DMR Copy of Record

Permit																		
Permit #: IN	P000627		Permit	tee:		MATERIA	L HANDLING I	EXCHANG	E, INC.			Fa	acility:		MATERIA	L HANDLI	NG EXCHANGE, INC.	
Major: No)		Permit	tee Address			RRICANE ST N, IN 46131					Fa	cility Locat	ion:	1001 N HI FRANKLII			
Permitted Feature: 00	1 tternal Outfall		Discha	rge:		001-A 001 POW	DER COAT ME	ETAL PAR	rs - to franklin pot	W								
Report Dates & Status			1															
	om 10/01/23 to 1	0/31/23	DMR D	ue Date:		11/28/23						St	atus:		NetDMR \	/alidated		
Considerations for Form Com	pletion		l															
THE FLOW MUST BE MEASUR		D FLOW MEASUR	EMENT	DEVICES. F	PRETREA	TMENT TO) FRANKLIN P	отw јоні	NSON COUNTY									
Principal Executive Officer																		
First Name: Jo	e		Title:			operation	s manager					Те	elephone:		317-361-6	434		
.ast Name: Ar	nato						-					I						
No Data Indicator (NODI)			1															
Form NODI:																		
Parameter		Monitoring Location	Season #	Param. NODI			Qua	antity or Loa	ding				ality or Conce				# of Ex. Frequency of Ana	alysis Sample
Code Name					Comple	Qualifier 1	Value 1	Qualifier 2	Value 2 Units	Qualifier 1	1 Value 1 7.08	Qualifie	r 2 Value 2	Qualifie	er 3 Value 3 7.45	Units 12 - SU	01/01 Deilu	GR - GR/
00400 pH		1 - Effluent Gross	0		Sample Permit Req					= >=	5.0 DAILY MN	1		= <=	10.0 DAILY N		01/01 - Daily 01/01 - Daily	GR - GR
00400 pn		I - Ellident Gloss	0		Value NOD	1												
					Sample							=	0.01	=	0.01	19 - mg/L	01/30 - Monthly	GR - GR
00720 Cyanide, total [as CN]		1 - Effluent Gross	0		Permit Req							<=	0.02 MO A	/G <=	0.02 DAILY N	IX 19 - mg/L	01/30 - Monthly	GR - GR
					Value NOD	I												
					Sample							=	0.02	=	0.02	19 - mg/L		24 - COM
01074 Nickel, total recoverable	•	1 - Effluent Gross	0		Permit Req							<=	1.6 MO AV	=> ز	1.6 DAILY M	(19 - mg/L	01/30 - Monthly	24 - CON
					Value NOD	1							0.005		0.005	10	01/20 Marthly	24 . COM
01079 Silver total recoverable		1 - Effluent Gross	0		Sample Permit Req							< <=	0.005 0.24 MO A	< /G <=	0.005 0.43 DAILY N	19 - mg/L IX 19 - mg/L	· · · · ·	24 - CON 24 - CON
		1 - Ellident Gloss	0		Value NOD	1												
					Sample							<	0.01	<	0.01	19 - mg/L	01/30 - Monthly	24 - CON
01094 Zinc, total recoverable		1 - Effluent Gross	0		Permit Req							<=	1.48 MO A	/G <=	2.0 DAILY M	< 19 - mg/L	01/30 - Monthly	24 - CON
					Value NOD	I												
					Sample							<	0.005	<	0.005	19 - mg/L		24 - CON
01113 Cadmium, total recover	able	1 - Effluent Gross	0		Permit Req Value NOD							<=	0.07 MO A	/G <=	0.11 DAILY N	IX 19 - mg/L	01/30 - Monthly	24 - CON
					Sample							<	0.01	<	0.01	19 - mg/L	01/30 - Monthly	24 - CON
01114 Lead, total recoverable		1 - Effluent Gross	0		Permit Req							<=	0.13 MO A		0.13 DAILY N	-		24 - CON 24 - CON
			0		Value NOD	I												
					Sample							<	0.01	<	0.01	19 - mg/L	01/30 - Monthly	24 - CON
01118 Chromium, total recove	rable	1 - Effluent Gross	0		Permit Req							<=	1.71 MO A	/G <=	2.77 DAILY N	IX 19 - mg/L	01/30 - Monthly	24 - CON
					Value NOD	1												
					Sample							=	0.03	=	0.03 0.31 DAILY N	19 - mg/L	· · · ·	24 - CON
01119 Copper, total recoverab	le	1 - Effluent Gross	0		Permit Req Value NOD							<=	0.31 MO A	/G <=	U.31 DAILY N	19 - mg/L	01/30 - Monthly	24 - CON
					Sample		0.00514439	=	0.008093 03 - MGD								01/01 - Daily	TM - TO1
50050 Flow, in conduit or thru	treatment plant	1 - Effluent Gross	0		Permit Req		0.00514439 Req Mon MO AVG		Req Mon DAILY MX 03 - MGD								01/01 - Daily 01/01 - Daily	TM - TOT TM - TOT
source in the second of the second of the second of the second se	a cathent plant		0		Value NOD													

Submission Note

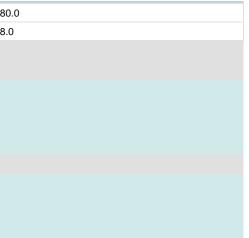
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. Edit Check Errors

No errors.

Comments

Attachments

Analytical_20231106_125127.pdf		pdf	1165580.0
INP000627_001A_MMR_2023_10.pdf		pdf	380208.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-12-01 16:18 (Time Zone: -05:00)		
Report Last Signed By			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-12-01 16:18 (Time Zone: -05:00)		



DMR Copy of Record

Permit																			
Permit #: IN	P000627			Permittee:		MATERIAL HA	NDLING EX	CHANGE, INC.					Facility:		MATERIAL HAN	IDLING E	CHANGE, INC.		
Major: No)			Permittee Ad	ldress:	1001 HURRIC							Facility Location	ו:	1001 N HURRIC				
						FRANKLIN, IN	46131								FRANKLIN, IN 4	6131			
Permitted Feature: 00. Ex	2 ternal Outfall			Discharge:		002-A 002 POWDER	COAT MET	AL PARTS - TO FR	ANKLIN P	ЭТW									
Report Dates & Status																			
	om 10/01/23 to	10/31/23		DMR Due Dat	te:	11/28/23							Status:		NetDMR Valida	ted			
Considerations for Form Compl																			
THE FLOW MUST BE MEASURE		D FLOW MEASUR	REMEN	IT DEVICES. I	PRETREAT	IMENT TO FRANKLIN	POTW JOH	INSON COUNTY											
Principal Executive Officer																			
First Name: Jo	е		ŀ	Title:		operations mar	ader						Telephone:		317-361-6434				
	nato												1.000						
No Data Indicator (NODI)																			
Form NODI:																			
Parameter	1	Monitoring Location	Season	n # Param. NODI			Quantity or L	oading				G	uality or Concentrati	on		#	of Ex. Frequency of Anal	lysis Sample Ty	
Code Name						Qualifier 1 Value 1	Qualifie	er 2 Value 2	Units	Qualifier 1	Value 1	Qualifier	2 Value 2	Qualifier 3	Value 3	Units			
					Sample Permit Req.					>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRA	
00400 pH		1 - Effluent Gross	0		Value NODI						C - No Discharge			~	C - No Discharge	12 00	on bany		
					Sample						gr				egr				
00720 Cyanide, total [as CN]		1 - Effluent Gross	0		Permit Req.							<=	0.02 MO AVG	<=	0.02 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRA	
			Value NODI								C - No Discharge		C - No Discharge						
					Sample														
01074 Nickel, total recoverable		1 - Effluent Gross	0		Permit Req.				_			<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMF	
					Value NODI								C - No Discharge		C - No Discharge				
					Sample Permit Req.							<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP	
01079 Silver total recoverable		1 - Effluent Gross	0		Value NODI							~-	C - No Discharge		C - No Discharge	19 - Hig/L	o 1/30 - Monthly	24 - 001011	
					Sample														
01094 Zinc, total recoverable		1 - Effluent Gross	0		Permit Req.							<=	1.48 MO AVG	<=	2.0 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP	
					Value NODI								C - No Discharge		C - No Discharge				
					Sample														
01113 Cadmium, total recoverabl	le	1 - Effluent Gross	0		Permit Req.							<=	0.07 MO AVG	<=		19 - mg/L	01/30 - Monthly	24 - COMP	
					Value NODI								C - No Discharge		C - No Discharge				
					Sample Permit Req.				_			<=	0.13 MO AVG		0.13 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP	
01114 Lead, total recoverable		1 - Effluent Gross	0		Value NODI				_			<=	C - No Discharge		C - No Discharge	19 - mg/L	01/30 - Montrily	24 - COIVIP	
					Sample								C - NO Discharge		C - NO Discharge				
01118 Chromium, total recoverab	he	1 - Effluent Gross	0		Permit Req.							<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP	
			9		Value NODI								C - No Discharge		C - No Discharge				
					Sample														
01119 Copper, total recoverable		1 - Effluent Gross	0		Permit Req.							<=	0.31 MO AVG	<=	0.31 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP	
					Value NODI								C - No Discharge		C - No Discharge	harge			
					Sample	Destination	10		02 1405								04/04	THE TOTA	
50050 Flow, in conduit or thru tre	eatment plant	1 - Effluent Gross	0		Permit Req.	Req Mon MO A		Req Mon DAILY MX									01/01 - Daily	TM - TOTA	
					Value NODI	C - No Discha	arge	C - No Discharge											

Submission Note

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

No errors.

Comments

Attachments

Analytical_20230915_122006.pdf		pdf
INP000627_002A_MMR_2023_9.pdf		pdf
Report Last Saved By		
MATERIAL HANDLING EXCHANGE, INC.		
User:	HSSTOOLROOM	
Name:	Jeremy Baughman	
E-Mail:	hsstool@m-h-e.com	
Date/Time:	2023-12-01 16:03 (Time Zone: -05:00)	
Report Last Signed By		
User:	HSSTOOLROOM	
Name:	Jeremy Baughman	
E-Mail:	hsstool@m-h-e.com	
Date/Time:	2023-12-01 16:03 (Time Zone: -05:00)	

1175651.0
376936.0



Client: Material Handling Exchange, Inc. Address: 1800 Churchman Ave Indianapolis, IN 46203 Attention: Jeremy Baughman

Report Date: November 6, 2023

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	10/23/23	10/25/23	23-5101
#2	Wastewater Effluent Grab	10/23/23	10/25/23	23-5102
#3				

Parameter	#1	#2	#3	Units	Method	MDL
Total Metals				-	200.2	_
Cadmium	<0.005	-		mg/L	200.7	0.005
Chromium, total	<0.01	-		mg/L	200.7	0.01
Copper	0.03	-		mg/L	200.7	0.01
Lead	<0.01	-		mg/L	200.7	0.01
Nickel	0.02	_		mg/L	200.7	0.01
Silver	<0.005	-		mg/L	200.7	0.005
Zinc	<0.01	-		mg/L	200.7	0.01
Total Cyanide	-	0.01		mg/L	4500CN C/E	0.01

Unit Desc:

mg/L = milligrams per liter (ppm), ug/L = micrograms per liter (ppb), mg/Kg = milligrams per Kilograms (ppm) Std = Standard pH units, ng/L = nanograms per liter (ppt), ND= not detected, less than the Method Detection Limit-MDL) < = less than (not detected, below listed value), > = greater than (higher than listed value)

nalysis Certified B

Laboratory Manager

John Ondo

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



Client: Material Handling Exchange, Inc. Address: 1800 Churchman Ave Indianapolis, IN 46203 Attention: Jeremy Baughman

Report Date: November 6, 2023

P.O. #: verbal page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	10/23/23	10/25/23	23-5101
#2	Wastewater Effluent Grab	10/23/23	10/25/23	23-5102
#3				

		Method	Matrix Spike	Matrix D	uplicate				
Analytical Batch QA/QC Data	LCS % recovery	Blank mg/L	(MS) % recovery	Spike (MSD) % recovery	Sample (Dup) % Deviation	MDL	Test Method	Analyst	Date Analyzed
Total Metals							200.2	RK	10/26/2023
Cadmium	100	ND	105	-	0	0.005	200.7	RK	10/23/2023
Chromium, total	99	ND	95	-	2	0.01	200.7	RK	10/23/2023
Copper	102	ND	112	-	3	0.01	200.7	RK	10/23/2023
Lead	98	ND	102	-	5	0.01	200.7	RK	10/23/2023
Nickel	100	ND	102	-	2	0.01	200.7	RK	10/23/2023
Silver	97	ND	105	-	0	0.005	200.7	RK	10/23/2023
Zinc	104	ND	114	-	2	0.01	200.7	RK	10/23/2023
Total Cyanide	92	ND	95	-	0	0.01	4500CN C/E	JO	10/31/2023
									-
						1 U C			
Unit Doco: ma/l									

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

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

Inalysis Certified BI Laboratory Manager Jøhn Ondo

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

		Received by: (signature or shipper)	by: (signatu	Received I	Date/Time:			(signature)	Relinquished by: (signature)
	Bill to:		1	(
	P.O.#:	Received by signature or shipper)	y. signatu	Received	Date/Time:			(signature)	Reunquished by: (signature)
	Fax:	J.	mild	0 John	123 133	52/01			
	Phone:	Received by: (signature or shipper)	oy: (signaty	Received 1	Date/Time:			(signature)	Relinquished by: (signature)
Indianapolis, IN 46203	7	Kecelved by (signature or smpper)	Dy. (signutu	Kecelved	Date/11me:	~	ture)	(sampler signal	Kelinquisned py: (sampler signature)
Material Handling Exchange, Inc.		no ou of innou)			7 - -		JACKSON	in in	Benjamin
Report to: Jeremy Baughman	Report to:		-				۱ <u>۲</u>	ame(s)-sign below	Sampler(s) [print name(s)-sign below]:
TTO = 1/6months									
Frenquency = 1/month		-							
	,								
									*
for a total of C hours									
60 minutes 23-5102		×			r Effluent	Wastewater Effluent	X	12.0m	10-23-23
Was collected every		x	1		r Effluent	Wastewater Effluent	×	17-8	10-23-23
Sample Comments Lab #		7 Metals		site ID	Sample Location/site ID		Comp. Grab	Sample Time	Sample Date
Fax:(216)696-6831		oz w/N	ber of (40131	FTAIIMIII, IN 40101	2
Cleveland, Ohio 44115				۲ ر	Project Name:		alle Noau		·
2779 Rockefeller Avenue	alive	Allalysis / Fiesel Vallve	aine			c	Dood	1001 11	Site Address:
Water & Wastewater Laboratories, Inc.	ntivo	Anolugia / Drocom	rs	red Yes N	Sample chilled/iced	hange, Inc.	indling Exc	Material Handling Exchange, Inc.	Site Name:
		Sample Chain of Custody Record	of Cust	le Chain d	Samp				

STATE OF	MONTHLY Indiana Dise State Form 305	char 30 (R	rge Monitor 4 / 7-19)			• •	R	INDUSTRI	AL C	ISCH	AR	GE PERN	IITS			
FACILITY NAME AND ADDRESS: Material Handeling Exchange, Inc. 1001 Hurricane Street Franklin Indiana 46131 I N P 0 0 6 2 7 0 PERMIT NUMBER 0 0 6 2 7 0								ONCE (PDF DC (PERM IN001 AND AT FOR SL	COMPL DCUME AITID_ 2345_ ITACHI JBMITT	ETED, T ENT, NAM OUTFAI 001A_N ED TO TH	HIS I IED / LLID	COPY FOR EA FORM SHOULI APPROPRIATE 	D BE CON ELY Y_MM.pc If), ING NETD	NVERTE	D TO	
]	E-mail	addre	SS:		hsstool@m-ł	1-e.com			
I N P		-	6 2	7	'			1	1	1	<u> </u>	0 2	3]		
	PERMIT NUM	BER		!	l I	OUTE	-ALI	L NO.	i		MO		YR.	Nα	Disc	charge
** < column: Can ei	nter "<" if measu	ireme	ent value is ler	ss than	limit o	of detection						This i	is a revis			°
EFFLUENT CHARA		101	FLOW		ъH		le,To	otal [Cn]		Nicke	el,To	tal [Ni]	10.00			al [Ag]
EFFLUENT PARAM			Q50050		0400	Q		00720	Q			1074	Q		-	1079
SAMPLE TYPE	Permit Condition	n	24TOT	Grab			L	Grab				Comp				Comp
	Monitored		24TOT	Grab	'		╞	Grab	<u> </u>		╞	Comp	—		┢	Comp
FREQUENCY	Permit Condition	<u>n</u>	Daily	Meter	'	───	╄	Monthly	└──		┡	Monthly	—		┢	Monthly
EFFLUENT	Monitored Permit Minimum		Daily N/A	Daily	5.0	<u> </u>	┢	Monthly N/A	┣───		┢	Monthly N/A	┿		┢	Monthly N/A
LIMITATIONS	Permit Average			N/A	0.0	<u> </u>	╋	0.02			╋	1.60	+		\vdash	0.24
	Permit Maximur		Report			<u> </u>	┢	0.02			┢	1.60	+		<u>├</u>	0.43
		ITS =		HI	LOW	LB/DAY	**	MG/L	LB	/DAY	**	MG/L	LB/	/DAY	**	MG/L
	Sun		N/A	N/A												
	Mon	2														
	Tue	3														
	Wed	4						<u> </u>							H	
	Thu Fri	5 6					+								H	
	Sat		/ N/A	N/A	├'		\square	<u> </u>						_	H	
	Sun		N/A	N/A												
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	Tue		N/A	N/A												
	Wed	11		7.37												
	Thu	12														r
	Fri Sat	13	0.004652 N/A	7.39 N/A	↓ '			<u> </u>							\square	
	Sat		N/A N/A	N/A N/A	──		+				+			_	H	
	Mon		N/A	N/A	┣───┙								+		H	
	Tue	17														
	Wed	18	0.003529	7.08												·
	Thu	19														
	Fri	20			<u>['</u>											
	Sat		N/A N/A	N/A N/A	↓ '			<u> </u>							H	
	Sun Mon		N/A N/A	N/A N/A	──'		┢	0.01			+	0.0	2		<	0.005
	Tue	23			. '		+	0.01				0.0			Ì	0.000
	Wed	25		7.26												
	Thu	26	0.005915	7.22				<u> </u>								
	Fri	27														
	Sat		N/A	N/A												
	Sun		N/A	N/A	↓ '											r
	Mon	30 31	N/A 0.005508	N/A 7.2	<u> '</u>			<u> </u>							\square	
MONTHLY AVERAG	Tue	31	0.005508					0.01				0.0	2			0.005
HIGHEST VALUE	<u>, , , , , , , , , , , , , , , , , , , </u>		0.008093		7.45			0.01				0.0		_		0.005
LOWEST VALUE			0.0012286		7.08			0.01				0.0				0.005
NO. OF TIMES WEEKL		LY	· · · · ·										1			
EFFL. LIMITATIONS	3 EXCEEDED		L'													I
TOTAL FLOW			0.0874546		Prepar	ed by or unde	r the	e direction of (Certifie	ed Oper	ator):	Date (/	(month,	day,	year)
I certify under penalty o	of law that this docun	nent ar	nd all attachment	.s	loror	ny Baughma	<u>-n</u>							10/	23/2	000
were prepared under m						, ,										023
a system designed to a					Prepar	rer's telephone) nu	mber				Operator's c	ertificatio	on numh	ber	
and evaluate the inform person or persons who					l]					
responsible for gatherin	• •					213-0178										
is, to the best of my kno	owledge and belief, t	true, ar	ccurate, and	I				ecutive officer			age	nt	Date ((month,	day,	year)
complete. I am aware th	•	•		ļ				R subscriber ag								
submitting false information, including the possibility of fine and imprisonment for knowing violations.							,	Jeremy Bau	ghma	an				12/	/1/20	J23

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS Indiana Discharge Monitoring Report

CT THE BLAFF OR
/816

CTT AL

Indiana Discharge Monitoring Report State Form 30530 (R4 / 7-19) FACILITY NAME AND ADDRESS:

Material Handeling Exchange, Inc. 1001 Hurricane Street Franklin Indiana 46131 PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A PDF DOCUMENT, NAMED APPROPRIATELY (PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e., IN0012345_001A_MMR_2019_01.pdf), AND ATTACHED TO THE CORRESPONDING NETDMR FORM FOR SUBMITTAL.

									_									
I	Ν	Р	0	0	0	6	2	7]	0	0	1			1	0	2	3
			PEF	RMIT N	UMBEF	र				OUTFALL NO.					MO.	YR.		

								.			a revised subr			
EFFLUENT CHAR			c,Total				otal [Cd]			tal [Pb]	Chromiu			
	AMETER NUMBER	Q		1094	Q	C01		Q			Q	C01	1118	
SAMPLE TYPE	Permit Condition	∔	Corr		∔	Com		───	Cor		───	┢	Comp	
	Monitored		Corr		<u> </u>	Com				mp		┢	Comp	
FREQUENCY	Permit Condition	<u> </u>		nthly		Mon	,			onthly		┢	Monthly	
	Monitored	<u> </u>	Mon			Mon				onthly		\vdash	Monthly	
EFFLUENT	Permit Minimum	<u> </u>	N/A			N/A			N/A			\vdash	N/A	
LIMITATIONS	Permit Average		1.48			0.07		L	0.1		L	\vdash	1.71	
	Permit Maximum		2.0			0.11			0.1				2.77	
	UNITS=		**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	
	Sun 1			i			<u> </u>			<u> </u>				
	Mon 2			i			<u> </u>							
	Tue 3													
	Wed 4													
	Thu 5													
	Fri 6						<u> </u>							
	Sat 7						<u> </u>							
	Sun 8	3		I										
	Mon 9			í <u> </u>										
	Tue 10	J		í										
	Wed 11	1		í <u> </u>										
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	Sat 14	ŧ		i			· · · · ·			· · · · ·				
	Sun 15	i		i			,		<	1		<		
	Mon 16	j.		i			,			1 · · · ·				
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I certify under penalty of law that this document and all attachments							Jeremy Baug	ghman		ļ	10/2	23/2	.023	
were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather				Dever	<u> </u>		, (
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and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly														
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,					317-213-0178									
				Signa						. 	Date (month day year)			
				(or at	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)						Date (month, day, year)			
information, including the possibility of fine and imprisonment for				(0) 0.										
information, including the possibility of fine and imprisonment for knowing violations.					Jeremy Baughman									

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19) FACILITY NAME AND ADDRESS:

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

knowing violations.

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.

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EFFLUENT CHAR	ACTERISTICS	C	opper [Cu]		TTO						
EFFLUENT PARA	METER NUMBER	Q	C01119	Q	C78141	Q	С		Q	С	
SAMPLE TYPE	Permit Condition		Comp		Grab						
	Monitored	1	Comp		Grab						
FREQUENCY	Permit Condition	Monthly			2X/Year						
	Monitored Monthly		2X/Year								
EFFLUENT	Permit Minimum		N/A		N/A						
LIMITATIONS	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
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	Prepared by or under t	he direction of (Ce	ertified Operato	r):	Date (month, d	lay, year)			
I certify under penalty of law that this document and all attachments		Jeremy Baug	nhman		10/2'	3/2023			
were prepared under my direction or supervision in accordance with			Junian						
a system designed to assure that qualified personnel properly gather	Preparer's telephone n	umber	Operator's ce	Operator's certification number					
and evaluate the information submitted. Based on my inquiry of the									
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,	3	17-213-0178							
to the best of my knowledge and belief, true, accurate, and complete.	Signature of principal e	ent	Date (month, day, year)						
I am aware that there are significant penalties for submitting false	(or attested by NetDMR subscriber agreement)								
information, including the possibility of fine and imprisonment for	Jeremy Baughman								



Client: Material Handling Exchange, Inc. Address: 1800 Churchman Ave Indianapolis, IN 46203 Attention: Jeremy Baughman

Report Date: September 15, 2023

P.O. #: verbal

page 1 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	9/6/23	9/8/23	23-4325
#2	Wastewater Effluent Grab	9/6/23	9/8/23	23-4326
#3				

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

Unit Desc:

mg/L = milligrams per liter (ppm), ug/L = micrograms per liter (ppb), mg/Kg = milligrams per Kilograms (ppm) Std = Standard pH units, ng/L = nanograms per liter (ppt), ND= not detected, less than the Method Detection Limit-MDL)

< = less than (not detected, below listed value), > = greater than (higher than listed value)

ohn Ondo

nalysis Certified B

Laboratory Manager



Client: Material Handling Exchange, Inc. Address: 1800 Churchman Ave Indianapolis, IN 46203 Attention: Jeremy Baughman

Report Date: September 15, 2023

P.O. #: verbal

page 2 of 2

Column #	Sample Description	Sample Date	Recd. Date	Sample #
#1	Wastewater Effluent Composite	9/6/23	9/8/23	23-4325
#2	Wastewater Effluent Grab	9/6/23	9/8/23	23-4326
#3				

		Method	Matrix Spike	Matrix D	uplicate				
Analytical Batch QA/QC Data	LCS % recover	Blank mg/L	(MS) % recovery	Spike (MSD) % recovery	Sample (Dup) % Deviation	MDL	Test Method	Analyst	Date Analyzed
Total Metals	-	-	-	-	-	-	200.2	RK	9/8/2023
Cadmium	98	ND	95	-	0	0.005	200.7	RK	9/11/2023
Chromium, total	96	ND	97	-	6	0.01	200.7	RK	9/11/2023
Copper	96	ND	99	-	0	0.01	200.7	RK	9/11/2023
Lead	93	ND	96	-	0	0.01	200.7	RK	9/11/2023
Nickel	93	ND	94	-	0	0.01	200.7	RK	9/11/2023
Silver	93	ND	95	-	0	0.005	200.7	RK	9/11/2023
Zinc	96	ND	104	-	0	0.01	200.7	RK	9/11/2023
Total Cyanide	101	ND	92	-	0	0.01	4500CN C/E	TP	9/11/2023
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Unit Desc: mg/L = milligrams per liter (ppm),

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

nalysis Certified B

Laboratory Manager

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

John Ondo

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Material Handling Exchange, Inc.Sample chilled/icedYesNoEAnalysis / Preservative1001 Hurricane RoadTemp (C): $//O$ E $=$ $=$ $=$ $=$	IZAC)	Phone:(216)696-0280 Fax:(216)696-6831	oz w/NaO	per of Co	Project Name:	V 46131	Franklin, II	5. ⁻
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LIMITATIONS	Permit Average	Report	N/A				0.02				1.60					0.24
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MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS Indiana Discharge Monitoring Report State Form 30530 (R4 / 7-19) FACILITY NAME AND ADDRESS: PLEASE COMPLETE ONE COPY FOR EACH

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

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

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MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS: Material Handeling Exchange, Inc. 1001 Hurricane Street Franklin Indiana 46131 PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A PDF DOCUMENT, NAMED APPROPRIATELY (PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e., IN0012345_001A_MMR_2019_01.pdf), AND ATTACHED TO THE CORRESPONDING NETDMR FORM FOR SUBMITTAL.

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	Monitored			Monthly			2X/Year							
EFFLUENT	Permit Minimum			N/A			N/A							
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HIGHEST VALUE														
LOWEST VALUE														

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.

NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED

Prepare	d by or under the	direction of (Ce	Date (month, day, year)							
		Jeremy Baug		9/15/2023						
Prepare	r's telephone num	nber	Operator's certification number							
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	e of principal exe sted by NetDMR s			ent		Date (month, o	day,	vear)		
		Jeremy Baug								