

DMR Copy of Record

Permit

Permit #:INP000627

Major:No

Permittee:MATERIAL HANDLING EXCHANGE, INC.

Permittee Address:1001 HURRICANE ST
FRANKLIN, IN 46131

Facility:MATERIAL HANDLING EXCHANGE, INC.

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 05/01/23 to 05/31/23

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

Principal Executive Officer

First Name:Joe

Last Name:Amato

Title:operations manager

Telephone:317-361-6434

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						=	7.12			=	7.57	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								=	0.03	=	0.03	19 - mg/L		01/30 - Monthly	GR - GRAB
					Permit Req.								<=	0.02 MO AVG	<=	0.02 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI															
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.02	=	0.02	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample								<	0.005	<	0.005	19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI															
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.03	=	0.03	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								=	0.11	=	0.11	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	=	0.00490504	=	0.008282	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

Franklin 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	Type	Size
Analytical_20230526_110228.pdf	pdf	1128722.0
Analytical_20230609_105043.pdf	pdf	1129485.0
INP000627_001A_MMR_2023_5.pdf	pdf	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

Permit #:

INP000627

Major:

No

Permittee:

MATERIAL HANDLING EXCHANGE, INC.

Permittee Address:

1001 HURRICANE ST
FRANKLIN, IN 46131

Facility:

MATERIAL HANDLING EXCHANGE, INC.

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 05/01/23 to 05/31/23

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

Principal Executive Officer

First Name:

Joe

Last Name:

Amato

Title:

operations manager

Telephone:

317-361-6434

No Data Indicator (NODI)

Form NODI: --

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
------	------	------

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



page 1 of 2

[illegible]

John Ondo

page 2 of 2

Laboratory Manager

[illegible]

Report to: Jeremy Baughman

Material Handling Exchange, Inc.

Received by: (signature or shipper)

Material Handling Exchange, Inc.
1800 Churchman Ave
Indianapolis, IN 46203

Received by: (signature or shipper) *LSH*

Phone:

Date/Time:

Received by: (signature or shipper)

P.O.#:

Date/Time:

Received by: (signature or shipper)



page 2 of 2

Material Handling Exchange, Inc.				Sample chilled/iced		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Site Name:		Site Address:		Temp (C):		Project Name:	
3-30-23		8-4		X		Wastewater Effluent	
3-30-23		12		X		Wastewater Effluent	
Sample Date		Sample Time		Comp. Grab		Sample Location/site ID	
Number of Containers		Plastic 8oz w/HNO3 7 Metals		Plastic 8oz w/NaOH Total Cyanide		Analysis / Preservative	
1		X		X			
For Composite: a sample was collected every		60 minutes		23-266		Water & Wastewater Laboratories, Inc. 2779 Rockefeller Avenue Cleveland, Ohio 44115 Phone: (216) 696-0280 Fax: (216) 696-6831	
for a total of		8 hours		23-266		Sample Comments	
Frequency = 1/month		TTO = 1/6 months				Lab #	



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

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

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

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

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	5	2	3
MO.		YR.	

No Discharge ☐

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		FLOW	pH		Cyanide, Total [Cn]		Nickel, Total [Ni]		Silver, Total [Ag]				
EFFLUENT PARAMETER NUMBER		Q50050	C00400		Q	C 00720	Q	C01074	Q	C01079			
SAMPLE TYPE	Permit Condition	24TOT	Grab			Grab		Comp		Comp			
	Monitored	24TOT	Grab			Grab		Comp		Comp			
FREQUENCY	Permit Condition	Daily	Meter			Monthly		Monthly		Monthly			
	Monitored	Daily	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				0.02		1.60		0.43			
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Mon 1		0.006992	7.26		0.00175045		0.03	0.00116696		0.02	0.00029174	<	0.005
Tue 2		0.004398	7.31										
Wed 3		0.003671	7.12										
Thu 4		0.004461	7.17										
Fri 5		0.008282	7.57										
Sat 6		0.006117	7.3										
Sun 7		N/A	N/A										
Mon 8		0.006636	7.54										
Tue 9		0.00538	7.42										
Wed 10		0.004242	7.36										
Thu 11		0.004324	7.49										
Fri 12		0.004225	7.55										
Sat 13		0.003476	7.39										
Sun 14		N/A	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										
Sat 20		0.003398	7.47										
Sun 21		N/A	N/A										
Mon 22		0.007167	7.55										
Tue 23		0.004509	7.35										
Wed 24		0.004615	7.32										
Thu 25		0.004153	7.32										
Fri 26		0.004406	7.43										
Sat 27		N/A	N/A										
Sun 28		N/A	N/A										
Mon 29		N/A	N/A										
Tue 30		0.004906	7.41										
Wed 31		0.005713	7.21										
MONTHLY AVERAGE		0.00490504			0.00175045		0.03	0.00116696		0.02	0.00029174		0.005
HIGHEST VALUE		0.008282	7.57		0.00175045		0.03	0.00116696		0.02	0.00029174		0.005
LOWEST VALUE		0.003398	7.12		0.00175045		0.03	0.00116696		0.02	0.00029174		0.005
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

TOTAL FLOW 0.122626

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)
Jeremy Baughman		5/30/2023
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		6/23/2023



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

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

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.

ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A
PDF DOCUMENT, NAMED APPROPRIATELY

(PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e.,
IN0012345_001A_MMR_2019_01.pdf),

AND ATTACHED TO THE CORRESPONDING NETDMR FORM
FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	5	2	3
MO.		YR.	

No Discharge

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Zinc, Total [Zn]		Cadmium, Total [Cd]		Lead, Total [Pb]		Chromium, Total [Cr]	
EFFLUENT PARAMETER NUMBER		Q	C01094	Q	C01113	Q	C01114	Q	C01118
SAMPLE TYPE	Permit Condition		Comp		Comp		Comp		Comp
	Monitored		Comp		Comp		Comp		Comp
FREQUENCY	Permit Condition		Monthly		Monthly		Monthly		Monthly
	Monitored		Monthly		Monthly		Monthly		Monthly
EFFLUENT LIMITATIONS	Permit Minimum		N/A		N/A		N/A		N/A
	Permit Average		1.48		0.07		0.13		1.71
	Permit Maximum		2.0		0.11		0.13		2.77
UNITS=		LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L
	Mon 1		0.3	0.00029174	<	0.005	0.00058348	<	0.01
	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								
	Sun 21								
	Mon 22								
	Tue 23								
	Wed 24								
	Thu 25								
	Fri 26								
	Sat 27								
	Sun 28								
	Mon 29								
	Tue 30								
	Wed 31								
MONTHLY AVERAGE				0.00029174		0.005	0.00058348		0.01
HIGHEST VALUE				0.00029174		0.005	0.00058348		0.01
LOWEST VALUE				0.00029174		0.005	0.00058348		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):

Jeremy Baughman

Date (month, day, year)

5/30/2023

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 Handling Exchange, Inc.
1001 Hurricane Street
Franklin Indiana 46131

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

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	5	2	3
MO.		YR.	

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

No Discharge ☐
This is a revised submittal. ☐

EFFLUENT CHARACTERISTICS		Copper [Cu]			TTO								
EFFLUENT PARAMETER NUMBER		Q	C01119		Q	C78141		Q	C		Q	C	
SAMPLE TYPE	Permit Condition		Comp			Grab							
	Monitored		Comp			Grab							
FREQUENCY	Permit Condition		Monthly			2X/Year							
	Monitored		Monthly			2X/Year							
EFFLUENT LIMITATIONS	Permit Minimum		N/A			N/A							
	Permit Average		0.31			N/A							
	Permit Maximum		0.31			2.00							
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	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												
	Sun 21												
	Mon 22												
	Tue 23												
	Wed 24												
	Thu 25												
	Fri 26												
	Sat 27												
	Sun 28												
	Mon 29												
	Tue 30												
	Wed 31												
MONTHLY AVERAGE		0.00641831		0.11									
HIGHEST VALUE		0.00641831		0.11									
LOWEST VALUE		0.00641831		0.11									
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):

Jeremy Baughman

Date (month, day, year)

5/30/2023

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)



page 1 of 2

[illegible]

John Ondo

page 2 of 2

Laboratory Manager

[illegible]

Report to: Jeremy Baughman

Material Handling Exchange, Inc.

Received by: (signature or shipper)

Material Handling Exchange, Inc.
1800 Churchman Ave
Indianapolis, IN 46203

Received by: (signature or shipper) *LSH*

Phone:

Date/Time:

Received by: (signature or shipper)

P.O.#:

Date/Time:

Received by: (signature or shipper)



page 2 of 2

Sample Chain of Custody Record

[illegible]



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

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

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

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

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2
OUTFALL NO.		

0	5	2	3
MO.		YR.	

No Discharge ☒

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		FLOW	pH	Cyanide, Total [Cn]		Nickel, Total [Ni]		Silver, Total [Ag]					
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q	C 00720	Q	C01074	Q	C01079				
SAMPLE TYPE	Permit Condition	24TOT	Grab		Grab		Comp		Comp				
	Monitored	24TOT	Grab		Grab		Comp		Comp				
FREQUENCY	Permit Condition	Daily	Meter		Monthly		Monthly		Monthly				
	Monitored	Daily			Monthly		Monthly		Monthly				
EFFLUENT LIMITATIONS	Permit Minimum	N/A	5.0		N/A		N/A		N/A				
	Permit Average	Report	N/A		0.02		1.60		0.24				
	Permit Maximum	Report	10.0		0.02		1.60		0.43				
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Mon	1												
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												
Sun	21												
Mon	22												
Tue	23												
Wed	24												
Thu	25												
Fri	26												
Sat	27												
Sun	28												
Mon	29												
Tue	30												
Wed	31												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													
TOTAL FLOW		0											

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator):		Date (month, day, year)	
Jeremy Baughman		5/16/2023	
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		6/23/2023	



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

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

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

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2	
OUTFALL NO.			

0	5	2	3
MO.		YR.	

No Discharge

X

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Zink,Total [Zn]		Cadmium,Total [Cd]		Lead,Total [Pb]		Chromium,Total [Cr]		
EFFLUENT PARAMETER NUMBER		Q	C01094	Q	C01113	Q	C01114	Q	C01118	
SAMPLE TYPE	Permit Condition		Comp		Comp		Comp		Comp	
	Monitored		Comp		Comp		Comp		Comp	
FREQUENCY	Permit Condition		Monthly		Monthly		Monthly		Monthly	
	Monitored		Monthly		Monthly		Monthly		Monthly	
EFFLUENT LIMITATIONS	Permit Minimum		N/A		N/A		N/A		N/A	
	Permit Average		1.48		0.07		0.13		1.71	
	Permit Maximum		2.0		0.11		0.13		2.77	
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	Mon 1									
	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									
	Sun 21									
	Mon 22									
	Tue 23									
	Wed 24									
	Thu 25									
	Fri 26									
	Sat 27									
	Sun 28									
	Mon 29									
	Tue 30									
	Wed 31									
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):

Jeremy Baughman

Date (month, day, year)

5/16/2023

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 Handling Exchange, Inc.
1001 Hurricane Street
Franklin Indiana 46131

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

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2	
OUTFALL NO.			

0	5	2	3
MO.		YR.	

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

No Discharge ☒ This is a revised submittal.

EFFLUENT CHARACTERISTICS		Copper[Cu]		TTO						
EFFLUENT PARAMETER NUMBER		Q	C01119	Q	C78141	Q	C	Q	C	
SAMPLE TYPE	Permit Condition		Comp		Grab					
	Monitored		Comp		Grab					
FREQUENCY	Permit Condition		Monthly		2X/Year					
	Monitored		Monthly		2X/Year					
EFFLUENT LIMITATIONS	Permit Minimum		N/A		N/A					
	Permit Average		0.31		N/A					
	Permit Maximum		0.31		2.00					
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	Mon 1									
	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									
	Sun 21									
	Mon 22									
	Tue 23									
	Wed 24									
	Thu 25									
	Fri 26									
	Sat 27									
	Sun 28									
	Mon 29									
	Tue 30									
	Wed 31									
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):

Jeremy Baughman

Date (month, day, year)

5/16/2023

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)