

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 09/01/23 to 09/30/23

DMR Due Date:10/28/23

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						=	7.18			=	7.67	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								=	0.02	=	0.02	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								=	0.01	=	0.01	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								=	0.01	=	0.01	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	=	0.00458742	=	0.007284	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_20230915_122006.pdf		pdf	1175651.0
INP000627_001A_MMR_2023_9.pdf		pdf	380735.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-10-24 15:28 (Time Zone: -04:00)		
Report Last Signed By			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-10-24 15:28 (Time Zone: -04:00)		

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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

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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: --

Submission Note

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Edit Check Errors

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Comments

Attachments

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

Analytical_20230915_122006.pdf		pdf	1175651.0
INP000627_002A_MMR_2023_9.pdf		pdf	376936.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-10-24 15:14 (Time Zone: -04:00)		
Report Last Signed By			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-10-24 15:14 (Time Zone: -04:00)		



page 2 of 2

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

[illegible]

Report to: Jeremy Baughman

Material Handling Exchange, Inc.

Received by: (signature or shipper)

1000

Received by: (signature or shipper)

Received by: (signature or shipper)



Received by: (signature or shipper)

Yes	No
-----	----

Temp (C):

Project Name

Water & Wastewater Laboratories, Inc.
2779 Rockefeller Avenue
Cleveland, Ohio 44115
Phone: (216) 996-0280
Fax: (216) 696-6831

The logo for Water & Wastewater Laboratories, Inc. features a stylized 'W' and 'W' intertwined, with the letters 'W' and 'L' below them, all in a bold, blocky font.

Number of Containers

Plastic 8oz w/HNO3
7 Metals

Plastic 8oz w/NaOH
Total Cyanide

Analysis / Preservative

Sample Comments

Lab #

X

Wastewater Effluent

1

X

For Composite: a sample was collected every

23.432

Wastewater Effluent

1

X

40 minutes
for a total of 8 hours

23.4326
Mrs

Frequency = 1/month

TTO = 1/6months



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	9	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				0.02		1.60		0.43			
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	Fri 1	N/A	N/A										
	Sat 2	N/A	N/A										
	Sun 3	N/A	N/A										
	Mon 4	N/A	N/A										
	Tue 5	0.005545	7.53										
	Wed 6	0.007284	7.62										
	Thu 7	0.004683	7.55										
	Fri 8	0.003897	7.53										
	Sat 9	N/A	N/A										
	Sun 10	N/A	N/A										
	Mon 11	0.003428	7.59										
	Tue 12	0.004851	7.55										
	Wed 13	0.004767	7.66										
	Thu 14	0.00511	7.59										
	Fri 15	0.00455	7.67		0.0007594	0.02	0.0003797	0.01	0.00018985	<		0.005	
	Sat 16	N/A	N/A										
	Sun 17	N/A	N/A										
	Mon 18	0.003104	7.45										
	Tue 19	0.00596	7.56										
	Wed 20	0.003811	7.41										
	Thu 21	0.005039	7.53										
	Fri 22	0.004313	7.51										
	Sat 23	N/A	N/A										
	Sun 24	N/A	N/A										
	Mon 25	0.003682	7.3										
	Tue 26	0.005034	7.19										
	Wed 27	0.004307	7.53										
	Thu 28	0.003976	7.31										
	Fri 29	0.00382	7.18										
	Sat 30	N/A	N/A										
MONTHLY AVERAGE		0.00458742			0.0007594	0.02	0.0003797	0.01	0.00018985			0.005	
HIGHEST VALUE		0.007284	7.67		0.0007594	0.02	0.0003797	0.01	0.00018985			0.005	
LOWEST VALUE		0.003104	7.18		0.0007594	0.02	0.0003797	0.01	0.00018985			0.005	
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													
TOTAL FLOW		0.087161											

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)

9/15/2023

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)

10/24/2023



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	9	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
Fri 1													
Sat 2													
Sun 3													
Mon 4													
Tue 5													
Wed 6													
Thu 7													
Fri 8													
Sat 9													
Sun 10													
Mon 11													
Tue 12													
Wed 13													
Thu 14													
Fri 15		0.0003797		0.01	0.00018985	<	0.005	0.0003797	<	0.01	0.0003797	<	0.01
Sat 16													
Sun 17													
Mon 18													
Tue 19													
Wed 20													
Thu 21													
Fri 22													
Sat 23													
Sun 24													
Mon 25													
Tue 26													
Wed 27													
Thu 28													
Fri 29			7										
Sat 30													
MONTHLY AVERAGE		0.0003797		0.01	0.00018985		0.005	0.0003797		0.01	0.0003797		0.01
HIGHEST VALUE		0.0003797		0.01	0.00018985		0.005	0.0003797		0.01	0.0003797		0.01
LOWEST VALUE		0.0003797		0.01	0.00018985		0.005	0.0003797		0.01	0.0003797		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)

9/15/2023

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

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FACILITY NAME AND ADDRESS:

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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	9	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
	Fri 1												
	Sat 2												
	Sun 3												
	Mon 4												
	Tue 5												
	Wed 6												
	Thu 7												
	Fri 8												
	Sat 9												
	Sun 10												
	Mon 11												
	Tue 12												
	Wed 13												
	Thu 14												
	Fri 15	0.0003797		0.01									
	Sat 16												
	Sun 17												
	Mon 18												
	Tue 19												
	Wed 20												
	Thu 21												
	Fri 22												
	Sat 23												
	Sun 24												
	Mon 25												
	Tue 26												
	Wed 27												
	Thu 28												
	Fri 29												
	Sat 30												
MONTHLY AVERAGE		0.0003797		0.01									
HIGHEST VALUE		0.0003797		0.01									
LOWEST VALUE		0.0003797		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)

9/15/2023

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

[illegible]

Report to: Jeremy Baughman

Material Handling Exchange, Inc.

Received by: (signature or shipper)

TABLE 2. Risk factors for *Salmonella* infection in children

Received by: (signature or shipper)

Received by: (signature or shipper)


Received by: (signature or shipper)

Yes	No
-----	----

Temp (C):

Project Name

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

The logo for Water & Wastewater Laboratories, Inc. (WWT) features a stylized 'W' and 'T' in a bold, sans-serif font. The 'W' is white with a black outline, and the 'T' is black with a white outline. They are positioned side-by-side, with the 'W' slightly overlapping the 'T'. The letters are set against a dark, rectangular background.

Sample Location/site ID

Plastic 8oz w/NaOH
Total Cyanide

Lab #

Wastewater Effluent

X	
---	--

For Composite: a sample was collected every

Wastewater Effluent

--	--

for a total of 8 hours.

for a total of 8 hours.



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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	9	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	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
	Fri 1												
	Sat 2												
	Sun 3												
	Mon 4												
	Tue 5												
	Wed 6												
	Thu 7												
	Fri 8												
	Sat 9												
	Sun 10												
	Mon 11												
	Tue 12												
	Wed 13												
	Thu 14												
	Fri 15												
	Sat 16												
	Sun 17												
	Mon 18												
	Tue 19												
	Wed 20												
	Thu 21												
	Fri 22												
	Sat 23												
	Sun 24												
	Mon 25												
	Tue 26												
	Wed 27												
	Thu 28												
	Fri 29												
	Sat 30												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													
TOTAL FLOW		0	Prepared by or under the direction of (Certified Operator):										Date (month, day, year)

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		9/15/2023
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		10/24/2023



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

9/15/2023

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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PERMIT NUMBER								

0	0	2	
OUTFALL NO.			

0	9	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
	Fri 1									
	Sat 2									
	Sun 3									
	Mon 4									
	Tue 5									
	Wed 6									
	Thu 7									
	Fri 8									
	Sat 9									
	Sun 10									
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	Wed 27									
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	Fri 29									
	Sat 30									
MONTHLY AVERAGE										
HIGHEST VALUE										
LOWEST VALUE										
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED										

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