

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 10/01/23 to 10/31/23

DMR Due Date:11/28/23

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						=	7.08			=	7.45	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	=	0.00514439	=	0.008093	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_20231106_125127.pdf		pdf	1165580.0
INP000627_001A_MMR_2023_10.pdf		pdf	380208.0
<b>Report Last Saved By</b>			
<b>MATERIAL HANDLING EXCHANGE, INC.</b>			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-12-01 16:18 (Time Zone: -05:00)		
<b>Report Last Signed By</b>			
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 #:

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

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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

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_002A_MMR_2023_9.pdf		pdf	376936.0
<b>Report Last Saved By</b>			
<b>MATERIAL HANDLING EXCHANGE, INC.</b>			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-12-01 16:03 (Time Zone: -05:00)		
<b>Report Last Signed By</b>			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2023-12-01 16:03 (Time Zone: -05:00)		



page 1 of 2

[illegible]


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)

Analysis Certified By: John Ondo Laboratory Manager



page 2 of 2

# 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		<b>Water &amp; Wastewater Laboratories, Inc.</b> 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): <b>14.9</b>			
Project Name:			Number of Containers		Analysis / Preservative	
Sample Date			Sample Location/site ID		Plastic 8oz w/HNO3 7 Metals Plastic 8oz w/NaOH Total Cyanide	
Sample Time			Comp. Grab		Sample Comments	
10-23-23			8-41		23-5101	
10-23-23 12pm			Wastewater Effluent		For Composite: a sample was collected every <u>60</u> minutes <b>23-5102</b> for a total of <u>8</u> hours	
10-23-23 12pm			Wastewater Effluent		Frequency = 1/month TFO = 1/6months	
Relinquished by: (signature) <b>Benjamin J. Acers</b>			Date/Time:		Received by: (signature or shipper)	
Relinquished by: (signature) <b>Benjamin J. Acers</b>			Date/Time:		Received by: (signature or shipper)	
Relinquished by: (signature)			Date/Time:		Received by: (signature or shipper)	
Relinquished by: (signature)			Date/Time:		Received by: (signature or shipper)	
Report to: <b>Jeremy Baughman</b> Material Handling Exchange, Inc. 1800 Churchman Ave Indianapolis, IN 46203			Phone:		P.O.#:	
Fax:			Bill to:		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.			

1	0	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
Sun		1	N/A	N/A									
Mon		2	0.004952	7.45									
Tue		3	0.004676	7.26									
Wed		4	0.005098	7.32									
Thu		5	0.005103	7.36									
Fri		6	0.0012286	7.41									
Sat		7	N/A	N/A									
Sun		8	N/A	N/A									
Mon		9	N/A	N/A									
Tue		10	N/A	N/A									
Wed		11	0.004887	7.37									
Thu		12	0.00508	7.36									
Fri		13	0.004652	7.39									
Sat		14	N/A	N/A									
Sun		15	N/A	N/A									
Mon		16	N/A	N/A									
Tue		17	0.007757	7.18									
Wed		18	0.003529	7.08									
Thu		19	0.003547	7.08									
Fri		20	0.005683	7.13									
Sat		21	N/A	N/A									
Sun		22	N/A	N/A									
Mon		23	N/A	N/A			0.01			0.02		<	0.005
Tue		24	0.008093	7.45									
Wed		25	0.006092	7.26									
Thu		26	0.005915	7.22									
Fri		27	0.005654	7.17									
Sat		28	N/A	N/A									
Sun		29	N/A	N/A									
Mon		30	N/A	N/A									
Tue		31	0.005508	7.2									
MONTHLY AVERAGE		0.00514439					0.01			0.02			0.005
HIGHEST VALUE		0.008093	7.45				0.01			0.02			0.005
LOWEST VALUE		0.0012286	7.08				0.01			0.02			0.005
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

TOTAL FLOW

0.0874546

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

Date (month, day, year)

Jeremy Baughman

10/23/2023

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)

Jeremy Baughman

Date (month, day, year)

12/1/2023

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.





# 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.			

1	0	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
Sun 1													
Mon 2													
Tue 3													
Wed 4													
Thu 5													
Fri 6													
Sat 7													
Sun 8													
Mon 9													
Tue 10													
Wed 11													
Thu 12													
Fri 13													
Sat 14													
Sun 15									<			<	
Mon 16													
Tue 17													
Wed 18													
Thu 19													
Fri 20													
Sat 21													
Sun 22													
Mon 23			<	0.01		<	0.005		<	0.01		<	0.01
Tue 24													
Wed 25													
Thu 26													
Fri 27													
Sat 28													
Sun 29			7										
Mon 30													
Tue 31													
MONTHLY AVERAGE				0.01			0.005			0.01			0.01
HIGHEST VALUE				0.01			0.005			0.01			0.01
LOWEST VALUE				0.01			0.005			0.01			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)

10/23/2023

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

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FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

1	0	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
Sun 1										
Mon 2										
Tue 3										
Wed 4										
Thu 5										
Fri 6										
Sat 7										
Sun 8										
Mon 9										
Tue 10										
Wed 11										
Thu 12										
Fri 13										
Sat 14										
Sun 15										
Mon 16										
Tue 17										
Wed 18										
Thu 19										
Fri 20										
Sat 21										
Sun 22										
Mon 23			0.03							
Tue 24										
Wed 25										
Thu 26										
Fri 27										
Sat 28										
Sun 29										
Mon 30										
Tue 31										
MONTHLY AVERAGE			0.03							
HIGHEST VALUE			0.03							
LOWEST VALUE			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)

10/23/2023

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

# 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.	
Site Address: 1001 Hurricane Road Franklin, IN 46131		Temp (C): 110 Project Name:		2779 Rockefeller Avenue Cleveland, Ohio 44115 Phone: (216) 696-0280 Fax: (216) 696-6831	
Sample Date	Sample Time	Comp.	Grab	Sample Location/site ID	Number of Containers
9-6-23	8-4	X		Wastewater Effluent	1 X
9-6-23	12am		X	Wastewater Effluent	1 X
					Plastic 8oz w/HNO3 7 Metals
					Plastic 8oz w/NaOH Total Cyanide
					Analysis / Preservative
					Sample Comments
					Lab #
					For Composite: a sample was collected every 40 minutes for a total of 8 hours
					23.4325
					23.4326
					Frequency = 1/month
					TTO = 1/6months
Sampler(s) [print name(s)-sign below]:					
Anna Corrie					
Relinquished by: (sampler signature)		Date/Time:		Received by: (signature or shipper)	
Anna Corrie					
Relinquished by: (signature)		Date/Time:		Received by: (signature or shipper)	
[Signature]		09/08/2023 1255		[Signature]	
Relinquished by: (signature)		Date/Time:		Received by: (signature or shipper)	
[Signature]					
Relinquished by: (signature)		Date/Time:		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:					



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

### FACILITY NAME AND ADDRESS:

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1001 Hurricane Street  
Franklin Indiana 46131

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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](mailto: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												
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	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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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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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.	

\*\* < 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												
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	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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Jeremy Baughman

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9/15/2023

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