DMR Copy of Record

Permit

Permit #: INP000627

MATERIAL HANDLING EXCHANGE, INC. Permittee:

Major:

No

Permittee Address: 1001 HURRICANE ST

FRANKLIN, IN 46131

Facility Location:

Facility:

MATERIAL HANDLING EXCHANGE, INC.

1001 N HURRICANE ST FRANKLIN, IN 46131

Permitted Feature:

001 External Outfall

Amato

Discharge:

001-A

001 POWDER COAT METAL PARTS - TO FRANKLIN POTW

Report Dates & Status

Monitoring Period: From 04/01/23 to 04/30/23 DMR Due Date: 05/28/23 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

No Data Indicator (NODI)

Form NODI:

Last Name:

	Parameter	Monitoring Location	Season #	Param. NODI			Qı	uantity or Loadin	ng				Qua	ity or Concen	tration			f of Ex. Frequency of	Analysis Sample Typ
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier	1 Value 1	Qualifier	2 Value 2			Units		
					Sample						=	6.78					12 - SU	01/01 - Daily	GR - GRAB
00400	pH	1 - Effluent Gross	0		Permit Req						>=	5.0 DAILY MN	١		<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB
					Value NOD														
					Sample								=	0.04	=	0.04	19 - mg/L	01/30 - Monthly	GR - GRAB
X 00720	Cyanide, total [as CN]	1 - Effluent Gross	0		Permit Req								<=	0.02 MO AV	G <=	0.02 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
00720	- J				Value NOD														
					Sample								=	0.03	=	0.03	19 - mg/L	01/30 - Monthly	24 - COMP2
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 - COMP2
01011	Thoron, total rosovorable	1 Emacin Cross			Value NOD	ı													
					Sample								<	0.005	<	0.005	19 - mg/L	01/30 - Monthly	24 - COMP2
01079	Silver total recoverable	1 - Effluent Gross	0		Permit Req								<=	0.24 MO AVO	3 <=	0.43 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP2
0.0.0					Value NOD	ı													
					Sample								=	0.02	=	0.02	19 - mg/L	01/30 - Monthly	24 - COMP2
01094	Zinc, total recoverable	1 - Effluent Gross	0		Permit Req								<=	1.48 MO AVO	G <=	2.0 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP2
	,				Value NOD														
					Sample								<	0.005	<	0.005	19 - mg/L	01/30 - Monthly	24 - COMP2
01113	Cadmium, total recoverable	1 - Effluent Gross	0		Permit Req								<=	0.07 MO AVO	3 <=	0.11 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP2
					Value NOD														
					Sample								<	0.01	<	0.01	19 - mg/L	01/30 - Monthly	24 - COMP2
01114	Lead, total recoverable	1 - Effluent Gross	0		Permit Req								<=	0.13 MO AVO	G <=	0.13 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP2
	,				Value NOD														
					Sample								<	0.01	<	0.01	19 - mg/L	01/30 - Monthly	24 - COMP2
01118	Chromium, total recoverable	1 - Effluent Gross	0		Permit Req								<=	1.71 MO AVO	G <=	2.77 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP2
	,				Value NOD														
					Sample								-	0.09	=	0.09	19 - mg/L	01/30 - Monthly	24 - COMP2
01119	Copper, total recoverable	1 - Effluent Gross	0		Permit Req								<=	0.31 MO AVO	3 <=	0.31 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP2
	••				Value NOD														
					Sample	= (0.0043243	= 0.0	09681	03 - MGE)							01/01 - Daily	TM - TOTAL
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req		Req Mon MO AV	G Re	q Mon DAILY MX	03 - MGE)							01/01 - Daily	TM - TOTAL
	•				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	Monitoring Location	Field	Type	Description	Acknowledge
Code	Name	Monitoring Location	Field	Type	Description	Acknowledge
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 Name	Туре	Size
Analytical_20230313_132002.pdf	pdf	1135204.0
INP000627_001A_MMR_2023_3.pdf	pdf	381171.0

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

User: HSSTOOLROOM
Name: Jeremy Baughman
E-Mail: hsstool@m-h-e.com

Date/Time: 2023-05-12 10:21 (Time Zone: -04:00)

Report Last Signed By

User: HSSTOOLROOM
Name: Jeremy Baughman
E-Mail: hsstool@m-h-e.com

Date/Time: 2023-05-12 10:21 (Time Zone: -04:00)

DMR Copy of Record

Pormit	

Permit #: INP000627 Permittee: MATERIAL HANDLING EXCHANGE, INC.

No Major:

Permittee Address: 1001 HURRICANE ST

FRANKLIN, IN 46131

Facility Location: 1001 N HURRICANE ST

MATERIAL HANDLING EXCHANGE, INC.

FRANKLIN, IN 46131

Permitted Feature:

002 External Outfall

Amato

Discharge: 002-A

002 POWDER COAT METAL PARTS - TO FRANKLIN POTW

Report Dates & Status

DMR Due Date: **Monitoring Period:** From 04/01/23 to 04/30/23 05/28/23 Status:

Facility:

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

No Data Indicator (NODI)

Last Name:

Form NODI:

	Parameter	Monitoring Location	Season	# Param. NODI		(Quantity or Load	ing				Q	uality or Concentrati	ion			# of Ex. Frequency of Analys	is Sample Type
Code	Name				Qual	ifier 1 Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	3 Value 3	Units		
00400	nu	1 - Effluent Gross	0		Sample Permit Req.					>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB
00400	рп	1 - Ellident Gloss	U		Value NODI						C - No Discharge				C - No Discharge			
					Sample								0.02 MO AVG		0.02 DAILY MX	10	01/30 - Monthly	GR - GRAB
00720	Cyanide, total [as CN]	1 - Effluent Gross	0		Permit Req. Value NODI							<=	C - No Discharge	<=	C - No Discharge	19 - mg/L	_ 01/30 - Monthly	GR - GRAB
					Sample								- The annual go		- The Literature gr			
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 Permit Reg.							<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
01079	Silver total recoverable	1 - Effluent Gross	0		Value NODI							<=	C - No Discharge		C - No Discharge	19 - HIG/L	_ 01/30 - Monthly	24 - COIVIP24
					Sample													
01094	Zinc, total recoverable	1 - Effluent Gross	0		Permit Req.							<=	1.48 MO AVG	<=	2.0 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
					Value NODI								C - No Discharge		C - No Discharge			
					Sample Permit Reg.							<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
01113	Cadmium, total recoverable	1 - Effluent Gross	0		Value NODI							\=	C - No Discharge		C - No Discharge	19 - 111g/L	- 01/30 - Monthly	24 - COMF24
					Sample								0		0			
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 Permit Reg.							<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
01118	Chromium, total recoverable	1 - Effluent Gross	0		Value NODI							<=	C - No Discharge		C - No Discharge	19 - mg/L	_ U1/30 - Monthly	24 - COMP24
													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
01119	Copper, total recoverable	i - Eiliueili Gioss	J		Value NODI								C - No Discharge		C - No Discharge			
					Sample													
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.	Req Mon MO AVO	G F	Req Mon DAILY MX	03 - MGE								01/01 - Daily	TM - TOTALZ
					Value NODI	C - No Dischar	ge	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

INP000627_002A_MMR_2023_3.pdf pdf 377136.0 Analytical_20230313_132002.pdf pdf 1135204.0 Report Last Saved By MATERIAL HANDLING EXCHANGE, INC. User: HSSTOOLROOM Name: Jeremy Baughman E-Mail: hsstool@m-h-e.com Date/Time: 2023-05-12 10:02 (Time Zone: -04:00) Report Last Signed By User: HSSTOOLROOM Name: Jeremy Baughman E-Mail: hsstool@m-h-e.com Date/Time: 2023-05-12 10:03 (Time Zone: -04:00)



WATER & WASTEWATER LABORATORIES, INC.

Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: March 13, 2023

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	3/1/23	3/7/23	23-1094
#2	Wastewater Effluent Grab	3/1/23	3/7/23	23-1095
#3		0/ 1/20	0/1/20	23-1033

Parameter	#1	#2	#3	Units	Method	MDL
Total Metals				-	200.2	IVIDE -
Cadmium	< 0.005	-		mg/L	200.7	0.005
Chromium, total	<0.01	-		mg/L	200.7	0.005
Copper	0.09	-		mg/L	200.7	
Lead	<0.01	_		mg/L	200.7	0.01
Nickel	0.04	-		mg/L	200.7	0.01
Silver	<0.005	-		mg/L	200.7	
Zinc	<0.01	-		mg/L	200.7	0.005 0.01
Total Cyanide	_	0.02				
Julia Oyumuo		0.02		mg/L	4500CN C/E	0.01
nit Desc: ma/L = milligrams per lite						-

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)

Anal	vsis	Certified	Rv.
/ Wilai	V 313	Cerunea	DV.

John Ondo

Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: March 13, 2023

P.O. #: verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	3/1/23	3/7/23	23-1094
#2	Wastewater Effluent Grab	3/1/23	3/7/23	23-1095
#3		0/ 1/20	3/1/23	23-1093

A L L L L		Method	Matrix Spike	Matrix D	uplicate				
Analytical Batch	LCS	Blank	(MS)	Spike (MSD)	Sample (Dup)		Test		Date
QA/QC Data	% recovery	mg/L	% recovery	% recovery	% Deviation	MDL	Method	Analyst	Analyze
Total Metals	-	-	-	•	-	-	200.2	RK	3/8/2023
Cadmium	98	ND	96	_	0	0.005	200.7	RK	3/9/2023
Chromium, total	97	ND	98	-	4	0.01	200.7	RK	3/9/2023
Copper	99	ND	96	-	0	0.01	200.7	RK	3/9/2023
Lead	100	ND	96	-	0	0.01	200.7	RK	3/9/2023
Nickel	98	ND	97	-	0	0.01	200.7	RK	3/9/2023
Silver	94	ND	96	-	0	0.005	200.7	RK	3/9/2023
Zinc	98	ND	100		1	0.01	200.7	RK	3/9/2023
Total Cyanide	105	ND	90	-	0	0.01	4500CN C/E	JO	3/9/2023

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

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

John Ondo

Analysis Certified By:

Sample Chain of Custody Record

			oper)	ure or shi _l	: (signat	Received by: (signature or shipper)	Date/Time:			(signature)	Notified by: (signature)
		Bill to:		V			١				Dolinguished L
		P.O.#:	oper)	ure or shi	: (signat	Received by: (signature or shipper)	Date/Time:			(signature)	Relinduisned by: (signature)
		Fax:	(JAB)	Mos	5	7	2 (Sp. 18)	1/2			(/ /)
		Phone:	bper)	ure or shi	: (signat	Received by: (signature or shipper)	Date/Time:	3/1/2		(signature)	Relinquished by: (signature)
	Indianapolis, IN 46203				N	CT			٦	Con	ana
0	1800 Churchman Ave		pper)	by: (signature or shipper)	(signal	Received by	Date/Time:	1	ture)	(sampler signa	Relinquished by: (sampler signature)
ge. Inc.	Material Handling Exchange, Inc.	,							~	655	Inna
	Report to: Jeremy Baughman	Report to							ج د	ame(s)-sign belov	Sampler(s) [print name(s)-sign below]:
	TTO = 1/6months										
	Frenquency = 1/month										
3											
	•										
s (for a total of 8 hours				- 15 12						
23-109	₩ minutes		×		-		Effluent	Wastewater Effluent	×	llam	3-1-23
23-109	was collected every			×	_		Effluent	Wastewater Effluent	×	7-3	5-1-25
Lab#	Sample Comments			7 N	N	e ID	Sample Location/site ID		Comp. Grab		Date
			stic 8	1etals	Num	j	o				Sample
	Phone:(216)696-0280 Fax:(216)696-6831		oz w/Na anide		per of (, tuintiin, i	
	Cleveland, Ohio 44115		OH		Cont		Project Name		N 16131	Franklin IN 16131	
e ¬	2779 Rockefeller Avenue	CIVALIAC	/xilarysis / 1 csci valive		aine	[Temp (C):		cane Road	1001 Hurricane Road	Site Address:
aboratories, Inc.	Water & Wastewater Laboratories, Inc.	arvotivo.	Analysis / Pres		_	Yes No	Sample chilled/iced	Material Handling Exchange, Inc.	andling Exc	Material H	Site Name:
				•			The second secon				



imprisonment for knowing violations.

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 0 0 0 0 0 2 PERMIT NUMBER OUTFALL NO. MO ΥR No Discharge ** < column: Can enter "<" if measurement value is less than limit of detection This is a revised submittal. EFFLUENT CHARACTERISTICS FLOW Cyanide, Total [Cn] Nickel, Total [Ni] Silver, Total [Ag] рΗ EFFLUENT PARAMETER NUMBER Q50050 C00400 C 00720 C01074 C01079 SAMPLE TYPE Permit Condition 24TOT Grab Grab Comp Monitored 24TOT Grab Grab Comp Comp Daily **FREQUENCY** Permit Condition Meter Monthly Monthly Monthly Daily Daily Monthly Monthly Monthly Monitored **EFFLUENT** Permit Minimum N/A N/A N/A N/A LIMITATIONS Permit Average N/A 0.02 1.60 0.24 Report Permit Maximum Report 10.0 0.02 1.60 0.43 UNITS = MGD НІ LOW LB/DAY MG/L LB/DAY MG/L LB/DAY MG/L Wed 0.005227 6.92 0.00087239 0.02 0.00174477 0.04 0.0002181 0.005 Thu 2 0.005904 7.15 0.001948 7.07 Fri Sat 4 N/A N/A Sun 5 N/A N/A Mon 6 0.00447 7.07 7 0.005431 7.05 Tue Wed 8 0.003011 7.11 Thu 9 0.004084 7.09 Fri 10 0.004738 7.11 Sat 11 N/A N/A 12 N/A N/A Sun Mon 13 0.004219 7.12 0.004699 Tue 14 6.9 Wed 15 0.004053 7.16 Thu 16 0.004843 7.13 0.0043 7.01 Fri 17 Sat 18 N/A N/A Sun 19 N/A N/A Mon 20 0.004066 7.17 Tue 21 0.004403 6.99 0.004466 7.09 Wed 23 0.00397 7.06 Thu Fri 24 0.007158 6.9 Sat 25 N/A N/A 26 N/A N/A Sun 27 0.00369 Mon 6.93 28 0.004578 Tue 7.06 Wed 29 0.004268 7.17 0.004208 Thu 30 7.08 Fri 0.003697 7.03 MONTHLY AVERAGE 0.00441004 0.00087239 0.02 0.00174477 0.04 0.0002181 0.005 HIGHEST VALUE 0.00087239 0.007158 0.00174477 0.0002181 0.005 7.17 0.02 0.04 LOWEST VALUE 0.00087239 0.0002181 0.001948 6.9 0.020.00174477 0.04 0.005 NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED TOTAL FLOW 0.101431 Prepared by or under the direction of (Certified Operator): Date (month, day, year) certify under penalty of law that this document and all attachments Jeremy Baughman 3/1/2023 were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather Preparer's telephone number Operator's certification number and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly 317-213-0178 responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and Signature of principal executive officer or authorized agent Date (month, day, year) (or attested by NetDMR subscriber agreement) complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and Jeremy Baughman 3/5/2023



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS Indiana Discharge Monitoring Report State Form 30530 (R4 / 7-19) FACILITY NAME AND ADDRESS: PLEASE COMPLETE ONE COPY FOR EACH

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

I N P	7]	0	0		1	0	MO	3 2 3 O. YR.					
	PERMIT NUMBER	₹		J		OUT	FALL	_ NO.		МО	. Y		Disc	harge
** < column: Can e	nter "<" if measureme	ent value is les	s than lim	it of de	tection						This is	a revised sub		
EFFLUENT CHARA			Total [Zn]	iii oi uo			ım. T	otal [Cd]	Lead	.Tot	al [Pb]	Chromit		
EFFLUENT PARAM		Q	C01094		Q		C01		Q	•	1114	Q		1118
SAMPLE TYPE	Permit Condition		Comp				Com			Со				Comp
	Monitored		Comp				Com			Co				Comp
FREQUENCY	Permit Condition		Monthly				Mon	nthly			nthly			Monthly
	Monitored		Monthly				Mon	nthly			nthly			Monthly
EFFLUENT	Permit Minimum		N/A				N/A			N/A				N/A
LIMITATIONS	Permit Average		1.48				0.07	7		0.1	3			1.71
	Permit Maximum		2.0				0.11			0.1				2.77
	UNITS=	LB/DAY		G/L	LB/I		**	MG/L	LB/DAY	**	IVIO/L	LB/DAY	**	MG/L
	Wed 1	0.00043619	<	0.01	0.00	002181	<	0.005	0.00043619	<	0.01	0.00043619	<	0.01
	Thu 2													
	Fri 3													
	Sat 4													
	Sun 5												_	
	Mon 6 Tue 7													
	Tue 7 Wed 8												\vdash	
	Thu 9													
	Fri 10													
	Sat 11													
	Sun 12													
	Mon 13													
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	Thu 23													
	Fri 24													
	Sat 25													
	Sun 26												_	
	Mon 27 Tue 28													
	Wed 29													
	Thu 30													
	Fri 31													
MONTHLY AVERAG		0.00043619		0.01	0.00	002181		0.005	0.00043619		0.01	0.00043619		0.01
HIGHEST VALUE		0.00043619		0.01		002181		0.005			0.01			0.01
LOWEST VALUE		0.00043619		0.01		002181		0.005	0.00043619		0.01			0.01
NO. OF TIMES WEEKL	Y, DAILY, MONTHLY													
EFFL. LIMITATIONS	EXCEEDED													
				Prepa	red by c	or unde	r the	direction of (C	ertified Opera	tor):		Date (month,	day,	year)
	f law that this document an							Jeremy Bau	nhman			3/	1/20	123
	y direction or supervision in							•	yu.i		1_			
	ssure that qualified personi			Prepa	rer's tele	ephone	num	nber			Operator's ce	ertification num	ber	
	ation submitted. Based on manage the system, or tho													
	manage the system, or the grant of the grant of the grant of the information, the information of the grant of					;	317-	-213-0178						
	edge and belief, true, accur			Signat	ure of n	rincipa	lexe	cutive officer o	r authorized a	gen	t	Date (month,	dav	vear)
	re significant penalties for s							subscriber agre			Tate (month, day, year)			
information, including th	e possibility of fine and imp	-		[Jeremy Bau						
knowing violations.								perenny bau(giiiiaii					

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

I N P 0 0 0 6 2 7				0 0 1 0 3 2 3 OUTFALL NO. MO. YR.												
	PERMIT NUMBER	₹		ļ	OUTFALL NO.											
** < column: Can on	ter "<" if measureme	ont value ie lee	e than lim	it of detection							No Discharge This is a revised submittal.					
EFFLUENT CHARAC				it of dete			T	Inisi			is a revised submittal.					
		Copper [Cu]			_		TTO C78141		Q C		_		0	10		
EFFLUENT PARAME SAMPLE TYPE		Q	C01119		Q		C/c		Q		_		Q	С		
SAMPLE TYPE	Permit Condition		Con					Grab								
FREQUENCY	Monitored		Con	•				Grab	 	-				-		
FREQUENCY	Permit Condition		Mont	_				2X/Year	-					-		
EEEL LIENT	Monitored		Mont					2X/Year						-		
EFFLUENT	Permit Minimum		N/A					N/A						-		
LIMITATIONS	Permit Average		0.3				<u> </u>	N/A						-		
	Permit Maximum	10/04)/	0.3			241/	**	2.00	1.5/	5437	**	140/	15/54)/		140#	
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HIGHEST VALUE		0.00392574		0.09												
LOWEST VALUE		0.00392574		0.09												
NO. OF TIMES WEEKL' EFFL. LIMITATIONS										- 1						
I certify under penalty of	law that this document an	d all attachments		Prepare	d by or	under		direction of (C):		Date (month	n, day /1/20		
were prepared under my	direction or supervision in	n accordance with	ı				J	eremy Bau	yıırıan				3/	1/2	JZ3	
	sure that qualified person			Prepare	r's teler	hone r	numb	ber			Ţ	Operator's ce	ertification nur	nber		
	tion submitted. Based on			<u> </u>							- [
responsible for gathering	nanage the system, or tho the information, the information,	mation submitted	is,					213-0178								
	dge and belief, true, accur		e.					cutive officer of			nt		Date (month	ı, day	ı, year)	
	e significant penalties for s	-		(or atte	sted by	NetDM	1R sı	ubscriber agre	eement)							
information, including the knowing violations.	possibility of fine and imp	orisonment for					(or attested by NetDMR subscriber agreement) Jeremy Baughman									



WATER & WASTEWATER LABORATORIES, INC.

Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: March 13, 2023

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	3/1/23	3/7/23	23-1094
#2	Wastewater Effluent Grab	3/1/23	3/7/23	23-1095
#3		0/ 1/20	0/1/20	23-1033

Parameter	#1	#2	#3	Units	Method	MDL
Total Metals				-	200.2	IVIDE -
Cadmium	<0.005	-		mg/L	200.7	0.005
Chromium, total	<0.01	-		mg/L	200.7	0.005
Copper	0.09	-		mg/L	200.7	
Lead	<0.01	_		mg/L	200.7	0.01
Nickel	0.04	-		mg/L	200.7	0.01 0.01
Silver	<0.005	-		mg/L	200.7	0.005
Zinc	<0.01	-		mg/L	200.7	0.005
Total Cyanide	_	0.02				
		0.02		mg/L	4500CN C/E	0.01
į						

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)

Anal	vsis	Certified	Rv.
/ Wilai	V 313	Cerunea	DV.

John Ondo

Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: March 13, 2023

P.O. #: verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
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#2	Wastewater Effluent Grab	3/1/23	3/7/23	23-1095
#3		0/ 1/20	3/1/23	23-1093

A L L L L		Method	Matrix Spike	Matrix D	uplicate				
Analytical Batch	LCS	Blank	(MS)	Spike (MSD)	Sample (Dup)		Test		Date
QA/QC Data	% recovery	mg/L	% recovery	% recovery	% Deviation	MDL	Method	Analyst	Analyze
Total Metals	-	-	-	•	-	-	200.2	RK	3/8/2023
Cadmium	98	ND	96	_	0	0.005	200.7	RK	3/9/2023
Chromium, total	97	ND	98	-	4	0.01	200.7	RK	3/9/2023
Copper	99	ND	96	-	0	0.01	200.7	RK	3/9/2023
Lead	100	ND	96	-	0	0.01	200.7	RK	3/9/2023
Nickel	98	ND	97	-	0	0.01	200.7	RK	3/9/2023
Silver	94	ND	96	-	0	0.005	200.7	RK	3/9/2023
Zinc	98	ND	100		1	0.01	200.7	RK	3/9/2023
Total Cyanide	105	ND	90	-	0	0.01	4500CN C/E	JO	3/9/2023

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

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

John Ondo

Analysis Certified By:

Sample Chain of Custody Record

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		shipper)	nature or .	Received by: (signature or shipper)	Date/Time:	re)	Relinquished by: (signature)
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	P.O.#:	shipper)	nature or	Received by: (signature or shipper)	Date/Time:	re)	Relinquished by: (signature)
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	Phone:	shipper)	gnature gr	Received by: (signature or shipper)	j S	re)	Kelinquished by: (signature)
Indianapolis, IN 46203		P. P. P.		SAN		{,	ma Co
Material Handling Exchange, Inc.	<u></u>	shipper)	nature or	Received by: (signature or shipper)	Date/Time:	r signature)	S
Report to: Jeremy Baughman	Report to					ic(s)-sign below]:	Dona (Sysigh below)
TTO = 1/6months							Ner(c) [print name(c) cir
Frenquency = 1/month							
		,,,					
for a total of 8 hours							
(C) minutes 23/09		×	_		Wastewater Effluent	×	3-1-23 11am
was collected every 23-109			1 X		Wastewater Effluent	×	3-1-23 7-3
Sample Comments Lab #			<u></u>	ID	Sample Location/site ID	ne Comp. Grab	-
		c 8oz	c 8oz			ıple	Sample Sample
Phone:(216)696-0280 Fax:(216)696-6831		w/NaO	er of Co		Project Name:	Franklin, IN 46131	Frank
Cleveland, Ohio 44115		Н		[Temp (C):	1001 Hurricane Road	Site Address: 1001
Water & Wastewater Laboratories, Inc.	reservative	Analysis / Preservative	ers	Yes	ge, Inc. Sample chilled/iced	Material Handling Exchange, Inc.	



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 0 0 0 0 0 PERMIT NUMBER OUTFALL NO. MO ΥR No Discharge ** < column: Can enter "<" if measurement value is less than limit of detection This is a revised submittal. EFFLUENT CHARACTERISTICS FLOW Cyanide, Total [Cn] Nickel, Total [Ni] Silver, Total [Ag] рΗ EFFLUENT PARAMETER NUMBER Q50050 C00400 C 00720 C01074 C01079 SAMPLE TYPE Permit Condition 24TOT Grab Grab Comp Comp Monitored 24TOT Grab Grab Comp Comp Daily **FREQUENCY** Permit Condition Meter Monthly Monthly Monthly Monitored Daily Daily Monthly Mothly Monthly **EFFLUENT** Permit Minimum N/A N/A N/A N/A LIMITATIONS Permit Average N/A 0.02 1.60 0.24 Report Permit Maximum Report 10.0 0.02 1.60 0.43 UNITS = MGD Ш LOW LB/DAY MG/L LB/DAY MG/L LB/DAY MG/L Wed Thu 2 Fri Sat 4 Sun 5 Mon 6 7 Tue Wed 8 Thu 9 Fri 10 Sat 11 12 Sun Mon 13 14 Tue Wed 15 Thu 16 Fri 17 Sat 18 19 Sun Mon 20 Tue 21 22 Wed 23 Thu Fri 24 Sat 25 Sun 26 27 Mon 28 Tue Wed 29 Thu 30 Fri 31 MONTHLY AVERAGE HIGHEST VALUE LOWEST VALUE NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED TOTAL FLOW Prepared by or under the direction of (Certified Operator): Date (month, day, year) certify under penalty of law that this document and all attachments Jeremy Baughman 3/1/2023 were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather Preparer's telephone number Operator's certification number and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly 317-213-0178 responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and Signature of principal executive officer or authorized agent Date (month, day, year) (or attested by NetDMR subscriber agreement) complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and Jeremy Baughman 4/5/2023 imprisonment for knowing violations.

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS Indiana Discharge Monitoring Report State Form 30530 (R4 / 7-19) FACILITY NAME AND ADDRESS: PLEASE COMPLETE ONE COPY FOR EACH

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

I N P	0 0 0	6 2	7	1	0 0		2			3 2	3			
	PERMIT NUMBER				OUTFALL NO. MO.									
											No	Discharge	Х	
** < column: Can er	nter "<" if measureme	ent value is le	ss than lim	it of de	tection					This is	s a revised sub	mittal.		
EFFLUENT CHARAG	CTERISTICS	Zink	Total [Zn]		Cadmi	um,To	otal [Cd]	Le	ad,Tot	al [Pb]	Chromi	um,Total [Cr]		
EFFLUENT PARAM	ETER NUMBER	Q	C01094				113	Q	C0	1114	Q	C01118		
SAMPLE TYPE	Permit Condition		Comp			Com	ıp		Co	mp		Comp	,	
	Monitored		Comp			Com	ıp		Co	mp		Comp	,	
FREQUENCY	Permit Condition		Monthly			Mon	thly		Monthly			Monthly	у	
	Monitored		Monthly			Mon	thly		Мо	nthly		Monthly	y	
EFFLUENT	Permit Minimum		N/A			N/A			N/A	4		N/A		
LIMITATIONS	Permit Average		1.48			0.07			0.1	3		1.71		
	Permit Maximum		2.0			0.11			0.1	3		2.77		
	UNITS=	LB/DAY	** M	G/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	** MG/	/L	
	Wed 1													
	Thu 2													
	Fri 3													
	Sat 4													
	Sun 5													
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	direction or supervision ir						leremy Bau	ighman] 3/	1/2023		
a system designed to as	ssure that qualified personi ation submitted. Based on	nel properly gath	er	Prepa	rer's telephone	e num	ber			Operator's ce	ertification num	iber		
person or persons who r	manage the system, or tho	se persons direc	tly			317-	213-0178							
	g the information, the infor			Cierre				on outhoris-	1 00	1	Data /mar#	day yaarl		
	edge and belief, true, accur e significant penalties for s		t € .	Signal (or of	ture of principa tested by NetD	MAD .	cutive officer	oi garuotize(agen	ι	Date (month)	uay, year)		
	e significant penalties for s e possibility of fine and imp	-		(or at	icolcu by Nell									
knowing violations.	,			Jeremy Baughman										

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

I N P	0 0 0 PERMIT NUMBER	6 2	7]	0 0		2]	0	3 2				
	PERIVITI NUIVIBEI	<u> </u>		j	OUTFALL NO. MO					D. YR. No Discharge X				
** < column: Can er	nter "<" if measureme	nt value is le	ss than limi	it of dete	ection					Thi	s is a revised su			
EFFLUENT CHARA	CTERISTICS	Co	opper[Cu]			TTO								
EFFLUENT PARAM	ETER NUMBER	Q	C01119		Q	C78	8141	Q	С		Q	С		
SAMPLE TYPE	Permit Condition		Con	np			Grab							
	Monitored		Con	np			Grab							
FREQUENCY	Permit Condition		Mont	thly			2X/Year							
	Monitored		Mont				2X/Year							
EFFLUENT	Permit Minimum		N/A	Д			N/A							
LIMITATIONS	Permit Average		0.3	1			N/A							
	Permit Maximum		0.3				2.00							
	UNITS=	LB/DAY	** M	G/L	LB/DAY	**	MG/L	LB/I	DAY **	* MG/L	LB/DAY	**	MG/L	
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	law that this document an			Prepare	d by or under		direction of (C eremy Bau			•	Date (month	n, day, /1/202		
	direction or supervision ir						-	g / IGI I		T ₂				
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	edge and belief, true, accur		te.	Signatu	re of principal	exec	cutive officer of	r authoi	ized ager	nt	Date (month	, day,	year)	
	e significant penalties for s			(or atte	sted by NetDM									
knowing violations.	e possibility of fine and imp	101 JUANINGON		Jeremy Baughman										