### **DMR Copy of Record**

Permit

Permit #: INP000627

MATERIAL HANDLING EXCHANGE, INC. Permittee:

No Major:

Permittee Address:

1001 HURRICANE ST FRANKLIN, IN 46131

**Facility Location:** 

MATERIAL HANDLING EXCHANGE, INC.

Facility:

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 05/01/23 to 05/31/23

Amato

DMR Due Date: 06/28/23 Status:

**NetDMR Validated** 

**Considerations for Form Completion** 

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

Title:

**Principal Executive Officer** 

First Name: Joe operations manager

Telephone:

317-361-6434

No Data Indicator (NODI)

Form NODI:

Last Name:

	Parameter	Monitoring Location	Season #	Param. NODI			Qı	uantity or Loadi	ng				Qua	ity or Concen	tration			of Ex. Frequency of	Analysis Sample Ty
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier		Qualifier	2 Value 2			Units		
					Sample						=	7.12			=		12 - SU	01/01 - Daily	GR - GRAE
00400	pH	1 - Effluent Gross	0		Permit Req						>=	5.0 DAILY MI	V		<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB
					Value NOD														
					Sample								=	0.03	=	0.03	19 - mg/L	01/30 - Monthl	GR - GRAB
X 00720	Cyanide, total [as CN]	1 - Effluent Gross	0		Permit Req								<=	0.02 MO AV	3 <=	0.02 DAILY MX	19 - mg/L	01/30 - Monthl	GR - GRAE
00720	- <b>,</b>				Value NOD														
					Sample								=	0.02	=	0.02	19 - mg/L	01/30 - Monthl	/ 24 - COMP
01074	Nickel, total recoverable	1 - Effluent Gross	0		Permit Req								<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L	01/30 - Monthl	24 - COMP
0.01.					Value NOD														
					Sample								<	0.005	<	0.005	19 - mg/L	01/30 - Monthl	/ 24 - COMP
01079	Silver total recoverable	1 - Effluent Gross	0		Permit Req								<=	0.24 MO AVO	3 <=	0.43 DAILY MX	19 - mg/L	01/30 - Monthl	24 - COMP
					Value NOD														
					Sample								=	0.03	=	0.03	19 - mg/L	01/30 - Monthl	/ 24 - COMP
01094	Zinc, total recoverable	1 - Effluent Gross	0		Permit Req								<=	1.48 MO AVO	G <=	2.0 DAILY MX	19 - mg/L	01/30 - Monthl	24 - COMP
	,				Value NOD														
					Sample								<	0.005	<	0.005	19 - mg/L	01/30 - Monthl	/ 24 - COMP
01113	Cadmium, total recoverable	1 - Effluent Gross	0		Permit Req								<=	0.07 MO AVO	3 <=	0.11 DAILY MX	19 - mg/L	01/30 - Monthl	24 - COMP
					Value NOD														
					Sample								<	0.01	<	0.01	19 - mg/L	01/30 - Monthl	/ 24 - COMP
01114	Lead, total recoverable	1 - Effluent Gross	0		Permit Req								<=	0.13 MO AVO	3 <=	0.13 DAILY MX	19 - mg/L	01/30 - Monthl	24 - COMP
	,				Value NOD														
					Sample								<	0.01	<	0.01	19 - mg/L	01/30 - Monthl	/ 24 - COMP
01118	Chromium, total recoverable	1 - Effluent Gross	0		Permit Req								<=	1.71 MO AVO	G <=	2.77 DAILY MX	19 - mg/L	01/30 - Monthl	24 - COMP
	, , , , , , , , , , , , , , , , , , , ,				Value NOD														
					Sample								=	0.11	=	0.11	19 - mg/L	01/30 - Monthl	/ 24 - COMP
01119	Copper, total recoverable	1 - Effluent Gross	0		Permit Req								<=	0.31 MO AVO	3 <=	0.31 DAILY MX	19 - mg/L	01/30 - Monthl	24 - COMP
	•• •				Value NOD														
					Sample	= (	0.00490504	= 0.0	008282	03 - MGD	)							01/01 - Daily	TM - TOTA
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req	. F	Req Mon MO AV	G Re	eq Mon DAILY MX	03 - MGD	)							01/01 - Daily	TM - TOTA
					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	rieiu	Туре	Description	Ackilowiedge
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

Frankin city ordinance has raised the city limits for the Cyanide from .02 to .23. I am working with Kevin Stark and Sally K. Brown to get our permits updated.

Attachments

Name		Туре	Size
Analytical_20230526_110228.pdf	pdf	f	1128722.0
Analytical_20230609_105043.pdf	pdf	f	1129485.0
INP000627_001A_MMR_2023_5.pdf	pdf	f	381095.0

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

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

Date/Time: 2023-06-23 07:36 (Time Zone: -04:00)

Report Last Signed By

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

Date/Time: 2023-06-23 07:37 (Time Zone: -04:00)

### **DMR Copy of Record**

Permit #: INP000627

Permittee: MATERIAL HANDLING EXCHANGE, INC.

Major: No

Permittee Address: 1001 HURRICANE ST

FRANKLIN, IN 46131

racility

Facility:

MATERIAL HANDLING EXCHANGE, INC.

Facility Location: 1001 N HURRICANE ST FRANKLIN, IN 46131

Permitted Feature:

Permit

002

Discharge: 002-A

002 POWDER COAT METAL PARTS - TO FRANKLIN POTW

Report Dates & Status

Monitoring Period: From 05/01/23 to 05/31/23 DMR Due Date:

External Outfall

06/28/23

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** 

No Data Indicator (NODI)

First Name: Joe

Title: operations manager

**Telephone:** 317-361-6434

Last Name: Amato

Form NODI:

	Parameter	Monitoring Location	Season	# Param. NOD	l l			antity or Loadir						uality or Concentrati				# of Ex. Frequency of Analys	sis Sample Typ
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier	1 Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units		
					Sample Permit Reg.						>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB
00400	рН	1 - Effluent Gross	0								7-	C - No Discharge				C - No Discharge	12 00	01/01 Daily	OIL OILLE
					Value NODI							C - No Discharge				C - No Discharge			
					Sample Permit Req.								<=	0.02 MO AVG	<=	0.02 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
00720	Cyanide, total [as CN]	1 - Effluent Gross	0										<b>\=</b>				19 - Hig/L	01/30 - Worlding	GK - GKAD
					Value NODI									C - No Discharge		C - No Discharge			
					Sample								<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP
01074	Nickel, total recoverable	1 - Effluent Gross	0		Permit Req.								<=				19 - mg/L	01/30 - Monthly	24 - COMP2
					Value NODI									C - No Discharge		C - No Discharge			
					Sample														
01079	Silver total recoverable	1 - Effluent Gross	0		Permit Req.								<=	0.24 MO AVG			19 - mg/L	01/30 - Monthly	24 - COMP2
					Value NODI									C - No Discharge		C - No Discharge			
					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 - COMP2
					Value NODI	I								C - No Discharge		C - No Discharge			
					Sample														
01113	Cadmium, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP2
					Value NODI	ı								C - No Discharge		C - No Discharge			
					Sample														
01114	Lead, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	0.13 MO AVG			19 - mg/L	01/30 - Monthly	24 - COMP2
					Value NODI									C - No Discharge		C - No Discharge			
					Sample														
01118	Chromium, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP2
					Value NODI	ı								C - No Discharge		C - No Discharge			
					Sample														
01119	Copper, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	0.31 MO AVG	<=	0.31 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP2
					Value NODI									C - No Discharge		C - No Discharge			
					Sample														
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.	. R	Req Mon MO AVG	Re	eq Mon DAILY MX	03 - MGE	)							01/01 - Daily	TM - TOTAL
					Value NODI	ı	C - No Discharge	e C	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

ame Type Size

Analytical_20230526_110228.pdf		pdf	1128722.0
Analytical_20230609_105043.pdf		pdf	1129485.0
INP000627_002A_MMR_2023_5.pdf		pdf	377121.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE,	INC.		
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		

Report Last Signed By

Date/Time:

 User:
 HSSTOOLROOM

 Name:
 Jeremy Baughman

 E-Mail:
 hsstool@m-h-e.com

Date/Time: 2023-06-23 07:06 (Time Zone: -04:00)

2023-06-23 07:05 (Time Zone: -04:00)



Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: May 26, 2023

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	5/16/23	5/18/23	23-2499
#2	Wastewater Effluent Grab	5/16/23	5/18/23	23-2500
#3		5, 10,20	0/10/20	20-2000

Parameter	#1	#2	#3	Units	Method	MDL
<u> Total Metals</u>				-	200.2	-
Cadmium	<0.005	-		mg/L	200.7	0.005
Chromium, total	0.01	-		mg/L	200.7	0.01
Copper	0.14	-		mg/L	200.7	0.01
Lead	<0.01	-		mg/L	200.7	0.01
Nickel	0.02	-		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
						0.01
Init Desc: mg/l = milligrams i	per liter (ppm) ug/l = m					

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)

ohn Ondo

Analysis Certified By:

Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: May 26, 2023

P.O. #: verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	5/16/23	5/18/23	23-2499
#2	Wastewater Effluent Grab	5/16/23	5/18/23	23-2500
#3		0.10,20	0/10/20	20 2000

		Method	Matrix Spike	Matrix E	Ouplicate				
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	5/19/2023
Cadmium	101	ND	92	-	0	0.005	200.7	RK	5/21/2023
Chromium, total	102	ND	102		0	0.01	200.7	RK	5/21/2023
Copper	100	ND	101	-	0	0.01	200.7	RK	5/21/2023
Lead	96	ND	96	-	0	0.01	200.7	RK	5/21/2023
Nickel	96	ND	95	-	0	0.01	200.7	RK	5/21/2023
Silver	93	ND	96	-	0	0.005	200.7	RK	5/21/2023
Zinc	100	ND	94	-	11	0.01	200.7	RK	5/21/2023
Total Cyanide	94	ND	90	-	0	0.01	4500CN C/E	JO/RK	5/19/2023

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

			shipper)	nature or	Received by: (signature or shipper)	Date/Time:				(signature)	Relinquished by: (signature)
		Bill to:			4						
		P.O.#:	· shipper)	naturé or	Received by (signature or shipper)	Date/Time:				(signature)	Relinquished by: (signature)
		Fax:		3	tund	123 1400	05/18/			Υ.	
		(h) Phone:	2 Syddings.	ngtyre oi	Received by: (signature or shippe	Date/Time:				(signature)	Relinquished by: (signature)
16203	Indianapolis, IN 46203	?	)				,	6	{	6	Fre
Ave	1800 Churchman Ave		shipper)	nature or	Received by: (signature or shipper)	Date/Time:		,	gnature)	(sampler sig	Relinquished by: (sampler signature)
Exchange Inc	Neport to: Jeremy baugnman Material Handling Evo	Neport						O	5	7	
	. Tousant Dough	Donost t							elow].	ame(s)-sion h	Sampler(s) [print name(s)-sion helow]:
<b>6</b>	TTO = 1/6months										
nonth	Frenquency = 1/month										
						*					
				-							
hours	for a total of 8										
minutes 23-200	(6C) mi		×	_		Effluent	Wastewater Effluent	×		12 pm	5-16-23
a sample 3-249	was collected every			1 <b>X</b>		Effluent	Wastewater Effluent		×	00	5-16-23
ments Lab#	Sample Comments				ha	Sample Location/site ID		o. Grab	Comp.	Sample Time	Sample Date
	Phone:(216)696-0280 Fax:(216)696-6831		oz w/NaOl anide	oer of Co		Project Name:		131	IN 46	Franklin, IN 46131	+ 4
44115	Cleveland, Ohio 44115		Н			Temp (C): 20		Road	rricane	1001 Hurricane Road	Site Address:
Water & Wastewater Laboratories, Inc.	Water & Wastew	Analysis / Preservative	Analysis	iers	Yes No	Sample chilled/iced	Material Handling Exchange, Inc.	ng Exc	Handli	Material	Site Name:
6											



Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: June 9, 2023

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	5/30/23	6/1/23	23-2667
#2	Wastewater Effluent Grab	5/30/23	6/1/23	23-2668
#3				

Parameter	#1	#2	#3	Units	Method	MDL
Γotal Metals				-	200.2	-
Cadmium	<0.005	-		mg/L	200.7	0.005
Chromium, total	< 0.01	-		mg/L	200.7	0.01
Copper	0.08	_		mg/L	200.7	0.01
Lead	<0.01	-		mg/L	200.7	0.01
Nickel	0.02	-		mg/L	200.7	0.01
Silver	< 0.005	-		mg/L	200.7	0.005
Zinc	0.02	-	,	mg/L	200.7	0.01
Total Cyanide	-	0.02		mg/L	4500CN C/E	0.01
					, A	
		77 .1. 7				

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

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



Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: June 9, 2023

P.O. #: verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	5/30/23	6/1/23	23-2667
#2	Wastewater Effluent Grab	5/30/23	6/1/23	23-2668
#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	6/2/2023
Cadmium	104	ND	98	-	0	0.005	200.7	RK	6/4/2023
Chromium, total	94	ND	95	-	0	0.01	200.7	RK	6/4/2023
Copper	99	ND	98	-	1	0.01	200.7	RK	6/4/2023
Lead	97	ND	96	-	0	0.01	200.7	RK	6/4/2023
Nickel	101	ND	98	-	9	0.01	200.7	RK	6/4/2023
Silver	100	ND	101	-	0	0.005	200.7	RK	6/4/2023
Zinc	100	ND	98	-	10	0.01	200.7	RK	6/4/2023
Total Cyanide	110	ND	92	-	0	0.01	4500CN C/E	JO	6/6/2023
		,							

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

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

Analysis Certified By

# Sample Chain of Custody Record

	Bill to:	grature or	Date Anne. Received by: (signature or shipper)	Relinquished by: (signature)
	shipper) P.O.#:	gnature or	Date/Time:	Relinquished by: (signature)
	ure or Shipper) Phone:	ghature or	Date/Time: Received by: (su	reiniquistied by: (signature)
1800 Churchman Ave Indianapolis, IN 46203	shipper)	ignature or		Computation of Sumpler signature)
Report to: Jeremy Baughman  Material Handling Exchange, Inc.	Report to		on the	Anna
TTO = 1/6months			OW.	Sampler(s) [print name(s)-sion helow].
Frenquency = 1/month				
				3
		8		
for a total of 8 hours				
(0 minutes ) 3-266	×	-	X Wastewater Effluent	3-302312
was collected every 23-266		×	X Wastewater Effluent	330-23 8-4
Sample Comments Lab # -	7 Metal: Plastic 8 Total Cy	Plastic 8	Comp. Grab Sample Location/site ID	Date Time
Phone: (216)696-0280 Fax: (216)696-6831	oz w/Na(	ber of C	riginili, ilv 40131	
Cleveland, Ohio 44115	DH		nd .	Site Address: 1001 Hu
Water & Wastewater Laboratories, Inc.	Analysis / Preservative	ers	Material Handling Exchange, Inc. Sample chilled/iced Yes No	



### 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 Silver,Total [Ag] FLOW Cyanide, Total [Cn] Nickel, Total [Ni] 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 0.02 1.60 0.43 LOW UNITS = MGD ΗΙ LB/DAY MG/L LB/DAY MG/L LB/DAY MG/L Mon 0.006992 7.26 0.00175045 0.03 0.00116696 0.02 0.00029174 0.005 Tue 2 0.004398 7.31 0.003671 Wed 7.12 Thu 4 0.004461 7.17 Fri 5 0.008282 7.57 Sat 6 0.006117 7.3 7 N/A Sun N/A Mon 8 0.006636 7.54 0.00538 Tue 9 7.42 Wed 10 0.004242 7.36 11 0.004324 7.49 Thu 12 0.004225 7.55 Fri Sat 13 0.003476 7.39 Sun 14 N/A Mon 15 0.003993 7.43 Tue 16 0.004633 7.42 Wed 17 0.004603 7.5 Thu 18 0.00381 7.54 Fri 19 0.004516 7.44 20 0.003398 7.47 Sat Sun 21 22 0.007167 Mon 7.55 23 0.004509 7.35 Tue Wed 24 0.004615 7.32 Thu 25 0.004153 7.32 26 0.004406 7.43 Fri 27 N/A Sat N/A N/A 28 N/A Sun 29 N/A N/A Mon 0.004906 Tue 30 7.41 Wed 31 0.005713 MONTHLY AVERAGE 0.00490504 0.00175045 0.03 0.00116696 0.02 0.00029174 0.005 HIGHEST VALUE 0.008282 0.00175045 0.00116696 0.00029174 0.005 7.57 0.03 0.02 LOWEST VALUE 0.00175045 0.003398 7 12 0.03 0.00116696 0.02 0.00029174 0.005 NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED TOTAL FLOW 0.122626 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 5/30/2023 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) complete. I am aware that there are significant penalties for (or attested by NetDMR subscriber agreement) submitting false information, including the possibility of fine and Jeremy Baughman 6/23/2023 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

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	1	0 0		1	0		5 2	3		
	PERMIT NUMBER	₹		1	OUT	FALL	NO.		МО	. Y	'R.		
					-						No	Disc	harge
	nter "<" if measureme			it of de				-			a revised subi		
EFFLUENT CHARA		Zinc	Total [Zn]				otal [Cd]	Lead		al [Pb]	Chromit		
EFFLUENT PARAM	IETER NUMBER	Q	C01094		Q		113	Q		1114	Q	C01	1118
SAMPLE TYPE	Permit Condition		Comp			Con			Coi				Comp
	Monitored		Comp			Con	•		Coi				Comp
FREQUENCY	Permit Condition		Monthly			Mon			Мо	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			0.1				1.71
	Permit Maximum		2.0			0.11			0.1			<u> </u>	2.77
	UNITS=	LB/DAY		G/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	Mon 1		.0.3		0.00029174	<	0.005	0.00058348	<	0.01	0.00058348	<	0.01
	Tue 2												
	Wed 3												
	Thu 4												
	Fri 5												
	Sat 6												
	Sun 7												
	Mon 8												
	Tue 9												
	Wed 10											lacksquare	
	Thu 11											$\sqcup$	
	Fri 12											$\blacksquare$	
	Sat 13					-						$\vdash$	
	Sun 14 Mon 15											$\vdash$	
	Tue 16												
	Wed 17								_			$\vdash$	
	Thu 18								_			$\vdash$	
	Fri 19											$\vdash$	
	Sat 20											H	
	Sun 21												
	Mon 22											H	
	Tue 23												
	Wed 24												
	Thu 25												
	Fri 26												
	Sat 27												
	Sun 28												
	Mon 29												
	Tue 30												
	Wed 31												
MONTHLY AVERAGE	GE				0.00029174		0.005	0.00058348		0.01	0.00058348		0.01
HIGHEST VALUE					0.00029174		0.005	0.00058348		0.01	0.00058348		0.01
LOWEST VALUE					0.00029174	J	0.005	0.00058348		0.01	0.00058348		0.01
NO. OF TIMES WEEKL													
EFFL. LIMITATIONS	SEXCEEDED			_									
				Prepa	red by or unde	r the	direction of (C	ertified Operat	or):		Date (month,	day,	year)
	f law that this document an						Jeremy Bau	ahman			5/3	0/20	023
	y direction or supervision ir			_						la · ·			<del>-</del>
	ssure that qualified persons			Prepa	rer's telephone	nun	nber			Operator's ce	ertification num	oer	
	ation submitted. Based on manage the system, or tho												
	ing the information, the information					317	-213-0178						
	edge and belief, true, accur			Signat	ture of principa	l eve	cutive officer o	r authorized a	den.	f	Date (month,	dav	vear)
-	re significant penalties for s			(or at	tested by NetD	MR 9	subscriber agre	eement)	9011	•	Sato (month),	auy,	, 501,
	ne possibility of fine and imp	•		,				-					
knowing violations.	·					,	Jeremy Bau	giillall					

## 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 PERMIT NUMBER	6 2	7		0 0 OUTI	ΕΔΙΙ	1 NO	]	0 M0	5	2	3 YR.		
	I ERWIT HOMBE	`		1	0011	/ (LL	110.		IVIC	<i>.</i>			Disc	harge
** < column: Can er	nter "<" if measureme	ent value is les	s than lim	it of dete	ction						This is	s a revised sub		
EFFLUENT CHARAC			oper [Cu]			TTC	)	1						
EFFLUENT PARAM			C01119		Q		3141	Q	С			Q	С	
SAMPLE TYPE	Permit Condition	Q	Cor	20	Q .	O/C	Grab	Q				ų.	Ĕ	
SAWIFLE TIFE				•			Grab	1					+	
FREQUENCY	Monitored		Con			<b>!</b>							-	
FREQUENCY	Permit Condition		Mon			<u> </u>	2X/Year						-	
	Monitored		Mont	-			2X/Year							
EFFLUENT	Permit Minimum		N/A	4			N/A							
LIMITATIONS	Permit Average		0.3	1			N/A							
	Permit Maximum		0.3	1			2.00							
	UNITS=	LB/DAY	** M	G/L	LB/DAY	**	MG/L	LB/I	DAY **	, N	ЛG/L	LB/DAY	**	MG/L
	Mon 1	0.00641831		0.11										
	Tue 2													
	Wed 3													
	Thu 4													
	Fri 5													
	Sat 6													
	Sun 7													
	Mon 8													
	Tue 9													
	Wed 10													
	Thu 11													
	Fri 12													
	Sat 13													
	Sun 14													
	Mon 15													
	Tue 16													
	Wed 17													
	Thu 18													
	Fri 19													
	Sat 20													
	Mon 22													
	Tue 23													
	Wed 24													
	Thu 25													
	Fri 26													
	Sat 27													
	Sun 28													
	Mon 29													
	Tue 30													
	Wed 31													
MONTHLY AVERAG	Ε	0.00641831		0.11										
HIGHEST VALUE		0.00641831		0.11		1								
LOWEST VALUE		0.00641831		0.11		1								
NO. OF TIMES WEEKL	Y DAILY MONTHLY									-			1	
EFFL. LIMITATIONS				D	-1		li ti f (0	)t.f1 (	2			D-1- /		
	law that this document an			Prepare	d by or under		direction of (Co eremy Bau		perator):			Date (month, 5/3	day 30/2	
	direction or supervision ir							J IGI1		1.				
	sure that qualified personi			Prepare	r's telephone r	numl	per			Oper	ator's c	ertification num	ıber	
	ation submitted. Based on									1				
	manage the system, or the				3	17-	213-0178							
	the information, the information									<u> </u>		IB / /		
-	dge and belief, true, accur		€.	Signatui	e of principal	exec	utive officer of	or author	ızed aqer	ıt		Date (month,	day	, year)
	e significant penalties for s	-		(or atte	sted by NetDM	IK SI	ubscriber agre	eement)						
	e possibility of fine and imp	orisonment for				J	eremy Bau	ghman						
knowing violations.							- 7							



Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: May 26, 2023

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	5/16/23	5/18/23	23-2499
#2	Wastewater Effluent Grab	5/16/23	5/18/23	23-2500
#3		5, 10,20	0/10/20	20-2000

Parameter	#1	#2	#3	Units	Method	MDL
<u> Total Metals</u>				-	200.2	-
Cadmium	<0.005	-		mg/L	200.7	0.005
Chromium, total	0.01	-		mg/L	200.7	0.01
Copper	0.14	-		mg/L	200.7	0.01
Lead	<0.01	-		mg/L	200.7	0.01
Nickel	0.02	-		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
						0.01
Init Desc: mg/l = milligrams i	per liter (ppm) ug/l = m					

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)

ohn Ondo

Analysis Certified By:

Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: May 26, 2023

P.O. #: verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	5/16/23	5/18/23	23-2499
#2	Wastewater Effluent Grab	5/16/23	5/18/23	23-2500
#3		0.10,20	0/10/20	20 2000

		Method	Matrix Spike	Matrix E	Ouplicate				
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	5/19/2023
Cadmium	101	ND	92	-	0	0.005	200.7	RK	5/21/2023
Chromium, total	102	ND	102		0	0.01	200.7	RK	5/21/2023
Copper	100	ND	101	-	0	0.01	200.7	RK	5/21/2023
Lead	96	ND	96	-	0	0.01	200.7	RK	5/21/2023
Nickel	96	ND	95	-	0	0.01	200.7	RK	5/21/2023
Silver	93	ND	96	-	0	0.005	200.7	RK	5/21/2023
Zinc	100	ND	94	-	11	0.01	200.7	RK	5/21/2023
Total Cyanide	94	ND	90	-	0	0.01	4500CN C/E	JO/RK	5/19/2023

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

			shipper)	nature or	Received by: (signature or shipper)	Date/Time:				(signature)	Relinquished by: (signature)
		Bill to:			4						
		P.O.#:	· shipper)	naturé or	Received by (signature or shipper)	Date/Time:				(signature)	Relinquished by: (signature)
		Fax:		3	tund	123 1400	05/18/			Υ.	
		(h) Phone:	2 Syddings.	ngtyre oi	Received by: (signature or shippe	Date/Time:				(signature)	Relinquished by: (signature)
16203	Indianapolis, IN 46203	?	)				,	6	{	6	Fre
Ave	1800 Churchman Ave		shipper)	nature or	Received by: (signature or shipper)	Date/Time:		,	gnature)	(sampler sig	Relinquished by: (sampler signature)
Exchange Inc	Neport to: Jeremy baugnman Material Handling Evo	Neport						O	5	7	
	. Tousant Dough	Donost t							elow].	ame(s)-sion h	Sampler(s) [print name(s)-sion helow]:
<b>6</b>	TTO = 1/6months										
nonth	Frenquency = 1/month										
						*					
				-							
hours	for a total of 8										
minutes 23-200	(6C) mi		×	_		Effluent	Wastewater Effluent	×		12 pm	5-16-23
a sample 3-249	was collected every			1 <b>X</b>		Effluent	Wastewater Effluent		×	00	5-16-23
ments Lab#	Sample Comments				ha	Sample Location/site ID		o. Grab	Comp.	Sample Time	Sample Date
	Phone:(216)696-0280 Fax:(216)696-6831		oz w/NaOl anide	oer of Co		Project Name:		131	IN 46	Franklin, IN 46131	+ 4
44115	Cleveland, Ohio 44115		Н			Temp (C): 20		Road	rricane	1001 Hurricane Road	Site Address:
Water & Wastewater Laboratories, Inc.	Water & Wastew	Analysis / Preservative	Analysis	iers	Yes No	Sample chilled/iced	Material Handling Exchange, Inc.	ng Exc	Handli	Material	Site Name:
6											



Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: June 9, 2023

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	5/30/23	6/1/23	23-2667
#2	Wastewater Effluent Grab	5/30/23	6/1/23	23-2668
#3				

Parameter	#1	#2	#3	Units	Method	MDL
Γotal Metals				-	200.2	-
Cadmium	<0.005	-		mg/L	200.7	0.005
Chromium, total	< 0.01	-		mg/L	200.7	0.01
Copper	0.08	_		mg/L	200.7	0.01
Lead	<0.01	-		mg/L	200.7	0.01
Nickel	0.02	-		mg/L	200.7	0.01
Silver	< 0.005	-		mg/L	200.7	0.005
Zinc	0.02	-	,	mg/L	200.7	0.01
Total Cyanide	-	0.02		mg/L	4500CN C/E	0.01
					A .	
		77 .1. 7				

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

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



Client: Material Handling Exchange, Inc.

Address: 1800 Churchman Ave

Indianapolis, IN 46203

Attention: Jeremy Baughman

Report Date: June 9, 2023

P.O. #: verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	5/30/23	6/1/23	23-2667
#2	Wastewater Effluent Grab	5/30/23	6/1/23	23-2668
#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	6/2/2023	
Cadmium	104	ND	98	-	0	0.005	200.7	RK	6/4/2023	
Chromium, total	94	ND	95	-	0	0.01	200.7	RK	6/4/2023	
Copper	99	ND	98	-	1	0.01	200.7	RK	6/4/2023	
Lead	97	ND	96	-	0	0.01	200.7	RK	6/4/2023	
Nickel	101	ND	98	-	9	0.01	200.7	RK	6/4/2023	
Silver	100	ND	101	-	0	0.005	200.7	RK	6/4/2023	
Zinc	100	ND	98	-	10	0.01	200.7	RK	6/4/2023	
Total Cyanide	110	ND	92	-	0	0.01	4500CN C/E	JO	6/6/2023	
		1 19								
							1 1		22. 1. 11. 11.	
						r .				

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

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

Analysis Certified By

Laboratory Manager

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

# Sample Chain of Custody Record

	Bill to:	: signature o	Date Anne Received by: (signature or shipper)	Relinquished by: (signature)
	r shipper) P.O.#:	: (signature	Date/Time:	Relinquished by: (signature)
	wre or shipper) Phone:	: (stghature	Cate/Time: Received by:	( ) D ( signature)
1800 Churchman Ave Indianapolis, IN 46203	or snipper)	Received by: (signature or shipper)	Cac IIIIc.	amalen
Material Handling Exchange, Inc.			Not of the second	Relinquished by: (sampler signature)
Report to: Jeremy Baughman	Report to			Sampler(s) [print name(s)-sign below]:
TTO = 1/6months				
Frenquency = 1/month				
for a total of 8 hours				
	×	1	X Wastewater Effluent	3-30-23 12
was collected every 3-266	×	-	X Wastewater Effluent	33025 8-4
Sample Comments Lab # -	7 Metal		Comp. Grab Sample Location/site ID	Date Time
Phone:(216)696-0280 Fax:(216)696-6831	s Boz w/Na	aber of C	Committee to 10101	
2779 Rockefeller Avenue Cleveland, Ohio 44115			ıd	Site Address: 1001
Water & Wastewater Laboratories, Inc.	Analysis / Preservative	ᆜ┃	Material Handling Exchange, Inc. Sample chilled/iced Yes No	



### 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.

hsstool@m-h-e.com

E-mail address:

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 Silver,Total [Ag] FLOW Cyanide, Total [Cn] Nickel, Total [Ni] рΗ EFFLUENT PARAMETER NUMBER Q50050 C00400 C 00720 C01074 C01079 SAMPLE TYPE Permit Condition 24TOT Grab Grab Comp Comp 24TOT Monitored Grab Grab Comp Comp Daily FREQUENCY Permit Condition Meter Monthly Monthly Monthly Daily Daily Monthly Mothly 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 Ш LOW LB/DAY MG/L LB/DAY MG/L LB/DAY MG/L Mon Tue 2 Wed Thu 4 Fri 5 Sat 6 7 Sun Mon 8 Tue 9 Wed 10 11 Thu 12 Fri Sat 13 14 Sun Mon 15 Tue 16 Wed 17 Thu 18 Fri 19 20 Sat Sun 21 Mon 22 23 Tue Wed 24 Thu 25 26 Fri Sat 27 28 Sun 29 Mon Tue 30 Wed 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 5/16/2023 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 6/23/2023 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: 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				]	0	0	2				5	2	3			
	PERMIT NUMBER	₹		J		FALL	. NO.	J	M	).	Y	'R.	D:			
**	iter "<" if measureme		41 1:	:4 af ala	44:							This is			charge X	
EFFLUENT CHARA			ss tnan IIm ,Total [Zn]	it or ae			ım Ta	otal [Cd]	ı	Lead,To	tal [Dh]	This is	s a revised submittal.  Chromium,Total [Cr]			
EFFLUENT PARAM		Q	C01094		Q		C01		Q		)1114		Q	_	1118	
SAMPLE TYPE	Permit Condition	Q	Comp			Com		Q		omp		Q		Comp		
SAWIFLE TIFE	Monitored		Comp				Com				omp			+	Comp	
FREQUENCY	Permit Condition		Monthly				Mon	•						+	Monthly	
REQUENCT	Monitored		Monthly				Mon				Monthly Monthly			+-	Monthly	
EFFLUENT	Permit Minimum		N/A				N/A	шпу		N/				+	N/A	
LIMITATIONS	Permit Average		1.48			0					0.13			+	1.71	
LIWITATIONS	Permit Maximum		2.0				0.07			0.				+-	2.77	
	UNITS=	LB/DAY	_	G/L	LB/I		**	MG/L	LB/D		-	/IG/L	LB/DAY	**	MG/L	
	Mon 1	LB/B/(I	141	O/ L	20/1	5711		IVIO/L	20/2	,,,,,		10/2	EB/B/(I		W.O,E	
	Tue 2													+		
	Wed 3													+		
	Thu 4													$\blacksquare$		
	Fri 5															
	Sat 6													$\blacksquare$		
	Sun 7															
	Mon 8													$\blacksquare$		
	Tue 9													$\blacksquare$		
	Wed 10													$\blacksquare$		
	Thu 11														 	
	Fri 12													$\blacksquare$		
	Sat 13													$\blacksquare$		
	Sun 14														 	
	Mon 15														 	
	Tue 16														 	
	Wed 17															
	Thu 18															
	Fri 19															
	Sat 20															
	Sun 21															
	Mon 22															
	Tue 23															
	Wed 24															
	Thu 25															
	Fri 26															
	Sat 27															
	Sun 28															
	Mon 29														<u> </u>	
	Tue 30														<u> </u>	
	Wed 31														<u> </u>	
MONTHLY AVERAG	iE										_				<u> </u>	
HIGHEST VALUE											_				<u> </u>	
LOWEST VALUE											_			_		
NO. OF TIMES WEEKL EFFL. LIMITATIONS																
I certify under penalty of	law that this document an	d all attachments	3	Prepa	Prepared by or under the direction of (Certified Operator):								Date (month			
	direction or supervision ir						J	leremy Bau	ghman				5/	16/20	J23	
	sure that qualified person			Prena	Preparer's telephone number							ator's ce	ertification nun	ber		
	ation submitted. Based on			, Topa	. 5. 5 1010	cpi ioi io	Hall				Topol (					
	manage the system, or tho g the information, the inform					;	317-	-213-0178								
	dge and belief, true, accur			Signat	ure of n	rincipal	exe	cutive officer of	or author	ized age	nt		Date (month	. dav	vear)	
	e significant penalties for s			(or at	tested b	y NetDI	MR s	subscriber agr	eement)		•		1		/	
	e possibility of fine and imp	-		[												
knowing violations.	<u> </u>			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

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	]	0	0		2	]	0		5 2	3		
	PERMIT NUMBE	R			J	OUTFALL NO. MO. YR. No Discharge										charge X
** < column: Can e	nter "<" if measurem	ent valı	وما وا مر	se than lim	it of dete	ction							This i	s a revised s		
EFFLUENT CHARA		T		pper[Cu]	it or acto	T		TTC	`	I			111131	1	abiiiii	ui.
EFFLUENT PARAM		Q C01119			Q		C78141		Q	I	С		Q	С	IC.	
SAMPLE TYPE	Permit Condition	Q		Corris	mn	Q		Cro	Grab	Q		C		Q		
OAIWII EE TTT E	Monitored			Coi		<del> </del>		ł	Grab							-
FREQUENCY	Permit Condition			Mon	•	1			2X/Year							
FREQUENCT	Monitored	1		Mon		1		-	2X/Year	<b>†</b>				1	-	
EFFLUENT	Permit Minimum	1		N/		1		-	N/A	<b>†</b>				1	-	
						<del> </del>		-	N/A							
LIMITATIONS	Permit Average			0.3		<del> </del>		-	2.00							
	Permit Maximum UNITS=	LD/	DAY		IG/L	I D/	DAY	**	MG/L	I D/I	DAV	**	MC/I	L D/DAV	**	MG/L
	Mon 2	_	DAT	IV	IG/L	LD/	DAT		IVIG/L	LD/I	DAY		MG/L	LB/DAY		IVIG/L
	Tue 2															
	Wed 3															
		_														
	Fri 5															
	Sat 6															
	Sun 7															
	Mon 8 Tue															-
	Wed 10															
	Thu 11															
	Fri 12															
	Sat 13															
	Sun 14															
	Mon 15															
	Tue 16															
	Wed 17															
	Thu 18															
	Fri 19															
	Sat 20															
	Sun 2															
	Mon 22															
	Tue 23															
	Wed 24															
	Thu 25															
	Fri 26															
	Sat 27															
	Sun 28 Mon 29															-
	Mon 29 Tue 30															-
	Wed 3															-
MONTHLY AVERA																
HIGHEST VALUE	JE .							1			-				-	
LOWEST VALUE											-				-	
NO. OF TIMES WEEK	IV DAILY MONTHLY										_				_	
EFFL. LIMITATION					ID.				1. 1. (.)			Ĺ		D 1 (		
	of law that this document a				Prepare	d by or	under		direction of (C eremy Bau			r):		Date (mon	th, da 5/16/2	
	ny direction or supervision				<u> </u>					٠٠١٥١١						
	ssure that qualified person				Prepare	r's telep	ohone r	numl	ber				Operator's co	ertification n	umber	
	nation submitted. Based o		-													
	manage the system, or the information, the info								213-0178							
to the best of my know	edge and belief, true, accu	ırate, and	l complet	e.	Signatu	re of pri	ncipal (	exec	cutive officer of	r author	ized ag	ent		Date (mon	th, da	y, year)
	re significant penalties for				(or atte	sted by	NetDIV	1R sı	ubscriber agre	eement)						
information, including the knowing violations.	ne possibility of fine and im	prisonme	ent for					Jeremy Baughman								