

**DMR Copy of Record**

<b>Permit</b>			
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:		Facility Location:	MATERIAL HANDLING EXCHANGE, INC. 1001 N HURRICANE ST FRANKLIN, IN 46131

<b>Report Dates &amp; Status</b>			
Monitoring Period:	From 01/01/23 to 01/31/23	DMR Due Date:	02/28/23
Status:	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>			
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						=	6.5			=	7.27	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								=	0.02	=	0.02	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								<	0.01	<	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								=	0.08	=	0.08	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	=	0.00661667	=	0.010459	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_20230116_135008.pdf	pdf	1131184.0
INP000627_001A_MMR_2023_1.pdf	pdf	380736.0

**Report Last Saved By**

**MATERIAL HANDLING EXCHANGE, INC.**

User: HSSTOOLROOM  
Name: Jeremy Baughman  
E-Mail: hsstool@m-h-e.com  
Date/Time: 2023-02-03 07:43 (Time Zone: -05:00)

**Report Last Signed By**

User: HSSTOOLROOM  
Name: Jeremy Baughman  
E-Mail: hsstool@m-h-e.com  
Date/Time: 2023-02-03 07:44 (Time Zone: -05:00)

**DMR Copy of Record**

<b>Permit</b>			
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:		Facility Location:	MATERIAL HANDLING EXCHANGE, INC. 1001 N HURRICANE ST FRANKLIN, IN 46131

<b>Report Dates &amp; Status</b>			
Monitoring Period:	From 01/01/23 to 01/31/23	DMR Due Date:	02/28/23
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<b>Principal Executive Officer</b>			
First Name:	Joe	Title:	operations manager
Last Name:	Amato	Telephone:	317-361-6434

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 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													12 - SU	01/01 - Daily	GR - GRAB	
					Permit Req.						>=	5.0 DAILY MN				<=	10.0 DAILY MX				
					Value NODI							C - No Discharge					C - No Discharge				
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	GR - GRAB		
					Permit Req.							<=	0.02 MO AVG							<=	0.02 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	1.6 MO AVG							<=	1.6 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	0.24 MO AVG							<=	0.43 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	1.48 MO AVG							<=	2.0 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	0.07 MO AVG							<=	0.11 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	0.13 MO AVG							<=	0.13 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	1.71 MO AVG							<=	2.77 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	0.31 MO AVG							<=	0.31 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample													01/01 - Daily	TM - TOTALZ		
					Permit Req.							Req Mon MO AVG								Req Mon DAILY MX	03 - MGD
					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

Analytical_20230116_135008.pdf	pdf	1131184.0
INP000627_002A_MMR_2023_1.pdf	pdf	376609.0

**Report Last Saved By**

**MATERIAL HANDLING EXCHANGE, INC.**

User: HSSTOOLROOM  
Name: Jeremy Baughman  
E-Mail: hsstool@m-h-e.com  
Date/Time: 2023-02-03 07:29 (Time Zone: -05:00)

**Report Last Signed By**

User: HSSTOOLROOM  
Name: Jeremy Baughman  
E-Mail: hsstool@m-h-e.com  
Date/Time: 2023-02-03 07:29 (Time Zone: -05:00)









# 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.		

0	1	2	3
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
Sun	1	N/A	N/A										
Mon	2	N/A	N/A										
Tue	3	0.006014	7.22										
Wed	4	0.006709	7.16		0.00055987	<	0.01	0.00111973	0.02	0.00027993	<	0.005	
Thu	5	0.005735	7.05										
Fri	6	0.004531	7.13										
Sat	7	N/A	N/A										
Sun	8	N/A	N/A										
Mon	9	0.005059	7.11										
Tue	10	0.00616	7.11										
Wed	11	0.005521	7.04										
Thu	12	0.002865	7										
Fri	13	0.003794	7.05										
Sat	14	N/A	N/A										
Sun	15	N/A	N/A										
Mon	16	0.007395	6.5										
Tue	17	0.006879	7.04										
Wed	18	0.006422	6.97										
Thu	19	0.007155	7.01										
Fri	20	0.008004	7										
Sat	21	N/A	N/A										
Sun	22	N/A	N/A										
Mon	23	0.010035	7.15										
Tue	24	0.00691	6.93										
Wed	25	0.008016	7.05										
Thu	26	0.007646	7.27										
Fri	27	0.007432	7.19										
Sat	28	N/A	N/A										
Sun	29	N/A	N/A										
Mon	30	0.010459	7.14										
Tue	31	0.006209	7.12										
MONTHLY AVERAGE		0.00661667			0.00055987		0.01	0.00111973	0.02	0.00027993		0.005	
HIGHEST VALUE		0.010459	7.27		0.00055987		0.01	0.00111973	0.02	0.00027993		0.005	
LOWEST VALUE		0.002865	6.5		0.00055987		0.01	0.00111973	0.02	0.00027993		0.005	
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

TOTAL FLOW 0.13895

Prepared by or under the direction of (Certified Operator): \_\_\_\_\_ Date (month, day, year) 1/4/2023

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) 2/3/2023



# 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.		

0	1	2	3
MO.		YR.	

No Discharge

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Zinc, 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
	Sun 1								
	Mon 2								
	Tue 3								
	Wed 4	0.00223946	0.04	0.00027993 <	0.005	0.00055987 <	0.01	0.00055987 <	0.01
	Thu 5								
	Fri 6								
	Sat 7								
	Sun 8								
	Mon 9								
	Tue 10								
	Wed 11								
	Thu 12								
	Fri 13								
	Sat 14								
	Sun 15								
	Mon 16								
	Tue 17								
	Wed 18								
	Thu 19								
	Fri 20								
	Sat 21								
	Sun 22								
	Mon 23								
	Tue 24								
	Wed 25								
	Thu 26								
	Fri 27								
	Sat 28								
	Sun 29								
	Mon 30								
	Tue 31								
MONTHLY AVERAGE		0.00223946	0.04	0.00027993	0.005	0.00055987	0.01	0.00055987	0.01
HIGHEST VALUE		0.00223946	0.04	0.00027993	0.005	0.00055987	0.01	0.00055987	0.01
LOWEST VALUE		0.00223946	0.04	0.00027993	0.005	0.00055987	0.01	0.00055987	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

1/4/2023



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I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	1	2	3
MO.		YR.	

No Discharge

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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
	Sun 1								
	Mon 2								
	Tue 3								
	Wed 4	0.00447893	0.08		ND				
	Thu 5								
	Fri 6								
	Sat 7								
	Sun 8								
	Mon 9								
	Tue 10								
	Wed 11								
	Thu 12								
	Fri 13								
	Sat 14								
	Sun 15								
	Mon 16								
	Tue 17								
	Wed 18								
	Thu 19								
	Fri 20								
	Sat 21								
	Sun 22								
	Mon 23								
	Tue 24								
	Wed 25								
	Thu 26								
	Fri 27								
	Sat 28								
	Sun 29								
	Mon 30								
	Tue 31								
MONTHLY AVERAGE		0.00447893	0.08						
HIGHEST VALUE		0.00447893	0.08						
LOWEST VALUE		0.00447893	0.08						
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)









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 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.		

0	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
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

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) 1/4/2023

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) 2/3/2023



# 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.		

0	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
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													

<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)



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FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2
OUTFALL NO.		

0	1	2	2
MO.		YR.	

No Discharge

This is a revised submittal.

\*\* < 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
	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									

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317-213-0178

Jeremy Baughman

1/4/2023