DMR Copy of Record

Permit																				
Permit #:	INP00062	27		Permitte	e:	Ν	ATERIAL	HANDLING EX	CHANGE	, INC.				Facil	ity:		MATERIAL	HANDL	ING EXCHANGE, ING	.
Major:	No			Permitte	e Address:		001 HURR RANKLIN,								ity Location	n:	1001 N HU FRANKLIN			
Permitted	Feature: 001 External C	Dutfall		Discharg	ge:		101-A 101 POWDI	ER COAT MET	AL PARTS	S - TO FRANKLIN	I POTW			·						
Report Da	ntes & Status																			
Monitoring	g Period: From 11/	01/23 to 11/3	0/23	DMR Du	e Date:	1	2/28/23							Statu	IS:		NetDMR Va	alidated		
Considera	ations for Form Completion	1																		
THE FLOV	V MUST BE MEASURED US	ING VALID FI	LOW MEASURE		EVICES. PR	ETREATM	IENT TO FI	RANKLIN POT	N JOHNS	ON COUNTY										
Principal	Executive Officer																			
First Name	e: Joe			Title:		O	perations r	nanager						Telep	phone:		317-361-64	34		
Last Name	e: Amato													•						
No Data Ir	ndicator (NODI)																			
Form NOE	DI:																			
	Parameter	I	Monitoring Location	n Season #	# Param. NODI	I			ntity or Loa	-					ty or Concen				# of Ex. Frequency of	Analysis Sample Type
Code	Name					Sample	Qualifier 1	Value 1	Qualifier 2	Value 2		Qualifier 1	1 Value 1 7.21	Qualifier 2	Value 2	Qualifier 3	3 Value 3 6.9	Units 12 - SU		GR - GRAB
00400	рН		1 - Effluent Gross	0		Permit Req						>=	5.0 DAILY MN			<=	10.0 DAILY M			GR - GRAB
	r			-		Value NOD	1													
						Sample								=	0.03		0.03	19 - mg/		GR - GRAB
X 00720	Cyanide, total [as CN]		1 - Effluent Gross	0		Permit Req								<=	0.02 MO AVG	€ <=	0.02 DAILY M	X 19 - mg/	/L 01/30 - Monthly	GR - GRAB
						Value NOD	1													
						Sample Permit Req								= <=	0.03 1.6 MO AVG		0.03 1.6 DAILY MX	19 - mg/		24 - COMP24 24 - COMP24
01074	Nickel, total recoverable		1 - Effluent Gross	0		Value NOD								~=	1.0 WO AVG	<=	1.0 DAILT WIX	19 - Hig/		24 - COMF24
						Sample								<	0.005	<	0.005	19 - mg/	/L 01/30 - Monthly	24 - COMP24
01079	Silver total recoverable		1 - Effluent Gross	0		Permit Req									0.24 MO AVG		0.43 DAILY M			24 - COMP24
						Value NOD	I													
						Sample								=	0.04	=	0.04	19 - mg/	-	24 - COMP24
01094	Zinc, total recoverable		1 - Effluent Gross	0		Permit Req								<=	1.48 MO AVG	G <=	2.0 DAILY MX	19 - mg/	/L 01/30 - Monthly	24 - COMP24
						Value NOD	1													
						Sample Permit Req								< <=	0.005 0.07 MO AVG	< } <=	0.005 0.11 DAILY M	19 - mg/ X 19 - mg/	-	24 - COMP24 24 - COMP24
01113	Cadmium, total recoverable		1 - Effluent Gross	0		Value NOD								~-	0.07 100 7000		0.11 DAIET W.	x io ing/		24 0000 24
						Sample								<	0.01	<	0.01	19 - mg/	/L 01/30 - Monthly	24 - COMP24
01114	Lead, total recoverable		1 - Effluent Gross	0		Permit Req									0.13 MO AVG		0.13 DAILY M	-		24 - COMP24
	,					Value NOD	I													
						Sample								<	0.01	<	0.01	19 - mg/		24 - COMP24
01118	Chromium, total recoverable	•	1 - Effluent Gross	0		Permit Req								<=	1.71 MO AVG	G <=	2.77 DAILY M	X 19 - mg/	/L 01/30 - Monthly	24 - COMP24
						Value NOD	1													
04440	Orman total		4 544	0		Sample Permit Reg									0.07 0.31 MO AVG	= G <=	0.07 0.31 DAILY M	19 - mg/ X 19 - mg/		24 - COMP24 24 - COMP24
01119	Copper, total recoverable		1 - Effluent Gross	0		Value NOD								-						
						Sample).00239473	=	0.006141	03 - MGD								01/01 - Daily	TM - TOTALZ
50050	Flow, in conduit or thru treat	ment plant	1 - Effluent Gross	0		Permit Req		Req Mon MO AVG		Req Mon DAILY MX									01/01 - Daily	TM - TOTALZ
						Value NOD	1													

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
Cod	e Name	Monitoring Location	rielu	Туре	Description
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.
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.

Acknowledge
Yes
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	т	уре	
INP000627_001A_MMR_2023_11.pdf		pdf		38
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)			

the system. I am doing a monthly and the TTO this Size 380265.0

DMR Copy of Record

Permit																			
Permit #:	INP000627		1	Permittee:		MAT	ERIAL HAND	LING EXCHAN	IGE, INC.					Facility:		MATERIAL HA	NDLING E	KCHANGE, INC.	
Major:	No		1	Permittee Ad	ldress:		I HURRICANE NKLIN, IN 46'							Facility Locatio	on:	1001 N HURRI FRANKLIN, IN			
Permitted Feature:	002 External Outfall			Discharge:		002- 002		OAT METAL PA	.RTS - TO FRA	ANKLIN P	OTW								
Report Dates & Status			1																
Monitoring Period:	From 11/01/23 to	o 11/30/23	1	DMR Due Da	te:	12/2	8/23							Status:		NetDMR Valid	ated		
Considerations for Form Co	ompletion												ľ						
THE FLOW MUST BE MEAS	URED USING VAL	D FLOW MEASUR	REMEN	IT DEVICES.	PRETREA	TMENT TO F	RANKLIN PO	TW JOHNSON	N COUNTY										
Principal Executive Officer																			
First Name:	Joe		•	Title:		opera	ations manage	er						Telephone:		317-361-6434			
Last Name:	Amato												•						
No Data Indicator (NODI)																			
Form NODI:																			
Parameter		Monitoring Location	Season	n # Param. NODI	I	0 117 4		antity or Loading			o			ality or Concentra				of Ex. Frequency of Anal	lysis Sample Type
Code Nam	le				Sample	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		Permit Req	1.				2	>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB
•					Value NOD	0						C - No Discharge				C - No Discharge	9		
					Sample														
00720 Cyanide, total [as CN]	l	1 - Effluent Gross	0		Permit Req								<=	0.02 MO AVG	<=	0.02 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
					Value NOD									C - No Discharge	Э	C - No Discharge	9		
					Sample Permit Req	1							<=	1.6 MO AVG	<=	1.6 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
01074 Nickel, total recoveral	ble	1 - Effluent Gross	0		Value NOD									C - No Discharge		C - No Discharge			
					Sample										-				
01079 Silver total recoverab	le	1 - Effluent Gross	0		Permit Req	1.							<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
					Value NOD)I								C - No Discharge	Э	C - No Discharge)		
					Sample														
01094 Zinc, total recoverable	e	1 - Effluent Gross	0		Permit Req								<=	1.48 MO AVG	<=	2.0 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
					Value NOD									C - No Discharge	Э	C - No Discharge	•		
01112 Codmium total react	a vale la	1 Effluent Cross	0		Sample Permit Req	1.							<=	0.07 MO AVG	<=	0.11 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
01113 Cadmium, total recov	erable	1 - Effluent Gross	0		Value NOD									C - No Discharge		C - No Discharge		,	
					Sample									0					
01114 Lead, total recoverabl	le	1 - Effluent Gross	0		Permit Req	1.							<=	0.13 MO AVG	<=	0.13 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
					Value NOD	I								C - No Discharge	e	C - No Discharge	•		
					Sample														
01118 Chromium, total recov	verable	1 - Effluent Gross	0		Permit Req								<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
					Value NOD	¹								C - No Discharge	e	C - No Discharge	9		
	abla	1 Effluent Ores	0		Sample Permit Reg	1.							<=	0.31 MO AVG	<=	0.31 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
01119 Copper, total recovera	anie	1 - Effluent Gross	U		Value NOD									C - No Discharge		C - No Discharge	J		
					Sample														
50050 Flow, in conduit or the	ru treatment plant	1 - Effluent Gross	0		Permit Req	I. Rec	q Mon MO AVG	Rec	Mon DAILY MX	03 - MGD								01/01 - Daily	TM - TOTALZ
					Value NOD	C	- No Discharge	C 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		Туре
INP000627_002A_MMR_2023_11.pdf		pdf	
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)		



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a system designed to a					Prepar	rer's telephone	; nu	ımber				Operator	's ce	rtification num	Jer	
and evaluate the inform person or persons who																
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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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knowing violations.

CTT AL

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.

No Discharge

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EFFLUENT CHARAC	CTERISTICS	Zinc,	Total [Zn	ı]	Cadmiu	ım, T	otal [Cd]	Lead	,Tot;	al [Pb]	Chromiu	um,Total [C	[]		
EFFLUENT PARAME	ETER NUMBER	Q	C01094		Q	C01	113	Q	C0	1114	Q	C01118			
SAMPLE TYPE	Permit Condition		Comp			Com	קר		Cor	mp		Com	np		
-	Monitored	1	Comp			Com			Cor	•	'	Com	•		
FREQUENCY	Permit Condition		Monthly			Mon	•			nthly		Month			
	Monitored		Monthly		<u> </u>	Mon				nthly	·	Month			
EFFLUENT	Permit Minimum	'	N/A		ł'	N/A	uny		N/A	,	·'	N/A			
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HIGHEST VALUE		0.00068896		0.04			0.005			0.01			0.01		
LOWEST VALUE		0.00068896		0.04	8.612E-05		0.005	0.00017224		0.01	0.00017224		0.01		
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				Prepa	red by or unde	r the	direction of (C	Certified Operat	or):		Date (month,	day, year)			
I certify under penalty of	law that this document an	nd all attachments					Jeremy Bau			· · · · · ·	1/0	9/2024			
were prepared under my	direction or supervision i	in accordance with	1				Jereiny Daug	grinari			1/8	<i>#</i> 2024			
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and evaluate the informa	ation submitted. Based or	n my inquiry of the	į.			/	100.			Operate: e est	Tenooutor	50.			
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I am aware that there are	e significant penalties for	submitting false		(or at	ested by NetD	MR	subscriber agr	eement)							
information, including the	possibility of fine and im	prisonment for		(or attested by NetDMR subscriber agreement)											

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 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	Co	opper [Cu]			TTC)						
EFFLUENT PARA	METER NUMBER	Q	C01119		Q	C7	8141	Q	С		Q	С	
SAMPLE TYPE	Permit Condition		Com	р			Grab						
	Monitored	1	Com	р			Grab						
FREQUENCY	Permit Condition	1	Month				2X/Year						
	Monitored	1	Month	nly			2X/Year						
EFFLUENT	Permit Minimum	1	N/A				N/A						
LIMITATIONS	Permit Average		0.31				N/A						
	Permit Maximum		0.31			Ĺ	2.00						
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MONTHLY AVER	AGE	0.00120569		0.07								┛	
HIGHEST VALUE		0.00120569		0.07									

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.

0.00120569

LOWEST VALUE

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

Prepared by or under	Date (month, day, year)									
	1/9/2024									
Preparer's telephone number					Operator's certification number					
317-213-0178 ignature of principal executive officer or authorized age or attested by NetDMR subscriber agreement)										
				ent		Date (month,	day, y	/ear)		
	parer's telephone number 317-213-0178 nature of principal executive officer or authorized a									

0.07

	MONTHLY MO Indiana Dischar State Form 30530 (R	DR	INDUSTRI	IAL D	ISCH	AR	GE PE	RM	ITS									
1816	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. E-mail address: hsstool@m-h-e.com											
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SAMPLE TYPE	Permit Condition	24TOT	Grab		Q	Grab				Comp		1		Comp				
	Monitored	24TOT	Grab				Grab				Comp					Comp		
FREQUENCY	Permit Condition	Daily	Meter				Monthly	+ +		Monthly				Monthly				
THE GOLINOT	Monitored	Daily	Daily				Monthly			Mothly		1		Monthly				
EFFLUENT	Permit Minimum	N/A	Ĺ	5.0			N/A			N/A		1		N/A				
LIMITATIONS	Permit Average	Report	N/A			1	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/I	DAY	**	MG/L		
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I certify under penalty of law that this document and all attachments				Jeremy Baughman									1/9/2024					
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submitting false information, including the possibility of fine and							Jeremy Bau	ughma	n					1/9	9/20	24		
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