DMR Copy of Record

Permit

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

Report Dates & Status

Monitoring Period:	**From 02/01/23 to 02/28/23**	**DMR Due Date:**	**03/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

First Name:	Joe	**Title:**	operations manager	**Telephone:**	317-361-6434
Last Name:	Amato				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					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						=	6.47			=	7.39	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															
X 00720	**Cyanide, total [as CN]**	1 - Effluent Gross	0	--	Sample								=	0.04	=	0.04	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								=	0.03	=	0.03	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								=	0.12	=	0.12	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	=	0.00524505	=	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

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00720	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.	Yes
00720	Cyanide, total [as CN]	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes

Comments

Attachments

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

Report Dates & Status

Monitoring Period:	**From 02/01/23 to 02/28/23**	**DMR Due Date:**	**03/28/23**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

First Name:	Joe	**Title:**	operations manager	**Telephone:**	317-361-6434
Last Name:	Amato				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00400	**pH**	1 - Effluent Gross	0	--	Sample															
					Permit Req.						>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
					Value NODI							C - No Discharge				C - No Discharge				
00720	**Cyanide, total [as CN]**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	0.02 MO AVG	<=	0.02 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI									C - No Discharge		C - No Discharge				
01074	**Nickel, total recoverable**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI									C - No Discharge		C - No Discharge				
01079	**Silver total recoverable**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI									C - No Discharge		C - No Discharge				
01094	**Zinc, total recoverable**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	1.48 MO AVG	<=	2.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI									C - No Discharge		C - No Discharge				
01113	**Cadmium, total recoverable**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI									C - No Discharge		C - No Discharge				
01114	**Lead, total recoverable**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	0.13 MO AVG	<=	0.13 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI									C - No Discharge		C - No Discharge				
01118	**Chromium, total recoverable**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI									C - No Discharge		C - No Discharge				
01119	**Copper, total recoverable**	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	0.31 MO AVG	<=	0.31 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI									C - No Discharge		C - No Discharge				
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample															
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/01 - Daily	TM - TOTALZ
					Value NODI		C - No Discharge		C - No Discharge											

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size

Analytical_20230216_102941.pdf	pdf	1168910.0
INP000627_002A_MMR_2023_2.pdf	pdf	375832.0

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 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)

WATER & WASTEWATER LABORATORIES, INC.

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

Report Date: February 16, 2023
P.O. #: verbal

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

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: _____ Laboratory Manager
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: February 16, 2023
P.O. #: verbal

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				

Analytical Batch QA/QC Data	LCS % recovery	Method Blank mg/L	Matrix Spike (MS) % recovery	Matrix Duplicate Spike (MSD) % recovery	Matrix Duplicate 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

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 Chain of Custody Record

Site Name:	Material Handling Exchange, Inc.	Sample chilled/iced	Yes [X] No [ ]
Site Address:	1001 Hurricane Road Franklin, IN 46131	Temp (C): 7.5	
		Project Name:	

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

Sample Date	Sample Time	Comp.	Grab	Sample Location/site ID	Number of Containers	Analysis / Preservative: Plastic 8oz w/HNO3 7 Metals	Plastic 8oz w/NaOH Total Cyanide					Sample Comments	Lab #
2-1-23	7-3	X		Wastewater Effluent	1	X						**For Composite:** a sample was collected every 60 minutes for a total of 8 hours	23-0631
2-1-23	11am		X	Wastewater Effluent	1		X						23-0632
												Frenquency = 1/month	
												TTO = 1/6months	

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

Relinquished by: *(sampler signature)* Anna Corrie	Date/Time:	Received by: *(signature or shipper)* UPS
Relinquished by: *(signature)* UPS	Date/Time: 2/9/23 1:55	Received by: *(signature or shipper)* Nelo Onilo (lab)
Relinquished by: *(signature)*	Date/Time:	Received by: *(signature or shipper)*
Relinquished by: *(signature)*	Date/Time:	Received by: *(signature or shipper)*

Report to: **Nick Lawrence**
Material Handling Exchange, Inc.
1800 Churchman Ave
Indianapolis, IN 46203

Phone:
Fax:

P.O.#:
Bill to:

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

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

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A PDF DOCUMENT, NAMED APPROPRIATELY (PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e., IN0012345_001A_MMR_2019_01.pdf), AND ATTACHED TO THE CORRESPONDING NETDMR FORM FOR SUBMITTAL.

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

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	2	2	3
MO.		YR.	

No Discharge

This is a revised submittal.

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

EFFLUENT CHARACTERISTICS		FLOW	pH		Cyanide,Total [Cn]			Nickel,Total [Ni]			Silver,Total [Ag]		
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q		C 00720	Q		C01074	Q		C01079
SAMPLE TYPE	Permit Condition	24TOT	Grab				Grab			Comp			Comp
	Monitored	24TOT	Grab				Grab			Comp			Comp
FREQUENCY	Permit Condition	Daily	Meter				Monthly			Monthly			Monthly
	Monitored	Daily	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
Wed	1	0.004209	6.99		0.00140496		0.04	0.00105372		0.03	0.00017562	<	0.005
Thu	2	0.004106	6.92										
Fri	3	0.004985	7.14										
Sat	4	N/A											
Sun	5	N/A											
Mon	6	0.004507	7.14										
Tue	7	0.005393	7.15										
Wed	8	0.004903	6.96										
Thu	9	0.004605	7.21										
Fri	10	0.003788	7.39										
Sat	11	N/A	N/A										
Sun	12	N/A	N/A										
Mon	13	0.005004	7.31										
Tue	14	0.004495	7.07										
Wed	15	0.006346	7.01										
Thu	16	0.004405	7.11										
Fri	17	0.004825	6.93										
Sat	18	N/A	N/A										
Sun	19	N/A	N/A										
Mon	20	0.005435	6.95										
Tue	21	0.005237	6.92										
Wed	22	0.004563	6.93										
Thu	23	0.006908	7.22										
Fri	24	0.005305	7.25										
Sat	25	N/A	N/A										
Sun	26	N/A	N/A										
Mon	27	0.005171	6.47										
Tue	28	0.004533	7.16										
		0.010459	7.14										
		0.006209	7.12										
MONTHLY AVERAGE		0.00524505			0.00140496		0.04	0.00105372		0.03	0.00017562		0.005
HIGHEST VALUE		0.010459	7.39		0.00140496		0.04	0.00105372		0.03	0.00017562		0.005
LOWEST VALUE		0.003788	6.47		0.00140496		0.04	0.00105372		0.03	0.00017562		0.005
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													
TOTAL FLOW		0.115391											

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)*
		2/1/2023
Preparer's telephone number	Operator's certification number	
317-213-0178		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date *(month, day, year)*
Jeremy Baughman		2/6/2023

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

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

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A PDF DOCUMENT, NAMED APPROPRIATELY (PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e., IN0012345_001A_MMR_2019_01.pdf), AND ATTACHED TO THE CORRESPONDING NETDMR FORM FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	2	2	3
MO.		YR.	

No Discharge

This is a revised submittal.

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

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
Wed	1	0.00140496		0.04	0.00017562	<	0.005	0.00035124	<	0.01	0.00035124	<	0.01
Thu	2												
Fri	3												
Sat	4												
Sun	5												
Mon	6												
Tue	7												
Wed	8												
Thu	9												
Fri	10												
Sat	11												
Sun	12												
Mon	13												
Tue	14												
Wed	15												
Thu	16												
Fri	17												
Sat	18												
Sun	19												
Mon	20												
Tue	21												
Wed	22												
Thu	23												
Fri	24												
Sat	25												
Sun	26												
Mon	27												
Tue	28												
MONTHLY AVERAGE		0.00140496		0.04	0.00017562		0.005	0.00035124		0.01	0.00035124		0.01
HIGHEST VALUE		0.00140496		0.04	0.00017562		0.005	0.00035124		0.01	0.00035124		0.01
LOWEST VALUE		0.00140496		0.04	0.00017562		0.005	0.00035124		0.01	0.00035124		0.01
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

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)*: 2/1/2023

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)*:

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

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

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A PDF DOCUMENT, NAMED APPROPRIATELY (PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e., IN0012345_001A_MMR_2019_01.pdf), AND ATTACHED TO THE CORRESPONDING NETDMR FORM FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	2	2	3
MO.		YR.	

No Discharge ☐

This is a revised submittal. ☐

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

EFFLUENT CHARACTERISTICS		Copper [Cu]			TTO								
EFFLUENT PARAMETER NUMBER		Q		C01119	Q		C78141	Q		C	Q		C
SAMPLE TYPE	Permit Condition			Comp			Grab						
	Monitored			Comp			Grab						
FREQUENCY	Permit Condition			Monthly			2X/Year						
	Monitored			Monthly			2X/Year						
EFFLUENT LIMITATIONS	Permit Minimum			N/A			N/A						
	Permit Average			0.31			N/A						
	Permit Maximum			0.31			2.00						
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Wed	1	0.00421489		0.12									
Thu	2												
Fri	3												
Sat	4												
Sun	5												
Mon	6												
Tue	7												
Wed	8												
Thu	9												
Fri	10												
Sat	11												
Sun	12												
Mon	13												
Tue	14												
Wed	15												
Thu	16												
Fri	17												
Sat	18												
Sun	19												
Mon	20												
Tue	21												
Wed	22												
Thu	23												
Fri	24												
Sat	25												
Sun	26												
Mon	27												
Tue	28												
MONTHLY AVERAGE		0.00421489		0.12									
HIGHEST VALUE		0.00421489		0.12									
LOWEST VALUE		0.00421489		0.12									
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

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)* 2/1/2023
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)*

WATER & WASTEWATER LABORATORIES, INC.

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

Report Date: February 16, 2023
P.O. #: verbal

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

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: _____ Laboratory Manager
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: February 16, 2023
P.O. #: verbal

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				

Analytical Batch QA/QC Data	LCS % recovery	Method Blank mg/L	Matrix Spike (MS) % recovery	Matrix Duplicate Spike (MSD) % recovery	Matrix Duplicate 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

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 Chain of Custody Record

Site Name:	Material Handling Exchange, Inc.	Sample chilled/iced	Yes [X] No [ ]
Site Address:	1001 Hurricane Road Franklin, IN 46131	Temp (C): 7.5	
		Project Name:	

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

Sample Date	Sample Time	Comp.	Grab	Sample Location/site ID	Number of Containers	Analysis / Preservative: Plastic 8oz w/HNO3 7 Metals	Plastic 8oz w/NaOH Total Cyanide					Sample Comments	Lab #
2-1-23	7-3	X		Wastewater Effluent	1	X						**For Composite:** a sample was collected every 60 minutes for a total of 8 hours	23-0631
2-1-23	11am		X	Wastewater Effluent	1		X						23-0632
												Frenquency = 1/month	
												TTO = 1/6months	

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

Relinquished by: *(sampler signature)* Anna Corrie	Date/Time:	Received by: *(signature or shipper)* UPS
Relinquished by: *(signature)* UPS	Date/Time: 2/9/23 1:55	Received by: *(signature or shipper)* Nelo Onilo (lab)
Relinquished by: *(signature)*	Date/Time:	Received by: *(signature or shipper)*
Relinquished by: *(signature)*	Date/Time:	Received by: *(signature or shipper)*

Report to: **Nick Lawrence**
Material Handling Exchange, Inc.
1800 Churchman Ave
Indianapolis, IN 46203

Phone:
Fax:

P.O.#:
Bill to:

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

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

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A PDF DOCUMENT, NAMED APPROPRIATELY (PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e., IN0012345_001A_MMR_2019_01.pdf), AND ATTACHED TO THE CORRESPONDING NETDMR FORM FOR SUBMITTAL.

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

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2	
OUTFALL NO.			

0	2	2	3
MO.		YR.	

No Discharge: X

This is a revised submittal.

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

EFFLUENT CHARACTERISTICS		FLOW	pH		Cyanide,Total [Cn]			Nickel,Total [Ni]			Silver,Total [Ag]		
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q		C 00720	Q		C01074	Q		C01079
SAMPLE TYPE	Permit Condition	24TOT	Grab				Grab			Comp			Comp
	Monitored	24TOT	Grab				Grab			Comp			Comp
FREQUENCY	Permit Condition	Daily	Meter				Monthly			Monthly			Monthly
	Monitored	Daily	Daily				Monthly			Mothly			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
Wed	1												
Thu	2												
Fri	3												
Sat	4												
Sun	5												
Mon	6												
Tue	7												
Wed	8												
Thu	9												
Fri	10												
Sat	11												
Sun	12												
Mon	13												
Tue	14												
Wed	15												
Thu	16												
Fri	17												
Sat	18												
Sun	19												
Mon	20												
Tue	21												
Wed	22												
Thu	23												
Fri	24												
Sat	25												
Sun	26												
Mon	27												
Tue	28												
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)*
		2/1/2023
Preparer's telephone number	Operator's certification number	
317-213-0178		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date *(month, day, year)*
Jeremy Baughman		2/6/2023

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

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

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A PDF DOCUMENT, NAMED APPROPRIATELY (PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e., IN0012345_001A_MMR_2019_01.pdf), AND ATTACHED TO THE CORRESPONDING NETDMR FORM FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2	
OUTFALL NO.			

0	2	2	3
MO.		YR.	

No Discharge **X**

This is a revised submittal.

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

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

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)*: 2/1/2023

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)*:

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

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

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A PDF DOCUMENT, NAMED APPROPRIATELY (PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e., IN0012345_001A_MMR_2019_01.pdf), AND ATTACHED TO THE CORRESPONDING NETDMR FORM FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2	
OUTFALL NO.			

0	2	2	3
MO.		YR.	

No Discharge **X**

This is a revised submittal.

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

EFFLUENT CHARACTERISTICS		Copper[Cu]			TTO							
EFFLUENT PARAMETER NUMBER		Q	C01119		Q	C78141		Q	C		Q	C	
SAMPLE TYPE	Permit Condition		Comp			Grab							
	Monitored		Comp			Grab							
FREQUENCY	Permit Condition		Monthly			2X/Year							
	Monitored		Monthly			2X/Year							
EFFLUENT LIMITATIONS	Permit Minimum		N/A			N/A							
	Permit Average		0.31			N/A							
	Permit Maximum		0.31			2.00							
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Wed	1												
Thu	2												
Fri	3												
Sat	4												
Sun	5												
Mon	6												
Tue	7												
Wed	8												
Thu	9												
Fri	10												
Sat	11												
Sun	12												
Mon	13												
Tue	14												
Wed	15												
Thu	16												
Fri	17												
Sat	18												
Sun	19												
Mon	20												
Tue	21												
Wed	22												
Thu	23												
Fri	24												
Sat	25												
Sun	26												
Mon	27												
Tue	28												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

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)* 2/1/2023
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)*