-	Qualifier			er 2 Value 2		ifier 3 Va	lue 3	Units			
					Sample					=	7.08 5.0 DAILY MN	1		=	7.44		12 - SU (12 - SU		1/01 - Daily 1/01 - Daily	GR - GR
00400 pH		1 - Effluent Gross	0		Permit Req.					>=	5.0 DAILY MIN	4		<=	10.0 D		12-50		1/01 - Dally	GR - GR
					Value NODI								0.01	_	0.01		10 mm/	"	1/20 Manthly	
0720 Quanida tatal las C	N17	1 - Effluent Gross	0		Sample Permit Reg.							= <=	0.01 0.02 MO A	= .VG <=	0.01 0.02 D	AILY M	19 - mg/l K 19 - mg/l		1/30 - Monthly 1/30 - Monthly	GR - GR GR - GR
00720 Cyanide, total [as C	NJ	1 - Effluent Gross	0		Value NODI														,	
					Sample	-						=	0.01	=	0.01		19 - mg/l	ΊL C	1/30 - Monthly	24 - CON
01074 Nickel, total recover	rable	1 - Effluent Gross	0		Permit Req.							<=	1.6 MO AV			ILY MX	19 - mg/l		1/30 - Monthly	24 - CON
·····, ·····			-		Value NODI	1														
					Sample							<	0.005	<	0.005		19 - mg/l	Ľ C	1/30 - Monthly	24 - CON
01079 Silver total recovera	able	1 - Effluent Gross	0		Permit Req.							<=	0.24 MO A	VG <=	0.43 D	AILY M	K 19 - mg/l	Ľ C	1/30 - Monthly	24 - COM
					Value NODI	I														
					Sample							=	0.02	=	0.02		19 - mg/l		1/30 - Monthly	24 - CON
01094 Zinc, total recoveral	ble	1 - Effluent Gross	0		Permit Req.			_				<=	1.48 MO A	VG <=	2.0 DA	ILY MX	19 - mg/l	L C	1/30 - Monthly	24 - CON
					Value NODI															
					Sample Permit Req.							< <=	0.005 0.07 MO A	< VG <-	0.005		19 - mg/l K 19 - mg/l		1/30 - Monthly 1/30 - Monthly	24 - CON 24 - CON
01113 Cadmium, total reco	overable	1 - Effluent Gross	0		Value NODI							-	0.07 100 7		0.110		t to mg/i		i/co monany	21 001
					Sample							<	0.01	<	0.01		19 - mg/l	1 0	1/30 - Monthly	24 - CON
01114 Lead, total recovera	ble	1 - Effluent Gross	0		Permit Req.							<=	0.13 MO A			AILY M	K 19 - mg/l		1/30 - Monthly	24 - CON
			Ŭ		Value NODI	1														
					Sample							<	0.01	<	0.01		19 - mg/l	Ľ C	1/30 - Monthly	24 - CON
01118 Chromium, total rec	overable	1 - Effluent Gross	0		Permit Req.							<=	1.71 MO A	VG <=	2.77 D	AILY M	K 19 - mg/l		1/30 - Monthly	24 - CON
					Value NODI	I														
					Sample							=	0.04	=	0.04		19 - mg/l		1/30 - Monthly	24 - CON
01119 Copper, total recover	erable	1 - Effluent Gross	0		Permit Req.							<=	0.31 MO A	VG <=	0.31 D	AILY M	K 19 - mg/l	Ľ C	1/30 - Monthly	24 - CON
					Value NODI															
					Sample	= (0.00701838	=	0.009355 03 - MGI	D								C	1/01 - Daily	TM - TOT
50050 Flow, in conduit or t		1 - Effluent Gross			Permit Req.		Req Mon MO AVG	3	Req Mon DAILY MX 03 - MGI	D								0	1/01 - Daily	TM - TOT

Submission Note

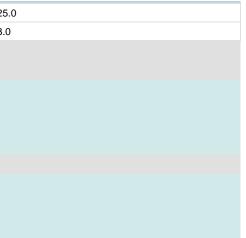
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. Edit Check Errors

No errors.

Comments

Attachments

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	#:	NP000627		1	Permittee:		MA	ATERIAL HANDL	ING EXCHANGE, INC.					Facility:		MATERIAL HAN	NDLING E	EXCHANGE, INC.	
Major:	I	No		I	Permittee Ad	ldress:		01 HURRICANE ANKLIN, IN 4613						Facility Location	:	1001 N HURRIC FRANKLIN, IN 4			
Permit		002 External Outfall		ľ	Discharge:			2-A 2 POWDER COA	T METAL PARTS - TO F	RANKLIN F	POTW								
Report	t Dates & Status			I															
		From 11/01/22 to	0 11/30/22		DMR Due Dat	te:	12	/28/22						Status:		NetDMR Valida	ted		
Consid	lerations for Form Com	pletion		•															
THE FL	OW MUST BE MEASUR	ED USING VALI	D FLOW MEASUR	REMEN	T DEVICES. I	PRETREAT	TMENT TO	FRANKLIN POT	W JOHNSON COUNTY										
Princip	oal Executive Officer																		
First N	ame:	Joe		1	Title:		ор	erations manage						Telephone:		317-361-6434			
Last Na		Amato																	
	ta Indicator (NODI)																		
Form N		-																	
Code	Parameter		Monitoring Location	Season	h # Param. NODI		Qualifier 1	Qua Value 1	ntity or Loading Qualifier 2 Value 2	Units	Qualifier 1	I Value 1	Qualifier	uality or Concentratio	on Qualifier 3	3 Value 3	Units	# of Ex. Frequency of Anal	lysis Sample Ty
						Sample													
00400	рН		1 - Effluent Gross	0		Permit Req.					>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRAE
						Value NODI						C - No Discharge				C - No Discharge			
			. =			Sample Permit Req.							<=	0.02 MO AVG	<=	0.02 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAE
00720	Cyanide, total [as CN]		1 - Effluent Gross	0		Value NODI								C - No Discharge		C - No Discharge	, , , , , , , , , , , , , , , , , , ,		
						Sample										Ŭ			
01074	Nickel, total recoverable		1 - Effluent Gross	0		Permit Req.							<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
						Value NODI								C - No Discharge		C - No Discharge			
						Sample Permit Req.								0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
01079	Silver total recoverable		1 - Effluent Gross	0		Value NODI							<=	C - No Discharge	<=	C - No Discharge	19 - 11g/L	01/30 - Monthly	24 - COMP
						Sample										o No Disolidige			
01094	Zinc, total recoverable		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			
						Sample													
01113	Cadmium, total recovera	able	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			
01111			1 Effluent Crees	0		Sample Permit Req.							<=	0.13 MO AVG	<=	0.13 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
01114	Lead, total recoverable		1 - Effluent Gross	0		Value NODI								C - No Discharge		C - No Discharge			
						Sample								Ū.		Ŭ			
01118	Chromium, total recover	able	1 - Effluent Gross	0		Permit Req.							<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
						Value NODI								C - No Discharge		C - No Discharge			
						Sample Permit Req.							-	0.31 MO AVG		0.31 DAILY MX	19 - mg/L	01/30 - Monthly	24 00140
01119	Copper, total recoverabl	e	1 - Effluent Gross	0		Value NODI							<=	C - No Discharge	<=	C - No Discharge	is - mg/L	01/30 - Monthly	24 - COMP
						Sample													
50050	Flow, in conduit or thru	treatment plant	1 - Effluent Gross	0		Permit Req.	F	Req Mon MO AVG	Req Mon DAILY M	X 03 - MGD								01/01 - Daily	TM - TOTAI
00000	on, in conduit of third		Eliaciti Cioss	Ū		Value NODI		C - No Discharge	C - No Discharg	e									

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_11.pdf	
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)





WATER & WASTEWATER LABORATORIES, INC.

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

Report Date: November 11, 2022

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
	Wastewater Effluent Composite	11/1/22	11/3/22	22-4703
	Wastewater Effluent Grab	11/1/22	11/3/22	22-4704
#3				

Parameter	#1	#2	#3	Units	Method	MDL
Total Metals				-	200.2	-
Cadmium	< 0.005	-		mg/L	200.7	0.005
Chromium, total	< 0.01	-		mg/L	200.7	0.01
Copper	0.04	2-1		mg/L	200.7	0.01
Lead	< 0.01	-		mg/L	200.7	0.01
Nickel	0.01	-		mg/L	200.7	0.01
Silver	< 0.005	-		mg/L	200.7	0.005
Zinc	0.02	-		mg/L	200.7	0.01
Total Cyanide	-	0.01		mg/L	4500CN C/E	0.01
				8		

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)

Laboratory Manager Analysis Certified By: John Ondo

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



WATER & WASTEWATER LABORATORIES, INC.

Client: Material Handling Exchange, Inc. Address: 1800 Churchman Ave Indianapolis, IN 46203 Attention: Jeremy Baughman Report Date: November 11, 2022

P.O. #: verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	11/1/22	11/3/22	22-4703
	Wastewater Effluent Grab	11/1/22	11/3/22	22-4704
#3				

		Method	Matrix Spike	Matrix D	uplicate				
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	У.					-	200.2	RK	11/4/2022
Cadmium	92	ND	92	_	0	0.005	200.7	RK	11/5/2022
Chromium, total	102	ND	99	-	0	0.01	200.7	RK	11/5/2022
Copper	109	ND	106	-	5	0.01	200.7	RK	11/5/2022
Lead	91	ND	90	-	0	0.01	200.7	RK	11/5/2022
Nickel	96	ND	92	-	0	0.01	200.7	RK	11/5/2022
Silver	100	ND	92	-	0	0.005	200.7	RK	11/5/2022
Zinc	93	ND	91	-	5	0.01	200.7	RK	11/5/2022
Total Cyanide	107	ND	88	-	0	0.01	4500CN C/E	JO	11/10/2022
		2							

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

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

Analysis Certified By:

Laboratory Manager

John Ondo

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

				Sample	Sample Chain of Custody Record	f Cus	stody	/ Record			
Site Name:	Material H	andling Ex	Material Handling Exchange, Inc.	Sample chilled/iced	Yes ≯ No	ners		Analysis /]	Analysis / Preservative	Water & Wastewater Laboratories, Inc.	ratories, Inc.
Site Address:	1001 Hurricane Road	cane Road		Temp (C):	+	l ntain		H		Cleveland, Ohio 44115)
т. Х	Franklin, IN 46131	N 46131		Project Name:		per of Co	oz w/HNO3	oz w/NaO anide		Phone:(216)696-0280 Fax:(216)696-6831	IZ M()
Sample Date	Sample Time	Comp. Grab		Sample Location/site ID	ĪÐ	Num	Plastic 8 7 Metal			Sample Comments	Lab #
11-1-22	7-3	x	Wastewater Effluent	r Effluent		1	X			For Composite: a sample was collected every	1-4703
re-1-11	Ham	x	Wastewater Effluent	r Effluent		-		X		<u>uo</u> minutes	harr c
										for a total of \underline{S} hours	1 101
											5
									· ·		
				3							
										Frenquency = 1/month	
									*	TTO = 1/6months	
Sampler(s) [print name(s)-sign below]: Anna Corrie	name(s)-sign belo	ow]:							Report	Report to: Jeremy Baughman Material Handling Exchange, Inc.	Inc.
Relinquished by: (sampler signature)	(sampler sign	ature)	~	Date/Time:	Received by: (signature or shipper	: (signa	ture or	shipper)	2	1800 Churchman Ave Indianapolis, IN 46203	
Relinquished by: (signature)	(signature)		11/03	Pate/Time: 127 450	Received by: (signature) or shipper	: (signa	ture	shipper 1	Fax:		
Relinquished by: (signature)	(signature)		-	Date/Time: /	Received by Asignature of shipper,	(signo	ture p	shipper)	Bill to:		
Relinquished by: (signature)	(signature)			Date/Time:	Received by: (signature or shipper	: (signa	ture or	shipper)			

STATION STATION	Indiana Disc State Form 3053	char 30 (R	rge Monitor 4 / 7-19)				R	PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A										
1016 ····	FACILITY NAME AND Material Handeli 1001 Hurricane Franklin Indiana	ling Ex Stree	exchange, Inc.					ONCE (PDF DC (PERM IN001 AND AT	COMPLI OCUMEI MITID_(12345_(ETED, THENT, NAM OUTFAL 001A_M ED TO TH	HIS I IED / LLID	FORM SHOUL APPROPRIATE D_MMR_YYY R_2019_01.pd CORRESPOND	.D BE CO ELY Y_MM. f), DING NE	CONVERTEI I.pdf, i.e., ETDMR FOF	ED TO			
								E-mail	l addres	SS:	_	hsstool@m-	n-e.cor	m				
I N P	0 0	0	6 2	7	1 '	0 0		1	1	1		1 2	2	٦				
	PERMIT NUME	BER			י <u> </u>	OUTF	AL	L NO.	l		МО).	YR.			·		
** < column: Can er	-tor "<" if measu	·•••••••	- nt valua is ler	thar	- limit c	f detection						This	io o re	No vised subr		charge		
EFFLUENT CHARA		Ifens	FLOW		pH		e.T	otal [Cn]	<u> </u>	Nicke	J.Tc	otal [Ni]	Sarce			al. al [Ag]		
EFFLUENT PARAM			Q50050			· · · ·		00720	Q	The)1074	Q	<u> </u>		ar [Ag] 1079		
SAMPLE TYPE	Permit Condition	n	24TOT	Grab	<u> </u>		t	Grab	<u> </u>		t	Comp	+		Ē	Comp		
	Monitored		24TOT	Grab	'		L	Grab			E	Comp	上	'		Comp		
FREQUENCY	Permit Condition	n	Daily	Meter	<u> </u>		L	Monthly			L	Monthly	Ţ		L	Monthly		
	Monitored		Daily	Daily	<u> </u>	ļ'	┡	Monthly N/A	—		┡	Monthly N/A	 	<u> </u>	\vdash	Monthly		
EFFLUENT LIMITATIONS	Permit Minimum		N/A Report	N/A	5.0	ļ'	┡	N/A 0.02	—		⊢	N/A 1.60	┿	'	–	N/A 0.24		
LIMITATIONS	Permit Average Permit Maximun		Report Report	N/A	10.0	 '	⊢	0.02	—		┢	1.60		/	\vdash	0.24		
		ITS =		HI	LOW	LB/DAY	**	MG/L	LB	/DAY	**		+	B/DAY	**	0.43 MG/L		
	Tue	1	0.00735	_	-	0.00061336		0.01	-	0061336		0.0			8 <	0.005		
	Wed	2	0.003641	7.37	7											I		
	Thu	3																
	Fri	4			<u> </u>													
ļ			N/A	N/A	↓ '			Ļ				Ļ				 		
		6 7	N/A 0.007628	N/A 7.08	, _		┡	<u> </u>	-			──	+		H	ł		
	_	7 8						<u> </u>	-			 	+		H	i		
	Sat Sun Mon Tue Wed Thu Fri Sat							l				 			\vdash	1		
		9 10						ł							H	1		
		11						t				t				i		
				N/A												·		
	Sun		8 N/A	N/A	<u> </u>													
ļ	Mon	14						Ļ				Ļ		'		I		
	Tue	15 16		-	-			<u> </u>					+	'		ł		
	Wed Thu	16 17		7.11 7.13			H	───				──	+		H	i		
	Fri	17									H		+		H	r		
	Sat			N/A	├ ──′			ł							H	(
	Sun) N/A	N/A				t				t				i		
	Mon	21			_											і		
	Tue	22																
[Wed	23			 '			Ļ				<u> </u>		'		- I		
	Thu Fri		N/A N/A	N/A N/A	—′			L	-			L	+	'	\vdash	ł		
 	Sat		6 N/A 6 N/A	N/A	—		\vdash	───	 		F	───			\vdash			
	Sai		N/A	N/A	+			ł				ł			H	1		
	Mon	28	0.008225		·ا			<u> </u>								i		
	Tue	29	0.007943	7.18	3											i		
	Wed	30																
			0.007285		<u> </u>								1					
					7.44	0.00061336	-	0.01		061336	-	0.0		00030668	-	0.005		
				5	7.44			0.01		061336		0.0		00030668		0.005		
				—	7.08	0.00061336		0.01	0.00	061336		0.0	1 0.0	00030668		0.005		
EFFL. LIMITATIONS		<u> </u> 1		1	P	1			1					,		I		
TOTAL FLOW	, _,		0.147386	, 	Prepa	red hv or unde	r th	ne direction of (Certific	-d Oper	ator	n.	Datr	e (month,	day	voar)		
I certify under penalty o	of low that this docum	nont a			1.1000	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 unosio e. ,	00.0	u ope	10.	J.	Duit					
were prepared under m														11/	/1/20)22		
a system designed to a					Prepa	rer's telephone												
and evaluate the inform				е	1.1000		Operator s certification number											
person or persons who	• •				317-2	213-0178					1							
responsible for gatherin	-						1.00		- an out	herizod.	200		Date	- (month	day			
is, to the best of my kno complete. I am aware th	-			1	Siynau (or af	ule of principal	1 ex	xecutive officer R subscriber ag	Of duu	10112eu (Sont)	aye	int	Date	e (month,	ūay,	year)		
submitting false informa	-			,	(0) 413	Colou by Nolo								10	1010	~~~		
imprisonment for knowi				,	1			Jeremy Bau	gnmə	in				12/	/2/20	J22		

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

1816 T

STAN

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.

									-				_				
I	Ν	Р	0	0	0	6	2	7	1	0	0	1		1	1	2	2
			PEF	RMIT N	UMBEF	2					OUT	FALL NO.			MO.	Y	R.

		·	41					, <u> </u>		This is			charge
	enter "<" if measureme					<u> т</u>					a revised subr		
EFFLUENT CHAR							otal [Cd]			tal [Pb]			Total [Cr]
EFFLUENT PARA		Q			Q	C01		Q			Q	CU	1118 Comp
SAMPLE TYPE	Permit Condition	↓ ′			 '	Corr		└──── ′	Cor		 '	┢	Comp
		↓′			 '	Com		└──── ′	Cor		 '	┢	Comp
FREQUENCY		↓'			 '	Mon	,	 '		onthly	' '	┢	Monthly
		 '			 '	Mon		 '		onthly	' '	┢	Monthly
EFFLUENT		<u> </u>			 '	N/A		 '	N/A		<u> </u>	┢	N/A
LIMITATIONS	ů.	<u> </u>		<u>, </u>	 '	0.07		 '	0.1		 '	⊢	1.71
		<u> </u>		!	'	0.11		<u> </u>	0.1		<u> </u>	L.	2.77
			**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	NIO/L	LB/DAY	**	MG/L
				0.02	0.00030668	<	0.005	0.00061336	<	0.01	0.00061336	<	0.01
							<u> </u>						L
	Thu 3												
	Fri 4												
	Sat 5	,											
	Sun 6	,											
	Mon 7						· · · ·						
í	Tue 8	,					í						(
	Wed 9						f P	· · · · ·					(
	Thu 10						í						[
	Fri 11						l			l			r
			H				ļ	'				H	I
			H				ł /			ł'		H	I
			\vdash			—	/ <i>י</i>	'	\vdash	'		H	I
		1 0.00122672 2		ł		ł/	├ ────		ł'	ł		I	
			\square	/	·		ļ,	ļ			·		┢────
ļ			\square			<u> </u>	ļ/	ļ					┢────
ļ			\vdash	/			ļ,	·					┢────
ļ			\vdash	!	·		ļ	ļ'		·	·		┢────
ļ			\square	!	·		ļ,	ļ'			ļ'		┢────
L				!			<u> </u>	<u> </u>					L
							<u> </u>	<u> </u>					L
	Tue 22			!			<u> </u>	<u> </u>					L
[!			[!	['					Ē
<u> </u>	Thu 24			'			<u>['</u>	['					Ē
ſ <u></u>	Fri 25						<u>['</u>	['					ſ <u> </u>
	Sat 26						<u> </u>						
	Sun 27												
	Mon 28						<u> </u>						
	Tue 29	/					· · ·						(
	Wed 30	/					· · · ·						(
							· · ·						(
MONTHLY AVER	4GE	0.00122672		0.02	0.00030668		0.005	0.00061336		0.01	0.00061336		0.01
HIGHEST VALUE				0.02			0.005			0.01			0.01
LOWEST VALUE				0.02			0.005			0.01			0.01
		0.00.220.2			0.00000000			0.0000.000			0.0000.000		
		·		ļ	1		/ ·	1 '			1		1
		·		Prena	red by or unde	r the	direction of (C	'ertified Onera'	tor).		Date (month,	day	(voar)
L certify under penalty	Monitored REQUENCY Permit Condition Monitored Permit Minimum MITATIONS Permit Maximum UNITS= Tue Tue 1 Wed 2 Thu 3 Fri 4 Sat 5 Sun 6 Mon 7 Tue 8 Sat 5 Sat 5 Sun 6 Mon 7 Tue 8 Wed 9 Thu 10 Fri 11 Sat 12 Wed 9 Thu 10 Fri 11 Sat 12 Wed 9 Thu 10 Fri 11 Sat 12 Sat 12 Wed 16 Thu 17 Fri		:	Пери		i uic		ertineu operat	.017.	I			
										I	11/	1/20	022
				Propa			whor		—	Operator's or	Lifection num	hor	
				гтера	rer's telephone	Hun	IDEI			Operator 5 Cer	ertification num	bei	
						317	-213-0178						
	-			Signat	ure of princing		ecutive officer o	r authorized a	non	.t	Date (month,	dav	voarl
	•		5.	(or att	are of principa	IMR	subscriber agre	acment)	90m	L I	Date (month,	uay,	, year)
		-		(0) 4.0	Colou by Hold					I I I I I I I I I I I I I I I I I I I			
knowing violations.	, · · · · · · · · · · · · · · · · ·					``	Jeremy Baug	yhman		I			

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report State Form 30530 (R4 / 7-19) FACILITY NAME AND ADDRESS:

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

I am aware that there are significant penalties for submitting false

information, including the possibility of fine and imprisonment for

knowing violations.

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.

						1 OIX	CODIMITINE.								
I N P		6 2	7	0 0	T	1			1 2	2					
· ·	PERMIT NUMBER	2		OUT	FALL	L NO.		MO		YR.					
Con	·		the second second second						This		Disch				
	enter "<" if measureme			ction					Ihisi	is a revised sub	mittai	· '			
EFFLUENT CHAR			pper [Cu]	<u> </u>	TTO										
EFFLUENT PARAI SAMPLE TYPE	Permit Condition	Q	C01119 Comp	Q	010	8141 Grab	Q	С		Q	С				
SAMPLETTEL	Monitored	┟─────╂	Comp	+	+	Grab		+		+	╉───				
FREQUENCY	Permit Condition	 	Monthly		+	2X/Year	+	+-		+	+-				
INEQUEITOT	Monitored	 	Monthly	+	+	2X/Year		+		+	+				
EFFLUENT	Permit Minimum	1	N/A		+	N/A		+-		+	+				
LIMITATIONS	Permit Average	1	0.31	1	+	N/A		+		+	+				
	Permit Maximum		0.31	1	+	2.00	-	+			1				
	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	ł					_				++				
	Fri 11	J			+		_		<u> </u>	_					
	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 AVERA		0.00245343	0.04				_		L						
HIGHEST VALUE	Į	0.00245343	0.04				_	_		_	-				
LOWEST VALUE		0.00245343	0.04	·	_	 	_	_			┥╸┝				
NO. OF TIMES WEEP EFFL. LIMITATION	KLY, DAILY, MONTHLY NS EXCEEDED														
I certify under penalty	of law that this document and	d all attachments	Prepare	d by or under	the c	direction of (Certified Opera	tor):		Date (month,					
	my direction or supervision in									11,	/1/20	22			
a system designed to	assure that qualified personn rmation submitted. Based on	nel properly gather	r Prepare	er's telephone	numt	ber			Operator's c	Operator's certification number					
	no manage the system, or thos ring the information, the inform			3	317-2	213-0178									
	wledge and belief, true, accura			re of principal	exec	utive officer	or authorized a	aent	t Date (month, day, year)						

(or attested by NetDMR subscriber agreement)

Jeremy Baughman

	MONTHLY MO Indiana Dischar State Form 30530 (R	ge Monitor)R	INDUSTR	IAL D	ISCH	AR	GE PER	MITS	j				
	FACILITY NAME AND ADDF Material Handeling E. 1001 Hurricane Stree Franklin Indiana 4613	xchange, Inc. et				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-mai	l addres	is:		hsstool@m	n-h-e.co)m				
I N P	0 0 0	6 2	7	1	0 0	I	2	1	1		1 2	2	2				
	PERMIT NUMBER				OUT	FAL	L NO.]		MO		YR.	二				
** < ! 0			41	11	f						T b :				charge X		
EFFLUENT CHARAC	nter "<" if measureme	FLOW		H HIMIT O			otal [Cn]	T	Nicko		tal [Ni]	s is a re	evised sub		al [Ag]		
EFFLUENT PARAME		Q50050		0400	Q		00720	Q	NICKE		1074	Q	01176		1079		
SAMPLE TYPE	Permit Condition	24TOT	Grab				Grab			Co					Comp		
	Monitored	24TOT	Grab				Grab				Comp				Comp		
FREQUENCY	Permit Condition	Daily	Meter				Monthly				Monthly				Monthly		
	Monitored	Daily	Daily				Monthly				Mothly				Monthly		
EFFLUENT	Permit Minimum	N/A		5.0			N/A				N/A				N/A		
LIMITATIONS	Permit Average	Report	N/A	10.0		_	0.02				1.60			_	0.24		
	Permit Maximum UNITS =	Report MGD	ні	10.0 LOW	LB/DAY	**	0.02 MG/L	IP	DAY	**	1.60 MG/L	_	LB/DAY	**	0.43 MG/L		
	Tue 1	MGD		LOW	LB/DAT		NIG/L	LD/	DAT		IVIG/L	-	_D/DAT		NIG/L		
	Wed 2																
	Thu 3																
	Fri 4																
	Sat 5																
	Sun 6																
	Mon 7													_			
	Tue 8 Wed 9					-								_			
	Thu 10														<u> </u>		
	Fri 11																
	Sat 12																
	Sun 13																
	Mon 14																
	Tue 15																
	Wed 16													_			
	<u> </u>					_								_			
	Sat 19					-				_				-			
	Sun 20																
	Mon 21																
	Tue 22																
	Wed 23																
	Thu 24					_											
	Fri 25 Sat 26													_			
	Sai 20 Sun 27					-									<u> </u>		
	Mon 28																
	Tue 29																
	Wed 30																
MONTHLY AVERAG	iΕ													_			
HIGHEST VALUE														-	l		
LOWEST VALUE NO. OF TIMES WEEKL						-				-				-			
EFFL. LIMITATIONS																	
TOTAL FLOW		0		Prepa	red by or unde	er th	e direction of	(Certifie	d Opera	ator`	:	Dat	te (month,	dav	vear)		
	law that this document ar y direction or supervision i							(0010			-	Du		/1/2			
	a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the						mber				Operator's	certific	ation num	ber			
person or persons who responsible for gathering	manage the system, or th g the information, the info	ose persons dire	ctly		213-0178												
	wledge and belief, true, ad at there are significant pe				ure of principa ested by Net					age	nt	Dat	te (month,	day,	year)		
submitting false informa imprisonment for knowir	tion, including the possibil ng violations.	ity of fine and					Jeremy Bau	ughma	n				12	/2/2	022		

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS Indiana Discharge Monitoring Report

of THE STATE OF
THE THE
/816

CTT AL

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 CO ONCE COM PDF DOCUM (PERMITIE IN001234 AND ATTAC

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.

No Discharge X

									_				_				
Ι	Ν	Р	0	0	0	6	2	7	1	0	0	2		1	1	2	2
				RMII N	IUMBER	ر ۲					OUT	FALL NO.			MO.	Y	R.

** < column: Can e	enter "<" if measure	ment	t value is le	ss th	nan limit of e	detection						This is	s a revised sub	mitta	al.
EFFLUENT CHARA		Ť			al [Zn]		dmium.T	otal [Cd]		Lead	,Tota		1		otal [Cr]
EFFLUENT PARAM		Q			1094	Q		1113	Q			114	Q	_	1118
SAMPLE TYPE	Permit Condition			Cor			Co				Cor				Comp
	Monitored			Cor			Co				Cor				Comp
FREQUENCY	Permit Condition			-	nthly			nthly			_	nthly			Monthly
	Monitored			_	nthly			nthly				nthly			Monthly
EFFLUENT	Permit Minimum			N/A			N/A				N/A				N/A
LIMITATIONS	Permit Average			1.4			0.0				0.1			1	1.71
	Permit Maximum			2.0			0.1				0.1			ł	2.77
	UNITS	S=	LB/DAY	**	MG/L	LB/DA		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													
		10													
		11													
		12													
		13		-											
		14													
		15													
		16													
		17													
		18													
		19													
		20		-											
		21													
		22													
		23													
		24													
		25													
		26													
		27													
		28													
		29													
		30													
MONTHLY AVERA	GE														
HIGHEST VALUE															
LOWEST VALUE															
NO. OF TIMES WEEK	LY, DAILY, MONTHLY														
EFFL. LIMITATION															
					Prec	pared by or u	nder the	direction of	of (Cert	tified Operat	tor):	-	Date (month,	dav	, vear)
I certify under penalty of	of law that this document	and a	all attachment	s					1.001						
	ny direction or supervisio												11/	1/2	022
	assure that qualified pers				Prer	arer's teleph	ione nui	nber				Operator's ce	ertification num	ber	
and evaluate the inform	nation submitted. Based	on m	ny inquiry of th	е											
	manage the system, or						217	-213-017	28						
	ng the information, the in												-		
	ledge and belief, true, ac			ete.	Sign	ature of princ	cipal ex	ecutive offic	cer or a	authorized a	gen		Date (month,	day	, year)
	are significant penalties for		-		(or a	attested by N	IetDMR	subscriber	agreer	ment)					
	he possibility of fine and	mpris	sonment for					Jeremy E	Baugh	man					
knowing violations.								, –					1		

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 S	SUBMITTAL.					
I N	Ρ	0 0 PERMIT NU	0 UMBER	6 2	Ē	7	0 0 OUT		2 L NO.	7	1 MO	1 2	2 YR.		
** < oolumni	· Can ai					han limit of dete								Disch	
EFFLUENT C			ureme			er[Cu]		TTO	<u> </u>			11110		Inna	· _
		ETER NUMBER	, ——•	Q		01119	Q		8141	Q	С		Q	С	
SAMPLE TYF		Permit Conditio		<u> </u>		Comp	<u> </u>		Grab	<u> </u>	Ť			$\overline{}$	
0/	-	Monitored	~ +		+	Comp	+	+-	Grab		+		+	+	
FREQUENCY	Y	Permit Conditio	on		+	Monthly	+	+	2X/Year		+		+	+	
		Monitored	<u> </u>		+	Monthly	+	+	2X/Year		+		+	+	
EFFLUENT		Permit Minimun	m		+	N/A	+	+	N/A		+		1	+	
LIMITATIONS	S	Permit Average			\square	0.31	+	+	N/A		+		+	+-	
		Permit Maximu			+	0.31	1	+	2.00		\top		+	+	
			NITS=	LB/DAY	**		LB/DAY	**		LB/DAY	**	MG/L	LB/DAY	**	MG/L
		Tue	1		$ \rightarrow $	(
		Wed	2		$ \rightarrow $	(
		Thu	3		$ \rightarrow $	(
		Fri	4		+	(
		Sat	5		$ \rightarrow $	(
		Sun	6		$ \rightarrow $	(
		Mon	7			(1						
		Tue	8			(1						
		Wed	9					\square							
		Thu	10			(
		Fri	11												
		Sat	12			(
		Sun	13			(
		Mon	14												
		Tue	15			(
		Wed	16												
		Thu	17					\square							
		Fri	18												
		Sat	19			<u> </u>									
		Sun	20					\square							
		Mon	21												
		Tue	22					\square							
		Wed	23												
		Thu	24			1		\Box							
		Fri	25												
		Sat	26												
		Sun	27												
		Mon	28												
		Tue	29												
		Wed	30												
						I									
MONTHLY AV		Ē								<u> </u>					
HIGHEST VA						ī									
LOWEST VAI						L									
NO. OF TIMES EFFL. LIMITA		Y, DAILY, MONTHI EXCEEDED	LY				<u> </u>		Ē.,						
		law that this docum				Prepare	ed by or under	the c	Jirection ot (Certified Oper	ator):		Date (month, 11)	n, day, I/1/20	
		ssure that qualified p				Prepare	er's telephone i	num	ber			Operator's (certification num	nber	

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.