

**DMR Copy of Record**

<b>Permit</b>			
<b>Permit #:</b>	<b>INP000627</b>	<b>Permittee:</b>	MATERIAL HANDLING EXCHANGE, INC.
<b>Major:</b>	No	<b>Permittee Address:</b>	1001 HURRICANE ST FRANKLIN, IN 46131
<b>Permitted Feature:</b>	001 External Outfall	<b>Discharge:</b>	<b>001-A</b> 001 POWDER COAT METAL PARTS - TO FRANKLIN POTW
<b>Facility:</b>	MATERIAL HANDLING EXCHANGE, INC.		
<b>Facility Location:</b>	1001 N HURRICANE ST FRANKLIN, IN 46131		

<b>Report Dates &amp; Status</b>			
<b>Monitoring Period:</b>	<b>From 09/01/23 to 09/30/23</b>	<b>DMR Due Date:</b>	<b>10/28/23</b>
<b>Status:</b>	<b>NetDMR Validated</b>		

**Considerations for Form Completion**  
 THE FLOW MUST BE MEASURED USING VALID FLOW MEASUREMENT DEVICES. PRETREATMENT TO FRANKLIN POTW JOHNSON COUNTY

<b>Principal Executive Officer</b>			
<b>First Name:</b>	Joe	<b>Title:</b>	operations manager
<b>Last Name:</b>	Amato	<b>Telephone:</b>	317-361-6434

**No Data Indicator (NODI)**  
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					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)



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)





# Sample Chain of Custody Record

Site Name: <b>Material Handling Exchange, Inc.</b>		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: <b>1001 Hurricane Road Franklin, IN 46131</b>		Temp (C): <u>110</u> Project Name: _____				
Sample Date	Sample Time	Comp. Grab	Sample Location/site ID	Number of Containers	Analysis / Preservative	Lab #
9-6-23	8-4	X	Wastewater Effluent	1	Plastic 8oz w/HNO3 7 Metals	For Composite: a sample was collected every <u>40</u> minutes for a total of <u>8</u> hours <u>23.4325</u>
9-6-23	12am	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**

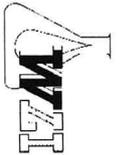
Relinquished by: (sampler signature) *Anna Corrie* Date/Time: \_\_\_\_\_ Received by: (signature or shipper) \_\_\_\_\_

Relinquished by: (signature) *[Signature]* Date/Time: 09/08/2023 1255 Received by: (signature or shipper) *[Signature]*

Relinquished by: (signature) \_\_\_\_\_ Date/Time: \_\_\_\_\_ Received by: (signature or shipper) \_\_\_\_\_

Report to: **Jeremy Baughman**  
Material Handling Exchange, Inc.  
1800 Churchman Ave  
Indianapolis, IN 46203

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
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	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	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.		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

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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	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													

<p>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.</p>	<p>Prepared by or under the direction of (Certified Operator):</p> <p style="text-align: center;">Jeremy Baughman</p>	<p>Date (month, day, year)</p> <p style="text-align: center;">9/15/2023</p>	
	<p>Preparer's telephone number</p> <p style="text-align: center;">317-213-0178</p>	<p>Operator's certification number</p>	
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)</p> <p style="text-align: center;">Jeremy Baughman</p>	<p>Date (month, day, year)</p>	



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

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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.

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		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									

<p>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.</p>	<p>Prepared by or under the direction of (Certified Operator): <b>Jeremy Baughman</b></p>	<p>Date (month, day, year) <b>9/15/2023</b></p>	
	<p>Preparer's telephone number <b>317-213-0178</b></p>	<p>Operator's certification number</p>	
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>Jeremy Baughman</b></p>	<p>Date (month, day, year)</p>	





# Sample Chain of Custody Record

Site Name: **Material Handling Exchange, Inc.**

Sample chilled/iced

Yes  No

**Water & Wastewater Laboratories, Inc.**

Site Address: **1001 Hurricane Road  
Franklin, IN 46131**

Temp (C): 110

Project Name: 110

**2779 Rockefeller Avenue  
Cleveland, Ohio 44115**

Phone: (216)696-0280

Fax: (216)696-6831



Sample Date: 9-6-23 Sample Time: 12am Comp. Grab: X Sample Location/site ID: Wastewater Effluent

Number of Containers

Plastic 8oz w/HNO3  
7 Metals

Plastic 8oz w/NaOH  
Total Cyanide

Analysis / Preservative

Sample Comments

Lab #

9-6-23 8-4 X

Wastewater Effluent

1

X

For Composite: a sample was collected every 40 minutes for a total of 8 hours

23.4325

9-6-23 12am X

Wastewater Effluent

1

X

for a total of 8 hours

23.4326

Sampler(s) [print name(s)-sign below]:

Anna Corrie

Relinquished by: (sampler signature)

Anna Corrie

Relinquished by: (signature)

[Signature]

Relinquished by: (signature)

[Signature]

Date/Time:

09/08/2023 1255

Date/Time:

09/08/2023 1255

Date/Time:

[Signature]

Received by: (signature or shipper)

[Signature]

Received by: (signature or shipper)

[Signature]

Received by: (signature or shipper)

[Signature]

Report to: **Jeremy Baughman**

Material Handling Exchange, Inc.

1800 Churchman Ave

Indianapolis, IN 46203

Phone:

Fax:

P.O.#:

Bill to:

Frequency = 1/month

TTO = 1/6months



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

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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

\*\* < 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
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

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													

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	<p>Preparer's telephone number <b>317-213-0178</b></p>	<p>Operator's certification number</p>	
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>Jeremy Baughman</b></p>	<p>Date (month, day, year)</p>	



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I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2
OUTFALL NO.		

0	9	2	3
MO.		YR.	

No Discharge

This is a revised submittal.

\*\* < 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
	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									
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