DMR Copy of Record

| Permit | | | | | | | | | | | | | | | | | | | | |
|-----------|---------------------------|------------------|---------------------|------------|-------------|-----------------------|-------------------------|----------------|--------------|------------------|----------|-------------|-------------------|-----------|---------------------|--------------|-----------------------|--------------------------|---------------------------|----------------------|
| Permit #: | INPO | 00627 | | Permitte | e: | Ν | IATERIAL | HANDLING EX | CHANGE | , INC. | | | | Fac | ility: | | MATERIAL | HANDLI | NG EXCHANGE, INC. | |
| Aajor: | No | | | Permitte | e Address: | 1 | 001 HURR | ICANE ST | | | | | | Fac | ility Locatio | on: | 1001 N HU | RRICAN | E ST | |
| | | | | | | F | RANKLIN, | IN 46131 | | | | | | | | | FRANKLIN | , IN 4613 | 1 | |
| Permitted | Feature: 001 Exter | nal Outfall | | Discharg | je: | | 01-A 01 POWDE | R COAT MET | AI PARTS | - TO FRANKLIN | POTW | | | | | | | | | |
| Report Da | ates & Status | | I | | | Ū | 011 01121 | | | | | | | | | | | | | |
| | | 02/01/23 to 02/2 | 28/23 | DMR Due | e Date: | 0 | 3/28/23 | | | | | | | Stat | tus: | | NetDMR V | alidated | | |
| | ations for Form Comple | etion | | | | | | | | | | | | | | | | | | |
| | N MUST BE MEASURED | | LOW MEASURE | MENT DE | EVICES. PRI | ETREATM | ENT TO FI | RANKLIN POTV | V JOHNS | ON COUNTY | | | | | | | | | | |
| Principal | Executive Officer | | | | | | | | | | | | | | | | | | | |
| First Nam | e: Joe | | | Title: | | 0 | perations r | nanager | | | | | | Tele | ephone: | | 317-361-64 | 34 | | |
| .ast Nam | e: Amat | 0 | | | | | | | | | | | | 1 | | | | | | |
| lo Data I | ndicator (NODI) | | • | | | | | | | | | | | | | | | | | |
| orm NOI | DI: | | | | | | | | | | | | | | | | | | | |
| | Parameter | | Monitoring Location | n Season # | Param. NODI | | | | ntity or Loa | - | | | | | ality or Concer | | | | # of Ex. Frequency of Ana | lysis Sample |
| Code | Name | | | | | Sample | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier ' | 1 Value 1 6.47 | Qualifier | 2 Value 2 | Qualifi = | er 3 Value 3 7.39 | Units 12 - SU | 01/01 - Daily | GR - GRA |
| 00400 | pН | | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | >= | 5.0 DAILY MN | | | <= | 10.0 DAILY M | | 01/01 - Daily | GR - GR |
| | P | | | Ū | | Value NOD | | | | | | | | | | | | | | |
| | | | | | | Sample | | | | | | | | = | 0.04 | = | 0.04 | 19 - mg/L | | GR - GR |
| 00720 | Cyanide, total [as CN] | | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | | | <= | 0.02 MO AV | G <= | 0.02 DAILY M | X 19 - mg/L | . 01/30 - Monthly | GR - GR |
| | | | | | | Value NOD | | | | | | | | | | | | | | |
| | | | | | | Sample Permit Req. | | | | | | | | = <= | 0.03 1.6 MO AVG | = | 0.03 1.6 DAILY MX | 19 - mg/L | | 24 - CON 24 - CON |
|)1074 | Nickel, total recoverable | • | 1 - Effluent Gross | 0 | | Value NODI | | | | | | | | - | 1.0 110 / 100 | | 1.0 D/ 121 10/ | 10 119/2 | | 21 001 |
| | | | | | | Sample | | | | | | | | < | 0.005 | < | 0.005 | 19 - mg/L | . 01/30 - Monthly | 24 - CON |
| 01079 | Silver total recoverable | | 1 - Effluent Gross | 0 | | Permit Req | | | | | | | | <= | 0.24 MO AV | | 0.43 DAILY M | | - | 24 - CON |
| | | | | | | Value NOD | | | | | | | | | | | | | | |
| | | | | | | Sample | | | | | | | | = | 0.04 | = | 0.04 | 19 - mg/L | | 24 - CON |
| 01094 | Zinc, total recoverable | | 1 - Effluent Gross | 0 | | Permit Req | | | | | | | | <= | 1.48 MO AV | G <= | 2.0 DAILY MX | 19 - mg/L | . 01/30 - Monthly | 24 - CON |
| | | | | | | Value NOD | | | | | | | | | | | | | | |
| 01110 | | | 1 Effluent Cross | 0 | | Sample Permit Req. | | | | | | | | < <= | 0.005 0.07 MO AV | < G <= | 0.005 0.11 DAILY M | 19 - mg/L X 19 - ma/L | - | 24 - COM 24 - COM |
|)1113 | Cadmium, total recovera | able | 1 - Effluent Gross | 0 | | Value NODI | | | | | | | | | | | | | | |
| | | | | | | Sample | | | | | | | | < | 0.01 | < | 0.01 | 19 - mg/L | . 01/30 - Monthly | 24 - CON |
| 01114 | Lead, total recoverable | | 1 - Effluent Gross | 0 | | Permit Req | | | | | | | | <= | 0.13 MO AV | G <= | 0.13 DAILY M | X 19 - mg/L | . 01/30 - Monthly | 24 - CON |
| | | | | | | Value NOD | | | | | | | | | | | | | | |
| | | | | | | Sample | | | | | | | | < | 0.01 | < | 0.01 | 19 - mg/L | | 24 - CON |
|)1118 | Chromium, total recover | rable | 1 - Effluent Gross | 0 | | Permit Req | | | | | | | | <= | 1.71 MO AV | G <= | 2.77 DAILY M | x 19 - mg/L | . 01/30 - Monthly | 24 - CON |
| | | | | | | Value NOD | | | | | | | | _ | 0.12 | _ | 0.12 | 10 ma/ | . 01/30 - Monthly | 24 - CON |
| 01110 | Conner total recoverable | | 1 - Effluent Croce | 0 | | Sample Permit Req. | | | | | | | | = <= | 0.12 0.31 MO AV | = G <= | 0.12 0.31 DAILY M | 19 - mg/L X 19 - mg/L | | 24 - CON 24 - CON |
| 01119 | Copper, total recoverabl | | 1 - Effluent Gross | U | | Value NODI | | | | | | | | | | | | | | |
| | | | | | | Sample | = 0 | 0.00524505 | = | 0.010459 | 03 - MGD | | | | | | | | 01/01 - Daily | TM - TOT |
| 50050 | Flow, in conduit or thru | treatment plant | 1 - Effluent Gross | 0 | | Permit Req. | F | Req Mon MO AVG | | Req Mon DAILY MX | 03 - MGD | | | | | | | | 01/01 - Daily | TM - TOT |
| | | | | | | Value NOD | | | | | | | | | | | | | | |

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

| | Parameter Code Name | | Monitoring Location | Field | | Departmention | | | | | |
|----|--------------------------------|------------------------|----------------------|---|------|---|--|--|--|--|--|
| (| Code | Name | Monitoring Education | Field | | Description | | | | | |
| 00 |)720 | Cyanide, total [as CN] | 1 - Effluent Gross | Quality or Concentration Sample Value 3 | Soft | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | | | | | |
| 00 | 00720 Cyanide, total [as CN] 1 | | 1 - Effluent Gross | Quality or Concentration Sample Value 2 | | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | | | | | |

| Acknowledge |
|-------------|
| Yes |
| Yes |
| |

| Comments | | | |
|----------------------------------|--------------------------------------|------|-----------|
| Attachments | | | |
| | Name | Туре | Size |
| Analytical_20230216_102941.pdf | | pdf | 1168910.0 |
| INP000627_001A_MMR_2023_2.pdf | | pdf | 379758.0 |
| Report Last Saved By | | | |
| MATERIAL HANDLING EXCHANGE, INC. | | | |
| User: | HSSTOOLROOM | | |
| Name: | Jeremy Baughman | | |
| E-Mail: | hsstool@m-h-e.com | | |
| Date/Time: | 2023-03-06 10:06 (Time Zone: -05:00) | | |
| Report Last Signed By | | | |
| User: | HSSTOOLROOM | | |
| Name: | Jeremy Baughman | | |
| E-Mail: | hsstool@m-h-e.com | | |
| Date/Time: | 2023-03-06 10:06 (Time Zone: -05:00) | | |
| | | | |

DMR Copy of Record

| Permit | | | | | | | | | | | | | | | | | | | |
|----------|-----------------------------|-----------------------|---------------------|--------|---------------|-----------------------|-------------|------------------------------|----------------|------------------|-----------------|------------------|----------|--------------------------|-------------|------------------|------------|---------------------------|------------------|
| Permit | #: IN | IP000627 | | F | Permittee: | | М | IATERIAL HANDLI | NG EXCH | ANGE, INC. | | | | Facility: | | MATERIAL HAN | IDLING EX | CHANGE, INC. | |
| Major: | N | | | | Permittee Ad | Idress: | | 001 HURRICANE | | | | | | Facility Location | | 1001 N HURRIC | | , - | |
| | | | | | Similar Au | | | RANKLIN, IN 4613 | | | | | | Locator | | FRANKLIN, IN 4 | | | |
| Permitte | |)2 xternal Outfall | | [| Discharge: | | | 02-A 02 POWDER COA | T METAL F | PARTS - TO FRA | NKLIN POTW | | | | | | | | |
| Report | Dates & Status | | | 1 | | | | | | | | | | | | | | | |
| | | rom 02/01/23 to | 02/28/23 | C | DMR Due Dat | te: | 03 | 3/28/23 | | | | | | Status: | | NetDMR Valida | ted | | |
| Conside | erations for Form Comp | letion | | | | | | | | | | | | | | | | | |
| THE FLO | OW MUST BE MEASURE | D USING VALI | D FLOW MEASUF | REMEN | T DEVICES. F | PRETREAT | TMENT TO | O FRANKLIN POT | W JOHNS | ON COUNTY | | | | | | | | | |
| Principa | al Executive Officer | | | | | | | | | | | | | | | | | | |
| First Na | ame: Jo | be | | 1 | Title: | | op | perations manager | | | | | | Telephone: | | 317-361-6434 | | | |
| Last Na | | mato | | | | | | | | | | | | 1 - | | | | | |
| No Data | a Indicator (NODI) | | | | | | | | | | | | | | | | | | |
| Form N | | | | | | | | | | | | | | | | | | | |
| | Parameter | | Monitoring Location | Season | # Param. NODI | | | Quar | ntity or Loadi | ing | | | | Quality or Concentration | on | | # | of Ex. Frequency of Analy | lysis Sample Typ |
| Code | Name | | | | | | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units Qualifier | 1 Value 1 | Qualifie | er 2 Value 2 | Qualifier 3 | 3 Value 3 | Units | | |
| | | | | | | Sample Permit Req. | | | | | >= | 5.0 DAILY MN | | | <= | 10.0 DAILY MX | 12 - SU | 01/01 - Daily | GR - GRAB |
| 00400 | рН | | 1 - Effluent Gross | 0 | | Value NODI | | | | | | C - No Discharge | | | ~- | C - No Discharge | 12 00 | o not Daily | |
| | | | | | | Sample | | | | | | o no bischarge | | | | e ne bischarge | | | |
| 00720 | Cyanide, total [as CN] | | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | | <= | 0.02 MO AVG | <= | 0.02 DAILY MX | 19 - mg/L | 01/30 - Monthly | GR - GRAB |
| 00720 | Oyanide, total [as ON] | | 1 - Endent Oross | 0 | | Value NODI | | | | | | | | C - No Discharge | | C - No Discharge | | | |
| | | | | | | Sample | | | | | | | | | | | | | |
| 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 - COMP24 |
| | | | | | | Value NODI | | | | | | | | C - No Discharge | | C - No Discharge | | | |
| | | | | | | Sample | | | | | | | | | | | | | |
| 01079 | Silver total recoverable | | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | | <= | 0.24 MO AVG | <= | 0.43 DAILY MX | 19 - mg/L | 01/30 - Monthly | 24 - COMP24 |
| | | | | | | Value NODI | | | | | | | | C - No Discharge | | C - No Discharge | | | |
| | | | | | | Sample Permit Req. | | | | | | | <= | 1.48 MO AVG | <= | 2.0 DAILY MX | 19 - mg/L | 01/30 - Monthly | 24 - COMP24 |
| 01094 | Zinc, total recoverable | | 1 - Effluent Gross | 0 | | Value NODI | | | | | | | ~- | C - No Discharge | ~= | C - No Discharge | 19 - Hig/L | 01/30 - Montilly | 24-00101124 |
| | | | | | | Sample | | | | | | | | 0 - No Discharge | | 0 - No Discharge | | | |
| 01113 | Cadmium, total recoverab | | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | | <= | 0.07 MO AVG | <= | 0.11 DAILY MX | 19 - mg/L | 01/30 - Monthly | 24 - COMP24 |
| 01110 | | | | U | | Value NODI | | | | | | | | C - No Discharge | | C - No Discharge | | | |
| | | | | | | Sample | | | | | | | | | | - | | | |
| 01114 | Lead, total recoverable | | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | | <= | 0.13 MO AVG | <= | 0.13 DAILY MX | 19 - mg/L | 01/30 - Monthly | 24 - COMP24 |
| | | | | | | Value NODI | | | | | | | | C - No Discharge | | C - No Discharge | | | |
| | | | | | | Sample | | | | | | | | | | | | | |
| 01118 | Chromium, total recovera | ble | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | | <= | 1.71 MO AVG | | 2.77 DAILY MX | 19 - mg/L | 01/30 - Monthly | 24 - COMP24 |
| | | | | | | 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 - COMP24 |
| 01119 | Copper, total recoverable | | 1 - Effluent Gross | 0 | | Value NODI | | | | | | | ~ | C - No Discharge | ~- | C - No Discharge | 13 - mg/L | o 1/30 - Wohting | |
| | | | | | | | | | | | | | | | | | | | |
| 50050 | Flow, in conduit or thru th | eatment plant | 1 - Effluent Groce | 0 | | Sample Permit Req. | | Req Mon MO AVG | R | Req Mon DAILY MX | 03 - MGD | | | | | | | 01/01 - Daily | TM - TOTALZ |
| | now, in conduit or thru tr | eannent plant | - Ennuent Gross | U | | | | | | | | | | | | | | | |

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_20230216_102941.pdf | | pdf |
|----------------------------------|--------------------------------------|-----|
| INP000627_002A_MMR_2023_2.pdf | | pdf |
| Report Last Saved By | | |
| MATERIAL HANDLING EXCHANGE, INC. | | |
| User: | HSSTOOLROOM | |
| Name: | Jeremy Baughman | |
| E-Mail: | hsstool@m-h-e.com | |
| Date/Time: | 2023-03-06 09:27 (Time Zone: -05:00) | |
| Report Last Signed By | | |
| User: | HSSTOOLROOM | |
| Name: | Jeremy Baughman | |
| E-Mail: | hsstool@m-h-e.com | |
| Date/Time: | 2023-03-06 09:27 (Time Zone: -05:00) | |
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Client: Material Handling Exchange, Inc. Address: 1800 Churchman Ave Indianapolis, IN 46203 Attention: Jeremy Baughman

Report Date: February 16, 2023

P.O. #: verbal

page 1 of 2

| Column # | Sample Description | Sample Date | Recd. Date | Sample # |
|----------|-------------------------------|-------------|------------|----------|
| #1 | Wastewater Effluent Composite | 2/1/23 | 2/9/23 | 23-0631 |
| #2 | Wastewater Effluent Grab | 2/1/23 | 2/9/23 | 23-0632 |
| #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 | 0.12 | - | | mg/L | 200.7 | 0.01 |
| Lead | <0.01 | - | | mg/L | 200.7 | 0.01 |
| Nickel | 0.03 | - | | mg/L | 200.7 | 0.01 |
| Silver | <0.005 | - | | mg/L | 200.7 | 0.005 |
| Zinc | 0.04 | - | | mg/L | 200.7 | 0.01 |
| Total Cyanide | - | 0.04 | | mg/L | 4500CN C/E | 0.01 |
| | | | | <i>x</i> . | | |
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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)

| Analysis Certified By: | N. Q. | Laboratory Manager |
|------------------------|-----------|--------------------|
| - | John Ondo | |



Client: Material Handling Exchange, Inc. Address: 1800 Churchman Ave Indianapolis, IN 46203 Attention: Jeremy Baughman Report Date: February 16, 2023

P.O. #: verbal

page 2 of 2

| Column # | Sample Description | Sample Date | Recd. Date | Sample # |
|----------|-------------------------------|-------------|------------|----------|
| #1 | Wastewater Effluent Composite | 2/1/23 | 2/9/23 | 23-0631 |
| #2 | Wastewater Effluent Grab | 2/1/23 | 2/9/23 | 23-0632 |
| #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 | | | | | | - | 200.2 | RK | 2/10/2023 |
| Cadmium | 100 | ND | 100 | - | 0 | 0.005 | 200.7 | RK | 2/12/2023 |
| Chromium, total | 96 | ND | 99 | - | 3 | 0.01 | 200.7 | RK | 2/12/2023 |
| Copper | 100 | ND | 111 | - | 1 | 0.01 | 200.7 | RK | 2/12/2023 |
| Lead | 94 | ND | 92 | - | 0 | 0.01 | 200.7 | RK | 2/12/2023 |
| Nickel | 95 | ND | 97 | - | 7 | 0.01 | 200.7 | RK | 2/12/2023 |
| Silver | 97 | ND | 103 | - | 0 | 0.005 | 200.7 | RK | 2/12/2023 |
| Zinc | 99 | ND | 94 | - | 2 | 0.01 | 200.7 | RK | 2/12/2023 |
| Total Cyanide | 96 | ND | 100 | - | 0 | 0.01 | 4500CN C/E | JO | 2/13/2023 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | RK RK RK RK RK RK RK | |
| | | | | × | | | | | |
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| | | | | | | | | | |

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

| | | | | pper) | ture or sh | : (signa | Received by: (signature or shipper | Date/Hose: | | d | : (signature) | Relinquished by: (signature) |
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| | | | Bill to: | | | | | 1 | | | . 10.0 | |
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| | 8. | 1800 Churchman Ave | | pper) | ure or shi | : (signai | Received by: (signature or shipper, | Date/Time: | | ature) | : (sampler sign | Relinquished by: (sampler signature) |
| | nge, Inc. | Material Handling Exchange, Inc. | | | | | | | 3 | NP NP | ACOr | Anna |
| | | Report to: Nick Lawrence | Report | | | | - | | | w]: | name(s)-sign belo | Sampler(s) [print name(s)-sign below]: |
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| | | for a total of <u>S</u> hours | | | 1 | | - | | | | | |
| $\left[\right]$ | 23-063+ | (O) minutes | | × | | 1 | | Effluent | X Wastewater Effluent | 4 | Ham | 2-1-23 |
| \sim | 23-06.2 | For Composite: a sample, was collected every | | | х | 1 | 8 | Effluent | Wastewater Effluent | X | | 2-1-23 |
| | Lab # | Sample Comments | | Total Cy | Plastic 8 7 Metals Plastic 8 | Numl | J | Sample Location/site ID | | Comp. Grab | Sample Time | Sample Date |
| • | | Fax:(216)696-6831 | 30 | anide | | per of | | 16 | | | • | |
| | | Phone:(216)696-0280 | | | | f Co | | Project Name: | | V 46131 | Franklin, IN 46131 | |
| • | | Cleveland, Ohio 44115 | | | | ntair | | Temp (C): γ, \leq | | cane Road | 1001 Hurricane Road | Site Address: |
| | boratories, inc. | Water & Wastewater Laboratories, Inc. | ervative | Analysis / Preservative | A | ners | X No | Sample chilled/iced | xchange, Inc. | andling Ex | Material Handling Exchange, | Site Name: |
| | | | ÷. | ecord | Custody Record | | hain of | Sample Chain of | | | | |

| Start O. | MONTHLY MO Indiana Dischar State Form 30530 (R | rge Monitor R4 / 7-19) | | | | R | INDUSTRI | AL D | ISCH | AR | GE PERN | NITS | | | |
|---------------------------|---|---------------------------|---------------|----------------|------------------|----------|--|--|---|------------------------|--|--|----------------------|--------------|-----------------|
| () (6)6 | FACILITY NAME AND ADDF Material Handeling E 1001 Hurricane Stree Franklin Indiana 4613 | Exchange, Inc. et | | | | | ONCE (PDF DC (PERM IN001 AND AT FOR SL | Compl Ocume MITID_(12345_) TTACHE UBMITT | LETED, TH ENT, NAM OUTFAL 001A_M ED TO TH TAL. | HIS I IED / LLID | COPY FOR EA FORM SHOULI APPROPRIATE D_MMR_YYY R_2019_01.pd CORRESPOND | D BE CON ELY Y_MM.pdf if), NNG NETDM | IVERTED If, i.e., | D TO | |
| | | | | | | | E-mail | addre | SS: | _ | hsstool@m-l | n-e.com | | | |
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| | PERMIT NUMBER | | ·, | <u>'</u> | OUTF | AL | L NO. |] | | МО | <i>i</i> . | YR. | | | · |
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| EFFLUENT CHARA | | FLOW | - | pH | | e.T | otal [Cn] | | Nicke | -L To | otal [Ni] | Salevise | Silver, | | |
| EFFLUENT PARAM | | Q50050 | | | | | 00720 | Q | 1110 | |)1074 | Q | | - | ar [Ag] 1079 |
| SAMPLE TYPE | Permit Condition | 24TOT | Grab | | | E | Grab | t | | | Comp | † | | | Comp |
| | Monitored | 24TOT | Grab | | | | Grab | | | | Comp | | | \square | Comp |
| FREQUENCY | Permit Condition | Daily | Meter | ' | | | Monthly | | | | Monthly | | | Ē | Monthly |
| | Monitored | Daily | Daily | | <u> '</u> | ┡ | Monthly | | | ╞ | Monthly | | / | _ | Monthly |
| EFFLUENT | Permit Minimum | N/A Report | N/A | 5.0 | ' | ⊢ | N/A | — | | ┢ | N/A | | | ← | N/A |
| LIMITATIONS | Permit Average Permit Maximum | Report | N/A | 10.0 | . ' | ⊢ | 0.02 | ├ | | ┢ | 1.60 1.60 | + | | \leftarrow | 0.24 |
| | UNITS = | | HI | LOW | LB/DAY | ** | MG/L | | B/DAY | ** | | LB/D | DAY | ** | MG/L |
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MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

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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.

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| | Monitored | \rightarrow | | Cor | | <u> </u> | Com | | <u> </u> | | omp | <u> </u> | \bot | Comp |
| FREQUENCY | Permit Condition | \rightarrow | | | onthly | <u> </u> | Mon | | | | onthly | <u> </u> ' | \bot | Monthly |
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| EFFLUENT | Permit Minimum | | | N/A | | <u>[</u> | N/A | | | N/A | | <u> </u> | | N/A |
| LIMITATIONS | Permit Average | Ĩ | | 1.48 | | <u> </u> | 0.07 | | ſ' | 0.1 | | <u>[</u> | | 1.71 |
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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 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.

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| - | | - | | | d all attachments | | Prepare | a by or l | unaer t | ne d | irection of (C | Jertified (| operator): | | | Date (month 2/ | , day, 1/202 | |
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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.

317-213-0178

Signature of principal executive officer or authorized agent

Jeremy Baughman

(or attested by NetDMR subscriber agreement)

Date (month, day, year)



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

Report Date: February 16, 2023

P.O. #: verbal

page 1 of 2

| Column # | Sample Description | Sample Date | Recd. Date | Sample # |
|----------|-------------------------------|-------------|------------|----------|
| #1 | Wastewater Effluent Composite | 2/1/23 | 2/9/23 | 23-0631 |
| #2 | Wastewater Effluent Grab | 2/1/23 | 2/9/23 | 23-0632 |
| #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 | 0.12 | - | | mg/L | 200.7 | 0.01 |
| Lead | <0.01 | - | | mg/L | 200.7 | 0.01 |
| Nickel | 0.03 | - | | mg/L | 200.7 | 0.01 |
| Silver | <0.005 | - | | mg/L | 200.7 | 0.005 |
| Zinc | 0.04 | - | | mg/L | 200.7 | 0.01 |
| Total Cyanide | - | 0.04 | | mg/L | 4500CN C/E | 0.01 |
| | | | | <i>A</i> | | |
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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)

| Analysis Certified By: | N. Q. | Laboratory Manager |
|------------------------|-----------|--------------------|
| - | John Ondo | |



Client: Material Handling Exchange, Inc. Address: 1800 Churchman Ave Indianapolis, IN 46203 Attention: Jeremy Baughman Report Date: February 16, 2023

P.O. #: verbal

page 2 of 2

| Column # | Sample Description | Sample Date | Recd. Date | Sample # |
|----------|-------------------------------|-------------|------------|----------|
| #1 | Wastewater Effluent Composite | 2/1/23 | 2/9/23 | 23-0631 |
| #2 | Wastewater Effluent Grab | 2/1/23 | 2/9/23 | 23-0632 |
| #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 | | | | | | - | 200.2 | RK | 2/10/2023 |
| Cadmium | 100 | ND | 100 | - | 0 | 0.005 | 200.7 | RK | 2/12/2023 |
| Chromium, total | 96 | ND | 99 | - | 3 | 0.01 | 200.7 | RK | 2/12/2023 |
| Copper | 100 | ND | 111 | - | 1 | 0.01 | 200.7 | RK | 2/12/2023 |
| Lead | 94 | ND | 92 | - | 0 | 0.01 | 200.7 | RK | 2/12/2023 |
| Nickel | 95 | ND | 97 | - | 7 | 0.01 | 200.7 | RK | 2/12/2023 |
| Silver | 97 | ND | 103 | - | 0 | 0.005 | 200.7 | RK | 2/12/2023 |
| Zinc | 99 | ND | 94 | - | 2 | 0.01 | 200.7 | RK | 2/12/2023 |
| Total Cyanide | 96 | ND | 100 | - | 0 | 0.01 | 4500CN C/E | JO | 2/13/2023 |
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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

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| | nge, Inc. | Material Handling Exchange, Inc. | | | | | | | 3 | NP NP | ACOr | Anna |
| | | Report to: Nick Lawrence | Report | | | | - | | | w]: | name(s)-sign belo | Sampler(s) [print name(s)-sign below]: |
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| | | for a total of <u>S</u> hours | | | 1 | | - | | | | | |
| $\left[\right]$ | 23-063 | (O) minutes | | × | | 1 | | Effluent | X Wastewater Effluent | 4 | Ham | 2-1-23 |
| \sim | 23-06.2 | For Composite: a sample, was collected every | | | х | 1 | 8 | Effluent | Wastewater Effluent | X | | 2-1-23 |
| | Lab # | Sample Comments | | Total Cy | Plastic 8 7 Metals Plastic 8 | Numl | J | Sample Location/site ID | | Comp. Grab | Sample Time | Sample Date |
| • | | Fax:(216)696-6831 | 30 | anide | | per of | | 16 | | | • | |
| | | Phone:(216)696-0280 | | | | f Co | | Project Name: | | V 46131 | Franklin, IN 46131 | |
| • | | Cleveland, Ohio 44115 | | | | ntair | | Temp (C): γ, \leq | | cane Road | 1001 Hurricane Road | Site Address: |
| | boratories, inc. | Water & Wastewater Laboratories, Inc. | ervative | Analysis / Preservative | A | ners | X No | Sample chilled/iced | xchange, Inc. | andling Ex | Material Handling Exchange, | Site Name: |
| | | | ÷. | ecord | Custody Record | | hain of | Sample Chain of | | | | |

| | MONTHLY MO Indiana Dischar State Form 30530 (R | ge Monitor | |)R | INDUSTR | IAL D | ISCH | AR | GE PER | MITS | | | | | | |
|---|--|--------------------|---------|--------|--|-------|--------------|-----------|----------|-------|----------|-------------------------------------|----------------------|------|-----------|--|
| 615 | FACILITY NAME AND ADDF Material Handeling E. 1001 Hurricane Stree Franklin Indiana 4613 | xchange, Inc. t | | | 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 | SS: | hsstool@m | -h-e.con | n | | | | | | |
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| | PERMIT NUMBER | | | | OUT | FAL | L NO. | | | MO | | YR. | | Dicc | harge X | |
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| EFFLUENT CHARAG | | FLOW | r | H | | le Tr | otal [Cn] | | Nicke | | tal [Ni] | is a lev | | | al [Ag] | |
| EFFLUENT PARAM | | Q50050 | | 0400 | Q | | 00720 | Q | HIGHO | | 1074 | Q | Cirro | | 1079 | |
| SAMPLE TYPE | Permit Condition | 24TOT | Grab | | | | Grab | | | Co | | | | | Comp | |
| | Monitored | 24TOT | Grab | | | | Grab | | | | Comp | | 1 | | 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 | | | | 0.02 | _ | | | 1.60 | | | | 0.24 | |
| | Permit Maximum | Report | | 10.0 | | ** | 0.02 | | | ** | 1.60 | | | ** | 0.43 | |
| r | UNITS = Wed 1 | MGD | HI | LOW | LB/DAY | | MG/L | LB/ | 'DAY | | MG/L | | B/DAY | | MG/L | |
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| MONTHLY AVERAG | E | | | | | | | | | | | | | | | |
| HIGHEST VALUE | | | | | | | | | | | | | | | | |
| LOWEST VALUE | | | | | | | | | | | | | | | | |
| NO. OF TIMES WEEKL | | | | | | | | | | | | | | | | |
| EFFL. LIMITATIONS | ENCEEDED | 0 | | Drono | red by or unde | vr th | direction of | (Cortifie | d Oper | ator) | | Dete | (month | day | i in a ri | |
| 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 | | | | | | | | Certine | u Opera | |). | Date (month, day, year) 2/1/2023 | | | | |
| and evaluate the inform | ssure that qualified persor ation submitted. Based or manage the system, or th | my inquiry of the | е | | | | | | | | | | certification number | | | |
| | g the information, the infor | | d | | 213-0178 | | | | | | | | | | | |
| | wledge and belief, true, a | | | | ure of principa | | | | | age | nt | Date | (month, | day, | year) | |
| | hat there are significant pe tion, including the possibil | | | (or at | ested by NetE | | | | | | | | | - / | | |
| imprisonment for knowing | Jeremy Baughman | | | | | | | | 2/6/2023 | | | | | | | |

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

| Of THE STATE OF |
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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.

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| PERMIT NUMBER | | | | | | | | | OUT | FALL NO. | | | MO. | Y | R. | | |

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| EFFLUENT CHAR/ | | | Zink,Total [Zn] | | | | Cadm | ium,To | otal [Cd] | Lead | al [Pb] | Chromi | Fotal [Cr] | | | |
| EFFLUENT PARAM | METER NUMBER | Q | | | | | Q | C01 | 113 | Q C01114 | | | Q | 1118 | | |
| SAMPLE TYPE | Permit Condition | | Comp | | | | Comp | | | Comp | | Ca | | Comp | | |
| Monitored | | | Comp | | | | Comp | | | Co | mp | | Comp | | | |
| FREQUENCY | Permit Condition | | Monthly | | | | Mor | thly | | Мо | nthly | | Monthly | | | |
| | Monitored | | Monthly | | | 1 | Mor | thly | | Mo | nthly | | | Monthly | | |
| EFFLUENT | Permit Minimum | | | N/A | | | | N/A | | | N/A | 4 | | N/A | | |
| LIMITATIONS | Permit Average | | 1.48 | | 8 | | | 0.07 | | | 0.1 | 3 | | | 1.71 | |
| | Permit Maximum | | | | | | | 0.11 | | | 0.1 | 3 | | | 2.77 | |
| | UNITS | S= | LB/DAY | ** | M | G/L | LB/DAY | ** | MG/L | LB/DAY | ** | MG/L | LB/DAY | ** | MG/L | |
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| MONTHLY AVERA | GE | | | | | | | | | | | | | | | |
| HIGHEST VALUE | 02 | | | | | | | | | | - | | | | | |
| LOWEST VALUE | | | | | | | | | | | - | | | | | |
| | LY, DAILY, MONTHLY | | | - | | | | | | | - | | | | | |
| EFFL. LIMITATION | | | | | | | | | | | | | | | 1 | |
| | 0 1/011010 | | | | | Drona | red by or und | or tho | direction of (| Certified Opera | tor). | | Date (month, | dav | voarl | |
| L certify under penalty (| of law that this document | and all | attachment | | | пера | | | | Certilled Opera | 101). | | | | | |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with | | | | | | | | | | | | | 2/* | 1/20 |)23 | |
| a system designed to assure that qualified personnel properly gather | | | | | | | rer's telephon | o nun | hor | | | Operator's co | artification num | hor | | |
| and evaluate the information submitted. Based on my inquiry of the | | | | | | riepa | | Giluli | 1001 | | | Operator's certification number | | | | |
| | manage the system, or | | | | | | | 047 | 040 0470 | | | | | | | |
| | ng the information, the in | | | | | | | 317 | -213-0178 | | | | | | | |
| to the best of my know | ledge and belief, true, ac | curate, | and comple | te. | | Signat | ure of princip | al exe | cutive officer | or authorized a | agen | t | Date (month, | dav | , vear) | |
| | are significant penalties for | | | | | | tested by Netl | | | | | | | | | |
| information, including t | he possibility of fine and i | mpriso | nment for | | | | | | | | | | | | | |
| knowing violations. | | | | | | | | | Jeremy Ba | uyiiiidii | | | | | | |

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

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

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.

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| | PERMIT NUMBE | R | | OUT | FALL NO. | | MO. | | YR. | _ | |
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| | enter "<" if measurem | - | | ection | TTO | | | I NIS I | is a revised su | idmittai. | |
| EFFLUENT CHAR | | | pper[Cu] | | TTO | | | | | | |
| EFFLUENT PARA | | Q | C01119 | Q | C78141 | Q | С | | Q C | | |
| SAMPLE TYPE | Permit Condition | | Comp | | Grab | | | | | | |
| | Monitored | | Comp | | Grab | | | | | | |
| REQUENCY | Permit Condition | | Monthly | | 2X/Year | | | | | | |
| | Monitored | | Monthly | | 2X/Year | | | | | | |
| EFFLUENT | Permit Minimum | | N/A | | N/A | | | | | | |
| IMITATIONS | Permit Average | | 0.31 | | N/A | | | | | | |
| | Permit Maximum | | 0.31 | | 2.00 | | | | | | |
| | UNITS= | B/DAY | ** MG/L | LB/DAY | ** MG/L | LB/DAY | ** | MG/L | LB/DAY | ** | MG/L |
| | Wed 1 | | | | | | | | | | |
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| MONTHLY AVERAGE | | | | | | | | | |
| HIGHEST VALUE | | | | | | | | | |
| LOWEST VALUE | | | | | | | | | |
| NO. OF TIMES WEEKLY, DAILY, MONTHLY | | | | | | | | | |
| EFFL. LIMITATIONS EXCEEDED | | | | | | | | | |
| | | Prepared by or under | the direction of (Ce | : | Date (month, day, year) | | | | |
| I certify under penalty of law that this document and | | | | | 2/1/2023 | | | | |
| were prepared under my direction or supervision in a | | | | 1 | | | | | |
| a system designed to assure that qualified personne | | Preparer's telephone r | number | | Operator's ce | rtification numb | ber | | |
| and evaluate the information submitted. Based on n | | | | | | | | | |
| person or persons who manage the system, or those responsible for gathering the information, the information | | 3 | 17-213-0178 | | | | | | |
| to the best of my knowledge and belief, true, accurate | ite, and complete. | Signature of principal | executive officer o | nt | Date (month. day. year) | | | | |
| I am aware that there are significant penalties for su | ubmitting false | (or attested by NetDM | | | | | | | |
| information, including the possibility of fine and impri | isonment for | | | | | | | | |
| knowing violations. | | | | | | | | | |