

DMR Copy of Record

Permit

Permit #:INP000627

Major:No

Permitted Feature:001
External Outfall

Permittee:MATERIAL HANDLING EXCHANGE, INC.

Permittee Address:1001 HURRICANE ST
FRANKLIN, IN 46131

Discharge:001-A
001 POWDER COAT METAL PARTS - TO FRANKLIN POTW

Facility:MATERIAL HANDLING EXCHANGE, INC.

Facility Location:1001 N HURRICANE ST
FRANKLIN, IN 46131

Report Dates & Status

Monitoring Period:From 07/01/23 to 07/31/23

DMR Due Date:08/28/23

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						=	6.42			=	7.39	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
					Value NODI															
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample								=	0.01	=	0.01	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								<	0.01	<	0.01	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								=	0.03	=	0.03	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	=	0.00549714	=	0.00994	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

No errors.

Comments

Attachments

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

Analytical_20230724_123621.pdf		pdf	1169043.0
INP000627_001A_MMR_2023_7.pdf		pdf	728029.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-08-09 06:57 (Time Zone: -04:00)		
Report Last Signed By			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-08-09 06:57 (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 07/01/23 to 07/31/23

DMR Due Date:

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Principal Executive Officer

First Name:

Joe

Last Name:

Amato

Title:

operations manager

Telephone:

317-361-6434

No Data Indicator (NODI)

Form NODI:

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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_20230724_123621.pdf		pdf	1169043.0
INP000627_002A_MMR_2023_7.pdf		pdf	730008.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-08-09 06:38 (Time Zone: -04:00)		
Report Last Signed By			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-08-09 06:39 (Time Zone: -04:00)		




page 1 of 2

[illegible]



page 2 of 2

Sample Chain of Custody Record

Site Name: Material Handling Exchange, Inc.			Sample chilled/iced <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Water & Wastewater Laboratories, Inc. 2779 Rockefeller Avenue Cleveland, Ohio 44115 Phone: (216) 696-0280 Fax: (216) 696-6831	
Site Address: 1001 Hurricane Road Franklin, IN 46131			Temp (C): Project Name:			
Sample Date	Sample Time	Comp. Grab	Sample Location/site ID	Number of Containers	Analysis / Preservative	Sample Comments
7-12-23	8-4	X	Wastewater Effluent	1	Plastic 8oz w/HNO3 7 Metals	For Composite: a sample was collected every <u>60</u> minutes for a total of <u>8</u> hours 23-3348
7-12-23	12pm	X	Wastewater Effluent	1	Plastic 8oz w/NaOH Total Cyanide	
Frequency = 1/month TTO = 1/6months						
Sampler(s) [print name(s)-sign below]: Anna Corrie						
Relinquished by: (sampler signature) <i>Anna Corrie</i>			Date/Time: Received by: (signature or shipper) <i>UPS</i>		Report to: Jeremy Baughman Material Handling Exchange, Inc. 1800 Churchman Ave Indianapolis, IN 46203	
Relinquished by: (signature) <i>UPS</i>			Date/Time: Received by: (signature or shipper) <i>7/14/23 9:30pm A Fontana</i>		Phone: Fax:	
Relinquished by: (signature) <i>[Signature]</i>			Date/Time: Received by: (signature or shipper)		P.O.#: Bill to:	



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

Material 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	7	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
	Sat	1	N/A	N/A									
	Sun	2	N/A	N/A									
	Mon	3	0.008223	7.04									
	Tue	4	N/A	N/A									
	Wed	5	0.009003	7.08									
	Thu	6	0.00994	7.02									
	Fri	7	N/A	N/A									
	Sat	8	N/A	N/A									
	Sun	9	N/A	N/A									
	Mon	10	0.0012708	7.34									
	Tue	11	0.005897	7.37									
	Wed	12	0.006068	7.14	0.00050637		0.01	0.00101275		0.02	0.00025319	<	0.005
	Thu	13	0.005837	7.21									
	Fri	14	N/A	N/A									
	Sat	15	N/A	N/A									
	Sun	16	N/A	N/A									
	Mon	17	0.005054	7.36									
	Tue	18	0.005294	7.19									
	Wed	19	0.004987	6.62									
	Thu	20	0.004241	6.72									
	Fri	21	N/A	N/A									
	Sat	22	N/A	N/A									
	Sun	23	N/A	N/A									
	Mon	24	0.003659	6.42									
	Tue	25	0.004546	7.28									
	Wed	26	0.006075	7.14									
	Thu	27	0.006289	7.12									
	Fri	28	N/A	N/A									
	Sat	29	N/A	N/A									
	Sun	30	N/A	N/A									
	Mon	31	0.0015705	7.39									
MONTHLY AVERAGE		0.00549714			0.00050637		0.01	0.00101275		0.02	0.00025319		0.005
HIGHEST VALUE		0.00994	7.39		0.00050637		0.01	0.00101275		0.02	0.00025319		0.005
LOWEST VALUE		0.0012708	6.42		0.00050637		0.01	0.00101275		0.02	0.00025319		0.005
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													
TOTAL FLOW		0.0879543											

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)

7/12/2023

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)

8/8/2023



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	7	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
	Sat 1												
	Sun 2												
	Mon 3												
	Tue 4												
	Wed 5												
	Thu 6												
	Fri 7												
	Sat 8												
	Sun 9												
	Mon 10												
	Tue 11												
	Wed 12	0.00050637	<	0.01	0.00025319	<	0.005	0.00050637	<	0.01	0.00050637	<	0.01
	Thu 13												
	Fri 14												
	Sat 15												
	Sun 16												
	Mon 17												
	Tue 18												
	Wed 19												
	Thu 20												
	Fri 21												
	Sat 22												
	Sun 23												
	Mon 24												
	Tue 25												
	Wed 26												
	Thu 27												
	Fri 28												
	Sat 29												
	Sun 30												
	Mon 31												
MONTHLY AVERAGE		0.00050637		0.01	0.00025319		0.005	0.00050637		0.01	0.00050637		0.01
HIGHEST VALUE		0.00050637		0.01	0.00025319		0.005	0.00050637		0.01	0.00050637		0.01
LOWEST VALUE		0.00050637		0.01	0.00025319		0.005	0.00050637		0.01	0.00050637		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)

7/12/2023

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.
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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	7	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
	Sat 1									
	Sun 2									
	Mon 3									
	Tue 4									
	Wed 5									
	Thu 6									
	Fri 7									
	Sat 8									
	Sun 9									
	Mon 10									
	Tue 11									
	Wed 12	0.00151912		0.03						
	Thu 13									
	Fri 14									
	Sat 15									
	Sun 16									
	Mon 17									
	Tue 18									
	Wed 19									
	Thu 20									
	Fri 21									
	Sat 22									
	Sun 23									
	Mon 24									
	Tue 25									
	Wed 26									
	Thu 27									
	Fri 28									
	Sat 29									
	Sun 30									
	Mon 31									
MONTHLY AVERAGE		0.00151912		0.03						
HIGHEST VALUE		0.00151912		0.03						
LOWEST VALUE		0.00151912		0.03						
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)

7/12/2023

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]



page 2 of 2

Sample Chain of Custody Record

Site Name: Material Handling Exchange, Inc.			Sample chilled/iced <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Water & Wastewater Laboratories, Inc. 2779 Rockefeller Avenue Cleveland, Ohio 44115 Phone: (216) 696-0280 Fax: (216) 696-6831	
Site Address: 1001 Hurricane Road Franklin, IN 46131			Temp (C): Project Name:			
Sample Date	Sample Time	Comp.	Grab	Sample Location/site ID	Number of Containers	Analysis / Preservative
7-12-23	8-4	X		Wastewater Effluent	1	Plastic 8oz w/HNO3 7 Metals Plastic 8oz w/NaOH Total Cyanide
7-12-23	12pm		X	Wastewater Effluent	1	
For Composite: a sample was collected every <u>60</u> minutes for a total of <u>8</u> hours						
Frequency = 1/month TTO = 1/6months						
Relinquished by: (signature) <u>Anna Corrie</u> Date/Time: _____ Received by: (signature or shipper) <u>UPS</u>						
Relinquished by: (signature) <u>UPS</u> Date/Time: <u>7/14/23 9:30am</u> Received by: (signature or shipper) <u>2 Fontana</u>						
Relinquished by: (signature) _____ Date/Time: _____ Received by: (signature or shipper) _____						
Report to: Jeremy Baughman Material Handling Exchange, Inc. 1800 Churchman Ave Indianapolis, IN 46203				P.O.#: Fax: Bill to:		

Sample Comments

Lab #

23-3348



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

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(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	7	2	3
MO.		YR.	

No Discharge ☒

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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
Sat	1									
Sun	2									
Mon	3									
Tue	4									
Wed	5									
Thu	6									
Fri	7									
Sat	8									
Sun	9									
Mon	10									
Tue	11									
Wed	12									
Thu	13									
Fri	14									
Sat	15									
Sun	16									
Mon	17									
Tue	18									
Wed	19									
Thu	20									
Fri	21									
Sat	22									
Sun	23									
Mon	24									
Tue	25									
Wed	26									
Thu	27									
Fri	28									
Sat	29									
Sun	30									
Mon	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		7/12/2023
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		8/8/2023



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	7	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		Zink, Total [Zn]			Cadmium, Total [Cd]			Lead, Total [Pb]			Chromium, Total [Cr]		
EFFLUENT PARAMETER NUMBER		Q	C01094		Q	C01113		Q	C01114		Q	C01118	
SAMPLE TYPE	Permit Condition		Comp			Comp			Comp			Comp	
	Monitored		Comp			Comp			Comp			Comp	
FREQUENCY	Permit Condition		Monthly			Monthly			Monthly			Monthly	
	Monitored		Monthly			Monthly			Monthly			Monthly	
EFFLUENT LIMITATIONS	Permit Minimum		N/A			N/A			N/A			N/A	
	Permit Average		1.48			0.07			0.13			1.71	
	Permit Maximum		2.0			0.11			0.13			2.77	
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	Sat 1												
	Sun 2												
	Mon 3												
	Tue 4												
	Wed 5												
	Thu 6												
	Fri 7												
	Sat 8												
	Sun 9												
	Mon 10												
	Tue 11												
	Wed 12												
	Thu 13												
	Fri 14												
	Sat 15												
	Sun 16												
	Mon 17												
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	Wed 19												
	Thu 20												
	Fri 21												
	Sat 22												
	Sun 23												
	Mon 24												
	Tue 25												
	Wed 26												
	Thu 27												
	Fri 28												
	Sat 29												
	Sun 30												
	Mon 31												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

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Prepared by or under the direction of (Certified Operator):

Jeremy Baughman

Date (month, day, year)

7/12/2023

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)



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FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2	
OUTFALL NO.			

0	7	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		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
	Sat 1												
	Sun 2												
	Mon 3												
	Tue 4												
	Wed 5												
	Thu 6												
	Fri 7												
	Sat 8												
	Sun 9												
	Mon 10												
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	Mon 31												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

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