

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 11/01/23 to 11/30/23

DMR Due Date:12/28/23

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:--

Code	Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	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						=	7.21			=	6.9	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															
X 00720	Cyanide, total [as CN]		1 - Effluent Gross	0	--	Sample								=	0.03	=	0.03	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								=	0.03	=	0.03	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								=	0.04	=	0.04	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								=	0.07	=	0.07	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	=	0.00239473	=	0.006141	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

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00720	Cyanide, total [as CN]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes
00720	Cyanide, total [as CN]	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes

Comments

My amazing office lady that helped me keep track of this, stopped being involved right before this. I do apologize and would like to do whatever I need to do if there is anything else I need to do besides what I have entered into the system. I am doing a monthly and the TTO this month to catch it up so sorry for this confusion. I have also emailed Tammie McNeil: tmcneil@idem.in.gov and Rose McDaniel.

Attachments

Name	Type	Size
INP000627_001A_MMR_2023_11.pdf	pdf	380265.0

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

User:

HSSTOOLROOM

Name:

Jeremy Baughman

E-Mail:

hsstool@m-h-e.com

Date/Time:

2024-01-11 12:21 (Time Zone: -05:00)

Report Last Signed By

User:

HSSTOOLROOM

Name:

Jeremy Baughman

E-Mail:

hsstool@m-h-e.com

Date/Time:

2024-01-11 12:21 (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:

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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														01/01 - Daily	GR - GRAB
					Permit Req.						>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU			
					Value NODI							C - No Discharge				C - No Discharge				
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample														01/30 - Monthly	GR - GRAB
					Permit Req.								<=	0.02 MO AVG	<=	0.02 DAILY MX	19 - mg/L			
					Value NODI									C - No Discharge		C - No Discharge				
01074	Nickel, total recoverable	1 - Effluent Gross	0	--	Sample														01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L			
					Value NODI									C - No Discharge		C - No Discharge				
01079	Silver total recoverable	1 - Effluent Gross	0	--	Sample														01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L			
					Value NODI									C - No Discharge		C - No Discharge				
01094	Zinc, total recoverable	1 - Effluent Gross	0	--	Sample														01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.48 MO AVG	<=	2.0 DAILY MX	19 - mg/L			
					Value NODI									C - No Discharge		C - No Discharge				
01113	Cadmium, total recoverable	1 - Effluent Gross	0	--	Sample														01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L			
					Value NODI									C - No Discharge		C - No Discharge				
01114	Lead, total recoverable	1 - Effluent Gross	0	--	Sample														01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.13 MO AVG	<=	0.13 DAILY MX	19 - mg/L			
					Value NODI									C - No Discharge		C - No Discharge				
01118	Chromium, total recoverable	1 - Effluent Gross	0	--	Sample														01/30 - Monthly	24 - COMP24
					Permit Req.								<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L			
					Value NODI									C - No Discharge		C - No Discharge				
01119	Copper, total recoverable	1 - Effluent Gross	0	--	Sample														01/30 - Monthly	24 - COMP24
					Permit Req.								<=	0.31 MO AVG	<=	0.31 DAILY MX	19 - mg/L			
					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

My amazing office lady that helped me keep track of this, stopped being involved right before this. I do apologize and would like to do whatever I need to do if there is anything else I need to do besides what I have entered into the system. I am doing a monthly and the TTO this month to catch it up so sorry for this confusion.

Attachments

Name		Type	Size
INP000627_002A_MMR_2023_11.pdf		pdf	175939.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2024-01-11 12:30 (Time Zone: -05:00)		
Report Last Signed By			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2024-02-09 15:47 (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	1	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	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
Wed		1	0.004566	7.1									
Thu		2	0.002368	7.07									
Fri		3	N/A	N/A									
Sat		4	N/A	N/A									
Sun		5	N/A	N/A									
Mon		6	0.002506	7									
Tue		7	0.002374	7.08									
Wed		8	0.000874	7.09									
Thu		9	0.002573	7									
Fri		10	N/A	N/A									
Sat		11	N/A	N/A									
Sun		12	N/A	N/A									
Mon		13	0.001779	7.07									
Tue		14	0.002536	6.96									
Wed		15	0.002408	7.17									
Thu		16	N/A	N/A									
Fri		17	N/A	N/A									
Sat		18	N/A	N/A									
Sun		19	N/A	N/A									
Mon		20	0.006141	7.06									
Tue		21	0.003068	7.01									
Wed		22	0.002262	7.21									
Thu		23	N/A	N/A									
Fri		24	N/A	N/A									
Sat		25	N/A	N/A									
Sun		26	N/A	N/A									
Mon		27	0.0011257	6.96									
Tue		28	0.000829	6.96									
Wed		29	0.000842	7.21									
Thu		30	0.002064	6.9	0.00051672	0.03	0.00051672	0.03	8.612E-05	<	0.005		
MONTHLY AVERAGE		0.00239473			0.00051672	0.03	0.00051672	0.03	8.612E-05		0.005		
HIGHEST VALUE		0.006141	7.21		0.00051672	0.03	0.00051672	0.03	8.612E-05		0.005		
LOWEST VALUE		0.000829	6.9		0.00051672	0.03	0.00051672	0.03	8.612E-05		0.005		
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

TOTAL FLOW 0.0383157

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		1/9/2024
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		1/9/2024



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

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FACILITY NAME AND ADDRESS:

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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.			

1	1	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
Wed 1													
Thu 2													
Fri 3													
Sat 4													
Sun 5													
Mon 6													
Tue 7													
Wed 8													
Thu 9													
Fri 10													
Sat 11													
Sun 12													
Mon 13													
Tue 14													
Wed 15													
Thu 16													
Fri 17													
Sat 18													
Sun 19													
Mon 20													
Tue 21													
Wed 22													
Thu 23													
Fri 24													
Sat 25													
Sun 26													
Mon 27													
Tue 28													
Wed 29													
Thu 30		0.00068896		0.04	8.612E-05	<	0.005	0.00017224	<	0.01	0.00017224	<	0.01
MONTHLY AVERAGE		0.00068896		0.04	8.612E-05		0.005	0.00017224		0.01	0.00017224		0.01
HIGHEST VALUE		0.00068896		0.04	8.612E-05		0.005	0.00017224		0.01	0.00017224		0.01
LOWEST VALUE		0.00068896		0.04	8.612E-05		0.005	0.00017224		0.01	0.00017224		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)

1/9/2024

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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MO.		YR.	

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No Discharge

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
	Wed 1												
	Thu 2												
	Fri 3												
	Sat 4												
	Sun 5												
	Mon 6												
	Tue 7												
	Wed 8												
	Thu 9												
	Fri 10												
	Sat 11												
	Sun 12												
	Mon 13												
	Tue 14												
	Wed 15												
	Thu 16												
	Fri 17												
	Sat 18												
	Sun 19												
	Mon 20												
	Tue 21												
	Wed 22												
	Thu 23												
	Fri 24												
	Sat 25												
	Sun 26												
	Mon 27												
	Tue 28												
	Wed 29												
	Thu 30	0.00120569		0.07									
MONTHLY AVERAGE		0.00120569		0.07									
HIGHEST VALUE		0.00120569		0.07									
LOWEST VALUE		0.00120569		0.07									
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)

1/9/2024

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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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.		

1	1	2	3
MO.		YR.	

No Discharge ☒

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

Jeremy Baughman

Date (month, day, year)

1/9/2024

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)

1/9/2024