

DMR Copy of Record

Permit			
Permit #:	INP000627	Permittee:	MATERIAL HANDLING EXCHANGE, INC.
Major:	No	Permittee Address:	1001 HURRICANE ST FRANKLIN, IN 46131
Permitted Feature:	001 External Outfall	Discharge:	001-A 001 POWDER COAT METAL PARTS - TO FRANKLIN POTW
Facility:		Facility Location:	MATERIAL HANDLING EXCHANGE, INC. 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	Title:	operations manager
Last Name:	Amato	Telephone:	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						=	7.08			=	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

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 #:	INP000627	Permittee:	MATERIAL HANDLING EXCHANGE, INC.
Major:	No	Permittee Address:	1001 HURRICANE ST FRANKLIN, IN 46131
Permitted Feature:	002 External Outfall	Discharge:	002-A 002 POWDER COAT METAL PARTS - TO FRANKLIN POTW
Facility:		Facility Location:	MATERIAL HANDLING EXCHANGE, INC. 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	Title:	operations manager
Last Name:	Amato	Telephone:	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													12 - SU	01/01 - Daily	GR - GRAB	
					Permit Req.						>=	5.0 DAILY MN				<=	10.0 DAILY MX				
					Value NODI							C - No Discharge					C - No Discharge				
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	GR - GRAB		
					Permit Req.							<=	0.02 MO AVG							<=	0.02 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	1.6 MO AVG							<=	1.6 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	0.24 MO AVG							<=	0.43 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	1.48 MO AVG							<=	2.0 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	0.07 MO AVG							<=	0.11 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	0.13 MO AVG							<=	0.13 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	1.71 MO AVG							<=	2.77 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/30 - Monthly	24 - COMP24		
					Permit Req.							<=	0.31 MO AVG							<=	0.31 DAILY MX
					Value NODI								C - No Discharge								C - No Discharge
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample													01/01 - Daily	TM - TOTALZ		
					Permit Req.							Req Mon MO AVG								Req Mon DAILY MX	03 - MGD
					Value NODI								C - No Discharge								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		
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: 2023-12-01 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)



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):

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) 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													

<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>	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

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		Copper [Cu]			TTO								
EFFLUENT PARAMETER NUMBER		Q	C01119	Q	C78141	Q	C	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	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													

<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): Jeremy Baughman</p>	<p>Date (month, day, year) 10/23/2023</p>	
	<p>Preparer's telephone number 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) 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)

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	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													

<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)

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		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									
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): Jeremy Baughman</p>	<p>Date (month, day, year) 9/15/2023</p>	
	<p>Preparer's telephone number 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) Jeremy Baughman</p>	<p>Date (month, day, year)</p>	