Permit

Permit #: INP000627

MATERIAL HANDLING EXCHANGE, INC. Permittee:

Major:

No

Permittee Address: 1001 HURRICANE ST

FRANKLIN, IN 46131

Facility Location:

1001 N HURRICANE ST

FRANKLIN, IN 46131

MATERIAL HANDLING EXCHANGE, INC.

Permitted Feature:

001 External Outfall

Discharge:

001 POWDER COAT METAL PARTS - TO FRANKLIN POTW

Report Dates & Status

Monitoring Period: From 12/01/23 to 12/31/23 **DMR Due Date:** 01/28/24 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

Amato

Title: operations manager Telephone:

Facility:

317-361-6434

No Data Indicator (NODI)

Form NODI:

Last Name:

1 011111	NODI:	88 1/2 1 1 /		" - 1100			0						0 "						
Code	Parameter Name	Monitoring Location	Season #	Param. NOD		Qualifier 1	Value 1	antity or Loadin Qualifier 2	g Value 2	Unite	Qualifier 1	Value 1	Qualifier 2	y or Concen Value 2	Qualifier 3	Value 3	Units	# of Ex. Frequency of Analysi	is Sample Type
Code	Name				Sample	Qualifier	value i	Qualifier 2	value 2		=	6.46	Qualifier 2	value 2			12 - SU	01/01 - Daily	GR - GRAB
					Permit Reg.						= >=	5.0 DAILY MN				10.0 DAILY MX		01/01 - Daily	GR - GRAB
00400	pH	1 - Effluent Gross	0									5.0 BALL WIN	· .		_	TO.O BAILT WAX	12 00	01/01 Daily	OK OKAB
					Value NODI														
					Sample									0.01			19 - mg/L	01/30 - Monthly	GR - GRAB
00720	Cyanide, total [as CN]	1 - Effluent Gross	0		Permit Req.								<=	0.02 MO AVO	G <=	0.02 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
					Value NODI														
					Sample								=	0.01	=	0.01	19 - mg/L	01/30 - Monthly	24 - COMP24
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 - COMP24
0.07.	c.ic.i, iciai recerciante				Value NODI														
					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 AVO		0.43 DAILY MX		01/30 - Monthly	24 - COMP24
01079	Silver total recoverable	1 - Ellidelit Gloss	U		Value NODI														
					Sample								=	0.02	=	0.02	19 - mg/L	01/30 - Monthly	24 - COMP24
01094	Zinc, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	1.48 MO AVO	G <=	2.0 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
0.00.					Value NODI														
					Sample								<	0.005	<	0.005	19 - mg/L	01/30 - Monthly	24 - COMP24
01113	Cadmium, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	0.07 MO AVO	G <=	0.11 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
					Value NODI														
					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 AVO) <=	0.13 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
					Value NODI														
					Sample								<	0.01	<	0.01	19 - mg/L	01/30 - Monthly	24 - COMP24
01118	Chromium, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	1.71 MO AVO	G <=	2.77 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
	,				Value NODI														
					Sample								=	0.07	=	0.07	19 - mg/L	01/30 - Monthly	24 - COMP24
01119	Copper, total recoverable	1 - Effluent Gross	0		Permit Req.								<=	0.31 MO AVO	G <=	0.31 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
	,				Value NODI														
					Sample	= 0	0.0023857	= 0.0	06763	03 - MGD								01/01 - Daily	TM - TOTALZ
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.	R	Req Mon MO AVG	Re	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

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 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	Туре	Size
INP000627_001A_MMR_2023_12.pdf		pdf	381274.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2024-01-31 15:24 (Time Zone: -05:00)		
Report Last Signed By			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2024-01-31 15:24 (Time Zone: -05:00)		

E-Mail:

User:

Name: E-Mail:

Date/Time:

Date/Time:

Report Last Signed By

Permit MATERIAL HANDLING EXCHANGE, INC. Facility: Permit #: INP000627 Permittee: **Facility Location:** Major: No **Permittee Address:** 1001 HURRICANE ST FRANKLIN, IN 46131 001 Discharge: **Permitted Feature:** 001-AS External Outfall 001 SEMIANNUAL TTO Report Dates & Status **Monitoring Period:** From 07/01/23 to 12/31/23 **DMR Due Date:** 01/28/24 Status: **Considerations for Form Completion** SEMIANNUAL TTO REPORTING PRETREATMENT TO FRANKLIN POTW, JOHNSON COUNTY **Principal Executive Officer** Joe Title: Telephone: First Name: operations manager **Last Name:** Amato No Data Indicator (NODI) Form NODI: Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units Code Sample Permit Req 78141 Organics, total toxic [TTO] 1 - Effluent Gross 0 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 "Not Detected. 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 INP000627_001A_MMR_2024_01.pdf pdf Report Last Saved By MATERIAL HANDLING EXCHANGE, INC. **HSSTOOLROOM** User: Name: Jeremy Baughman

hsstool@m-h-e.com

HSSTOOLROOM Jeremy Baughman

hsstool@m-h-e.com

2024-02-27 12:59 (Time Zone: -05:00)

2024-02-27 13:00 (Time Zone: -05:00)

MATERIAL HANDLING EXCHANGE, INC.

of Ex. Frequency of Analysis Sample Type

Size

02/YR - Twice Per Year GR - GRAB 02/YR - Twice Per Year GR - GRAB

1001 N HURRICANE ST

FRANKLIN, IN 46131

NetDMR Validated

317-361-6434

2.0 DAILY MX 19 - mg/L

Type

19 - mg/L

368218.0

Permit

Permit #: INP000627

MATERIAL HANDLING EXCHANGE, INC. Permittee:

Major: No **Permittee Address:**

1001 HURRICANE ST

FRANKLIN, IN 46131

002-A

002 POWDER COAT METAL PARTS - TO FRANKLIN POTW

Report Dates & Status

Permitted Feature:

Monitoring Period: From 12/01/23 to 12/31/23

Amato

External Outfall

002

DMR Due Date: 01/28/24 Status: **NetDMR Validated**

MATERIAL HANDLING EXCHANGE, INC.

1001 N HURRICANE ST

FRANKLIN, IN 46131

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

Discharge:

Telephone: 317-361-6434

Facility:

Facility Location:

No Data Indicator (NODI)

Last Name:

Form NODI:

	Parameter	Monitoring Location	Season	# Param. NODI		(Quantity or Load	ling				Q	uality or Concentrati	on			# of Ex. Frequency of Analys	is Sample Type
Code	Name					ifier 1 Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	3 Value 3	Units		
00400	nH	1 - Effluent Gross	0		Sample Permit Req.					>=	5.0 DAILY MN			<=	10.0 DAILY MX	12 - SU	01/01 - Daily	GR - GRAB
00400	pri	1 - Emident Gross			Value NODI						C - No Discharge				C - No Discharge			
					Sample Permit Reg.							<=	0.02 MO AVG	<=	0.02 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
00720	Cyanide, total [as CN]	1 - Effluent Gross	0		Value NODI								C - No Discharge		C - No Discharge		e nee memmy	OK OK IS
					Sample								1.6 MO AVG		4 O DAIL WAAV	40 //	01/30 - Monthly	04 00MP04
01074	Nickel, total recoverable	1 - Effluent Gross	0		Permit Req. Value NODI							<=	C - No Discharge		1.6 DAILY MX C - No Discharge	19 - mg/L	_ U1/3U - Monthly	24 - COMP24
					Sample								- The Extension go		- The Literature gr			
01079	Silver total recoverable	1 - Effluent Gross	0		Permit Req.							<=	0.24 MO AVG	<=	0.43 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
					Value NODI								C - No Discharge		C - No Discharge			
					Sample Permit Reg.							<=	1.48 MO AVG	<=	2.0 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
01094	Zinc, total recoverable	1 - Effluent Gross	0		Value NODI							\ <u>-</u>	C - No Discharge		C - No Discharge	19 - Hig/L	01/30 - Monthly	24 - COMI 24
					Sample													
01113	Cadmium, total recoverable	1 - Effluent Gross	0		Permit Req. Value NODI							<=	0.07 MO AVG			19 - mg/L	01/30 - Monthly	24 - COMP24
													C - No Discharge		C - No Discharge			
01114	Lead, total recoverable	1 - Effluent Gross	0		Sample Permit Req.							<=	0.13 MO AVG	<=	0.13 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
	25da, total 1666161able				Value NODI								C - No Discharge		C - No Discharge			
					Sample Permit Reg.							<=	1.71 MO AVG	<=	2.77 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24
01118	Chromium, total recoverable	1 - Effluent Gross	0		Value NODI							\=	C - No Discharge		C - No Discharge	19 - 111g/L	- 01/30 - Monthly	24 - COMF24
					Sample								- · · · · · · · · · · · · · · · · · · ·		- The Electrical gr			
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 - COMP24
					Value NODI								C - No Discharge		C - No Discharge			
					Sample												04/04 5 "	T14 T0=::=
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.	Req Mon MO AV		Req Mon DAILY MX	03 - MGD								01/01 - Daily	TM - TOTALZ
					Value NODI	C - No Dischar	ge	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 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	Туре	Size
INP000627_002A_MMR_2023_12.pdf		pdf	377305.0
Report Last Saved By			
MATERIAL HANDLING EXCHANGE, INC.			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2024-01-31 15:00 (Time Zone: -05:00)		
Report Last Signed By			
User:	HSSTOOLROOM		
Name:	Jeremy Baughman		
E-Mail:	hsstool@m-h-e.com		
Date/Time:	2024-01-31 15:01 (Time Zone: -05:00)		

E-Mail: Date/Time:

Permit MATERIAL HANDLING EXCHANGE, INC. Facility: MATERIAL HANDLING EXCHANGE, INC. Permit #: INP000627 Permittee: **Facility Location:** Major: No **Permittee Address:** 1001 HURRICANE ST 1001 N HURRICANE ST FRANKLIN, IN 46131 FRANKLIN, IN 46131 002 Discharge: 002-AS **Permitted Feature:** External Outfall 002 SEMIANNUAL TTO Report Dates & Status **Monitoring Period:** From 07/01/23 to 12/31/23 DMR Due Date: 01/28/24 Status: **NetDMR Validated Considerations for Form Completion** SEMIANNUAL TTO REPORTING PRETREATMENT TO FRANKLIN POTW, JOHNSON COUNTY **Principal Executive Officer** Joe Title: Telephone: First Name: operations manager 317-361-6434 Last Name: Amato No Data Indicator (NODI) Form NODI: Monitoring Location Season # Param. NODI # of Ex. Frequency of Analysis Sample Type **Quantity or Loading Quality or Concentration** Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Code Units Sample 02/YR - Twice Per Year GR - GRAB 2.0 DAILY MX Permit Req 19 - mg/L 78141 **Organics, total toxic [TTO]** 1 - Effluent Gross 0 C - No Discharge 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 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_002A_MMR_2024_01.pdf 363268.0 pdf Report Last Saved By MATERIAL HANDLING EXCHANGE, INC. **HSSTOOLROOM** User: Name: Jeremy Baughman E-Mail: hsstool@m-h-e.com Date/Time: 2024-02-27 13:09 (Time Zone: -05:00) Report Last Signed By User: **HSSTOOLROOM** Jeremy Baughman Name:

hsstool@m-h-e.com

2024-02-27 13:09 (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 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.

hsstool@m-h-e.com

E-mail address:

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I N P	0 0	0	6 2	7		0 0		1]	1		2	2	3				
	PERMIT NUM	1BER				OUTF	FAL	L NO.			MO		Y	R.]			
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EFFLUENT CHARAG			FLOW		H		_	otal [Cn]			-	tal [Ni]			Silver			
EFFLUENT PARAMI			Q50050)400	Q	C	00720	Q		C0	1074		Q		C01		
SAMPLE TYPE	Permit Condition	วท	24TOT	Grab				Grab				Com					Comp	
	Monitored		24TOT	Grab				Grab				Com					Comp	
FREQUENCY	Permit Condition	วท	Daily	Meter				Monthly				Month				Ь.	Monthl	
	Monitored		Daily	Daily				Monthly				Montl	,			Ь.	Monthl	У
EFFLUENT	Permit Minimur		N/A	<u> </u>	5.0			N/A				N/A				Ь	N/A	
LIMITATIONS	Permit Average		Report	N/A				0.02				1.60				Ь	0.24	
	Permit Maximu		Report					0.02				1.60				Ь.,	0.43	
		NITS =		HI	LOW	LB/DAY	**	MG/L		3/DAY	**	Mo	G/L		DAY	**	MG	
	Fri	1				0.00025761	<	0.01	0.0	0025761			0.01	0.000	012881	<		0.005
	Sat		N/A	N/A														
	Sun		N/A	N/A														
	Mon	4																
	Tue	5		7.01														
	Wed	6		6.89														
	Thu	7		_														
	Fri	8																
	Sat		N/A	N/A														
	Sun		N/A	N/A														
	Mon	11																
	Tue	12																
	Wed	13																
	Thu	14																
	Fri	15																
	Sat		N/A	N/A														
	Sun		N/A	N/A														
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	Thu	21																
	Fri	22					1									igwdap		
	Sat		N/A	N/A										——				
	Sun		N/A	N/A										——				
	Mon		N/A	N/A										——				
	Tue	26					-					—				\vdash		
	Wed	27														\vdash		
	Thu	28														\vdash		
	Fri	29														\vdash		
	Sat		N/A N/A	N/A			-				-					\vdash		
MONTHLY AVERAG	Sun	31	0.0023857	N/A		0.00025761		0.01	0.0	0025761		\vdash	0.01	0.000	012881			0.005
HIGHEST VALUE	<u></u>		0.0023637		7.15	0.00025761		0.01		0025761	ı		0.01		012881			0.005
LOWEST VALUE			0.000763		6.46	0.00025761	-	0.01		0025761			0.01		012881			0.005
NO. OF TIMES WEEKL	Y DAILY MONTH	11 🗸	0.000702		0.40	0.00023701		0.01	0.0	0023701			0.01	0.000	712001			0.000
EFFL. LIMITATIONS														i				
TOTAL FLOW			0.047714		Prenai	ed hy or unde	r th	e direction of (Certifi	ed Oner:	ator	·		Date (month,	day	voar)	
					Гера	ed by or unde		c direction or (OCILIII	cu Opere	atoi	١٠		Date (i	nonui,	uay,	year)	
I certify under penalty of					Jeren	ny Baughma	an							i	1/2	3/20)24	
were prepared under m																		
a system designed to a	•				Prepai	er's telephone	nu	mber				Opera	tor's ce	rtificatio	n numi	er		
and evaluate the inform person or persons who																		
responsible for gatherin					317-2	213-0178												
is, to the best of my kno	•				Signat	ure of principa	l ex	ecutive officer	or au	thorized	age	nt		Date (month,	dav	vear)	
complete. I am aware th	=			ŀ				subscriber ag			S.,, C			- 0.10 (.	,	,,	, ,	
submitting false informa	_				,	,									1/2	1/20	124	
imprisonment for knowing								Jeremy Bau	Anth	all				1	1/3	1/2(<i>1</i> 24	



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

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	PERMIT NUMBE	R			OUT	FALL	_ NO.		MC).	YR.	
				_							No	Discharge
** < column: Can e	nter "<" if measurem	ent value is les	ss than lin	nit of de	tection					This	is a revised sub	mittal.
EFFLUENT CHARA	CTERISTICS	Zinc,	Total [Zn]		Cadmiu	ım, T	otal [Cd]	L	ead,To	tal [Pb]	Chromi	um,Total [Cr]
EFFLUENT PARAM	ETER NUMBER	Q	C01094		Q	C01	113	Q	C)1114	Q	C01118
SAMPLE TYPE	Permit Condition		Comp			Con	np		Co	mp		Comp
	Monitored		Comp			Con	np		Co	mp		Comp
FREQUENCY	Permit Condition		Monthly			Mor	nthly			onthly		Monthly
	Monitored		Monthly			Mor	nthly			onthly		Monthly
EFFLUENT	Permit Minimum		N/A			N/A			N/			N/A
LIMITATIONS	Permit Average		1.48			0.07			0.			1.71
	Permit Maximum		2.0			0.11			0.			2.77
	UNITS=	LB/DAY		G/L	LB/DAY	**	MG/L	LB/DA`			LB/DAY	** MG/L
	Fri 1	0.00051522	.,,	0.02		<	0.005			0.0		
	Sat 2			0.02	0.00012001	`	0.000	0.00020	701	0.0	0.00020701	0.01
	Sun 3										_	
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	Sun 24											
	Mon 25											
	Tue 26											
	Wed 27										_	
	Thu 28											
	Fri 29						-					
	Sat 30										_	
	San 30											
MONTHLY AVEDAC		0.00051522		0.00	0.00012881		0.005	0.00005	704	0.0	0.00005704	0.04
MONTHLY AVERAC	JE							0.00025			0.00025761	
HIGHEST VALUE		0.00051522		0.02		-	0.005			0.0		
LOWEST VALUE		0.00051522		0.02	0.00012881	_	0.005	0.00025	761	0.0	0.00025761	0.01
NO. OF TIMES WEEKL	LY, DAILY, MONTHLY											
EFFL. LIMITATIONS	SEXCEEDED			-								
				Prepa	red by or unde	er the	direction of (C	ertified Op	erator)	:	Date (month,	day, year)
	f law that this document ar			I			Jeremy Bau	nhman			1/0	23/2024
	y direction or supervision i							griman				
	ssure that qualified person			Prepa	rer's telephone	e nun	nber			Operator's	certification num	ber
	ation submitted. Based or			I .	•					1		
	manage the system, or the			I		317	-213-0178					
-	g the information, the infor			0:				0 '		!	ID (/ ''	
-	edge and belief, true, accu		ie.	Signal	ure of principa	II exe	cutive officer o	or authorize	ed ager	าเ	Date (month,	aay, year)
	re significant penalties for	-		(or at	tested by NetD	MK:	subscriber agre	eement)			1	
	e possibility of fine and im	prisonment for		1			Jeremy Baug	ghman			1	
knowing violations.							,					

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

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

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	PERMIT NUMBER	₹		J		OUTF	-ALL	NO.	J	M).	'	/R.	Dicol	narge
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EFFLUENT PARAM			C01119		Q			3141	Q	С			Q	С	
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FREQUENCY	Permit Condition		Mon					2X/Year	+					1	
T NEGOENO!	Monitored		Mon					2X/Year						1	
EFFLUENT	Permit Minimum		N/					N/A						1	
LIMITATIONS	Permit Average		0.3					N/A	1						
	Permit Maximum		0.3					2.00							
	UNITS=	LB/DAY		IG/L	LB/E	DAY	**	MG/L	LB/	DAY *	* MC	G/L	LB/DAY	**	MG/L
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I certify under penalty of	law that this document and	d all attachments		Prepare	d by or	under t		direction of (C					Date (month,		
	direction or supervision in						J	eremy Bau	gnman				1/2	3/20	124
a system designed to as	sure that qualified personr	nel properly gathe	er	Prepare	r's telen	hone r	numb	per			Operat	tor's ce	ertification num	ber	
	ation submitted. Based on				p						1 50.00				
	manage the system, or tho g the information, the inforr							213-0178							
to the best of my knowle	dge and belief, true, accur	ate, and complet	e.	Signatu	re of prir	ncipal e	exec	utive officer of	or author	ized ager	nt		Date (month,	day,	year)
	e significant penalties for s	-		(or atte	sted by I	NetDM	IR sı	ubscriber agr	eement)				1		
information, including the knowing violations.	e possibility of fine and imp	risonment for						eremy Bau							



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

											E-mail	addı	ress:		hsstoo	l@m-h-	e.com			
I N P	_	-	0	6	2	7		0	0		1	1	0		1	2	4			
	PERMIT	NUMB	3ER						OUTF	ALL	_ NO.]		MO.		Y	R.			
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EFFLUENT PARAME				Q50			400	Q	,	_	0720	Q			074		Q		C01	. 0.
SAMPLE TYPE	Permit Co		$\overline{}$	24TOT	500	Grab	100	<u> </u>		_	Grab			00.	Com)D	Q			Comp
	Monitored			24TOT		Grab					Grab				Com					Comp
FREQUENCY	Permit Co	ndition	1	Daily		Meter					Monthly				Montl	nly				Monthly
	Monitored			Daily		Daily					Monthly				Montl	hly				Monthly
EFFLUENT	Permit Mir	nimum		N/A			5.0				N/A				N/A	4				N/A
LIMITATIONS	Permit Av			Report		N/A					0.02				1.60				<u> </u>	0.24
	Permit Ma			Report			1.014	1.0/0		**	0.02	<u>.</u>	D/DAY	**	1.60		1.5/	24)/	++	0.43
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	We		3		01036	6.82														
	Th		4		00828	6.83														
	Fri		5		00856	6.88														
	Sa	ıt	6	N/A		N/A														
	Su	ın	7	N/A		N/A														
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	Tu		9		04268	6.43		0.0003	35616	<	0.01	0.0	00071233			0.02	0.000)17808	<	0.005
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	Mo		15		03281	6.81														
	Tu		16		00757	7.04														
	We	ed	17	0.	00201	6.7														
	Th	ıu	18	0.0	01301	5.64														,
	Fri		19		03283	6.23														
	Sa			N/A		N/A														
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	We		23 24		01328 02574	7.08 7.63														
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HIGHEST VALUE LOWEST VALUE					10312 00707		7.63 5.64		35616 35616		0.01 0.01		00071233 00071233	-		0.02		017808	ŀ	0.005 0.005
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TOTAL FLOW				0.0	54478		Prepai	ed by or	under	r the	e direction of (Certi	fied Opera	itor)	:		Date (r	month, d	dav.	vear)
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were prepared under my							Jeren	ny Bau	ghma	ın						Į.		2/9	9/20	24
a system designed to as							Prepai	er's tele	phone	nur	mber				Opera	tor's cei	rtificatio	n numb	er	
and evaluate the informa	ation submitt	ed. Bas	ed on	my inqui	ry of the	e			,						-				-	
person or persons who							317-9	37-430)3											
responsible for gathering	-					נ				0.4	ooutivo officor	oro	uthorized .	200			Doto /r	month	dou	1005
is, to the best of my kno- complete. I am aware th	_										ecutive officer subscriber ag			ayer	IL		Date (/	month, (лау,	year)
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imprisonment for knowin			.55,511	., 0, 11110	and						Jeremy Bau	ghm	nan			Ų		2/9	9/20	24



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

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	PERMIT NUMBER	ζ				OUTF	ALL	. NO.	J	IVIO	. Y	/R. No	Disc	charge
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EFFLUENT CHARA			Total [Zn]			Cadmiui	m, T	otal [Cd]	Lead	l,Tot	al [Pb]			otal [Cr]
EFFLUENT PARAM	ETER NUMBER	Q	C01094		Q		C01		Q	_	1114	Q	_	1118
SAMPLE TYPE	Permit Condition		Comp				Com	np		Co				Comp
	Monitored		Comp				Com	np		Co				Comp
FREQUENCY	Permit Condition		Monthly				Mon			Мо	nthly			Monthly
	Monitored		Monthly				Mon	thly			nthly			Monthly
EFFLUENT	Permit Minimum		N/A				N/A			N/A			₩	N/A
LIMITATIONS	Permit Average		1.48				0.07			0.1		<u> </u>	₩	1.71
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	y direction or supervision in							•	griman		•			, <u>z</u> -
	ssure that qualified person			Prepa	rer's tele	ephone	num	nber			Operator's ce	ertification num	ber	
	ation submitted. Based on manage the system, or tho													
	g the information, the infor					3	317-	-937-4303						
	edge and belief, true, accur			Signa	ture of n	rincipal	exe	cutive officer of	or authorized a	gen	t	Date (month,	dav	. vear)
	re significant penalties for s							subscriber agre		_, •	-			,
	e possibility of fine and imp	risonment for						Jeremy Bau						
knowing violations.								beleiny bau	gilliali					ļ

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

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

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EFFLUENT CHARAG		Co	pper [Cu]			TTC)							
EFFLUENT PARAM	ETER NUMBER	Q	C01119		Q	C7	8141	Q	С			Q	С	
SAMPLE TYPE	Permit Condition		Cor	np			Grab						1	
	Monitored		Cor	np			Grab						1	
FREQUENCY	Permit Condition		Mon			1	2X/Year						+	
	Monitored		Mon				2X/Year						+	
EFFLUENT	Permit Minimum		N/.			1	N/A	1					+	
LIMITATIONS	Permit Average		0.3			ł	N/A						+	
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	direction or supervision			D	ala Aalas I		-	_		1^				
	ssure that qualified person			Prepare	r's telephone r	num	per			10	perator's ce	ertification nun	nber	
	ation submitted. Based of manage the system, or the													
· ·	manage the system, or tr g the information, the info		•		3	17-	937-4303							
	edge and belief, true, acc			Signatur	e of principal			or author	izad agar	nt.		Date (month	day	(voar)
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knowing violations.	o possibility of file and iff	iphodiment idi				J	eremy Bau	ghman						



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 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 0 0 0 0 1 PERMIT NUMBER OUTFALL NO. MO ΥR No Discharge ** < column: Can enter "<" if measurement value is less than limit of detection This is a revised submittal. EFFLUENT CHARACTERISTICS Silver,Total [Ag] FLOW Cyanide, Total [Cn] Nickel, Total [Ni] рΗ EFFLUENT PARAMETER NUMBER Q50050 C00400 C 00720 C01074 C01079 SAMPLE TYPE Permit Condition 24TOT Grab Grab Comp Comp 24TOT Monitored Grab Grab Comp Comp Daily FREQUENCY Permit Condition Meter Monthly Monthly Monthly Monitored Daily Daily Monthly Mothly Monthly EFFLUENT Permit Minimum N/A N/A N/A N/A LIMITATIONS Permit Average N/A 0.02 1.60 0.24 Report Permit Maximum Report 10.0 0.02 1.60 0.43 UNITS = MGD Ш LOW LB/DAY MG/L LB/DAY MG/L LB/DAY MG/L Fri Sat 2 Sun Mon 4 Tue 5 Wed 6 7 Thu Fri 8 Sat 9 Sun 10 Mon 11 12 Tue Wed 13 14 Thu Fri 15 Sat 16 17 Sun Mon 18 19 Tue Wed 20 Thu 21 22 Fri Sat 23 Sun 24 25 Mon 26 Tue Wed 27 28 Thu 29 Fri Sat 30 Sun 31 MONTHLY AVERAGE HIGHEST VALUE LOWEST VALUE NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED TOTAL FLOW Prepared by or under the direction of (Certified Operator): Date (month, day, year) certify under penalty of law that this document and all attachments Jeremy Baughman 1/23/2023 were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather Preparer's telephone number 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 317-213-0178 responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and Signature of principal executive officer or authorized agent Date (month, day, year) (or attested by NetDMR subscriber agreement) complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and Jeremy Baughman 1/31/2024

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

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EFFLUENT PARAM	ETER NUMBER	Q	C01094		Q	C01		Q	C0	1114	Q	C011	
SAMPLE TYPE	Permit Condition		Comp			Con	np		Co	mp			Comp
	Monitored		Comp			Con			Co			1	Comp
FREQUENCY	Permit Condition		Monthly			Mon	thly		Мо	nthly			Monthly
	Monitored		Monthly			Mon				nthly			Monthly
EFFLUENT	Permit Minimum		N/A			N/A			N/A				N/A
LIMITATIONS	Permit Average		1.48			0.07	,		0.1			1	1.71
	Permit Maximum		2.0			0.11			0.1			1	2.77
	UNITS=	LB/DAY	** M	G/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
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I certify under penalty of	law that this document an	d all attachments	S	Prepa	red by or unde				rator):		Date (month)	, day, y 23/202	
were prepared under my	direction or supervision in	accordance wit	h				Jeremy Bau	igililati			1/2	-3/202	.ن
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person or persons who r	manage the system, or tho	se persons direc	ctly			317	-213-0178						
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knowing violations.	possibility of fille and IMP	AISOITHIGH IUI				,	Jeremy Bau	ighman					

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

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

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SAMPLE TYPE	Permit Condition		Con	•		1	Grab					₩	
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EFFLUENT	Permit Minimum		N/A	4			N/A						
LIMITATIONS	Permit Average		0.3				N/A						
	Permit Maximum		0.3	1			2.00						
	UNITS=	LB/DAY	** M	G/L	LB/DAY	**	MG/L	LB/I	DAY **	MG/L	LB/DAY	**	MG/L
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	e significant penalties for s	-		(or atte	sted by NetDM	ıK s	ubscriber agre	eement)			1		
information, including the knowing violations.	e possibility of fine and imp	orisonment for				J	eremy Bau	ghman					



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

															E-mail	addres	s:		hsstool	@m-h-	e.com					
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EFFL	JEI	NT CH	IARAC	CTERIST	ICS		FLC	SW	p	Н		Cyanide	e,Total [Cn]				Nicke	I,Tot	al [Ni]			Silver	,Tota	al [Ag]		
EFFLUENT PARAMETER NUMBER Q5005						050	C00	0400	Q		C	0720		Q			1074		Q		C01	C01079				
SAMPLE TYPE Permit Condition				Permit Condition 24TOT Grab					Grab				Comp						Comp							
			Monitored			24TOT		Grab	Grab			Grab				Comp						Comp				
FREQUENCY						Daily		Meter	Meter				Monthly				Monthly						Monthly			
				Monitored			Daily	,					Monthly				Mothly		ly				Monthly			
EFFLUENT LIMITATIONS							N/A			5.0			N/A		١				N/A					N/A		
			Permit Average		Report		N/A				0.02				1.60					0.24						
							Report	Report		10.0				0.02	2			1.60						0.43		
					1U	NITS =			HI	LOW	LB/I	DAY	**	M	G/L	LB/	DAY	**	MG	3/L	LB/DAY		** MG/L			
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TOTA	LF	LOW					<u> — </u>	0	1	Prepai	red by c	r unde	r the	e direct	ion of (Certifie	d Opera	ator)	:		Date (r	month,	day,	year)		
l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with								Jerer	Jeremy Baughman										2/9/2024							
					-						-			mhor				I	Operat	orle oc	rtificatio	ו חיישו	205			
a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the										Prepai	er's tele	sprione	Hui	mbei					Operati	oi s ce	rtificatio	II Hullik	Jei			
				manage tl						Q 4 = -	.o - .c															
•				g the infor	,				,	317-9	937-43	03														
is, to th	e b	est of n	ny kno	- wledge ar	nd belief	, true, a	ccurate, a	and		Signat	ure of p	rincipa	l ex	ecutive	officer	or auth	orized	agei	nt		Date (r	month,	dav.	year)		
comple	ete.	I am av	ware th	at there a	re signif	icant pe	nalties fo	r			ested b							••			l `	,	• /	-		
submitt	ting	false ir	nforma	tion, includ	ding the	possibil	lity of fine	and													2/0/2024					
				ng violation									Jeremy Baughman									2/9/2024				

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

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PERMIT NUMBER					NO.	1 📑	MC		rR.					
No Discharge														
** < column: Can er	nter "<" if measureme	ent value is le	ss than lim	it of de	tection					This is	s a revised sub	mittal.		
EFFLUENT CHARAG	CTERISTICS	Zink	Total [Zn]		Cadmi	um,To	otal [Cd]	Lea	d,Tot	al [Pb]	Chromi	um,To	tal [Cr]	
EFFLUENT PARAM		Q C01113			Q	C0	1114							
SAMPLE TYPE		Comp			Con	пр		Co	mp		T	Comp		
	Monitored		Comp			Con	ηp		Co	mp	Comp		Comp	
FREQUENCY	Permit Condition	Monthly					thly		Мо	nthly			Monthly	
		Monthly			Mon	thly			nthly			Monthly		
EFFLUENT	Permit Minimum		N/A			N/A			N/A				N/A	
LIMITATIONS	Permit Average	1.48				0.07	•		0.1	3			1.71	
	Permit Maximum		2.0			0.11		0		3			2.77	
	UNITS=	LB/DAY	** M	G/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	
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	Wed 31													
MONTHLY AVERAG														
HIGHEST VALUE	· -													
LOWEST VALUE														
NO. OF TIMES WEEKL	Y, DAILY, MONTHLY													
EFFL. LIMITATIONS				Dropo	red by or unde	or the	direction of (Cortified Open	otor):		Date (month)	day	woorl	
	law that this document an			гтера	ieu by Oi uilde		Jeremy Bau		alUI).			, uay, ₎ '9/202		
	/ direction or supervision in			<u> </u>			-	<u> </u>						
and evaluate the informa	ssure that qualified person ation submitted. Based on	my inquiry of the	Э	Prepa	rer's telephone	e num	nber			Operator's certification number				
	manage the system, or the					317	-937-4303							
	g the information, the infor			Cierra				or outbaries d	000	1	Data /mar#	dour	uoorl	
-	edge and belief, true, accur e significant penalties for s		ı c .	Signa	ture of principa tested by NetD	JMD ∙	Cutive Officer	OI BUILIOUE	agen	ι	Date (month)	uay, y	/ear)	
	e significant penalties for s e possibility of fine and imp	-		(OI at	icolcu by Nell						1			
knowing violations.	- F-30.0, of find and imp					,	Jeremy Bau							

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

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

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	PERMIT NUMBE	₹					OUTI	FALL	NO.]	N	10.	` \ \	/R.	No Dio	oborgo V
No Discharge X ** < column: Can enter "<" if measurement value is less than limit of detection This is a revised submittal.																
EFFLUENT CHARAGE		I value	Coppe		or dete	Liioii		TTC	`	1			11113 1	s a leviseu	Subillit	.aı.
EFFLUENT PARAM		Q				Q C78141				Q	10	2		Q	С	
SAMPLE TYPE	Q	CU	C01119 Comp		Q		Cro	Grab	Q		_		Q			
SAMPLE TYPE Permit Condition Monitored				Com					Grab						-	
FREQUENCY	Permit Condition			Month				-	2X/Year	1	-			-		
FREQUENCT	Monitored			Month				-	2X/Year	1	-			-		
EFFLUENT			N/A	,			-	N/A	1	-			-			
LIMITATIONS	Permit Minimum							ł	N/A							
LIMITATIONS	Permit Average Permit Maximum			0.31				-	2.00							
	UNITS=	LB/DA	V **	0.31 ** MG/L			DAY			I D/I	DAV	**	MC/I	I D/DA	Y **	MG/L
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I certify under penalty of	Prepare	a by or	under		direction of (C eremy Bau			r):		Date (mo	nth, da 2/9/2					
were prepared under my	Jeremy Baughman															
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and evaluate the informa																
	manage the system, or the g the information, the infor		3	17-	937-4303			_								
to the best of my knowle	dge and belief, true, accu	Signatur	e of pri	ncipal e	exec	utive officer o	r author	ized age	ent		Date (mo	nth, da	y, year)			
I am aware that there ar	(or attes	sted by	NetDM	1R sı	ubscriber agre	eement)	•									
information, including the knowing violations.	e possibility of fine and imp		Jeremy Baughman													