

DMR Copy of Record

Permit

Permit #:
Major:

INP000627
No

Permittee:
Permittee Address:

MATERIAL HANDLING EXCHANGE, INC.
1001 HURRICANE ST
FRANKLIN, IN 46131

Facility:
Facility Location:

MATERIAL HANDLING EXCHANGE, INC.
1001 N HURRICANE ST
FRANKLIN, IN 46131

Permitted Feature:

001
External Outfall

Discharge:

001-A
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:
Last Name:

Joe
Amato

Title:

operations manager

Telephone:

317-361-6434

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00400	pH	1 - Effluent Gross	0	--	Sample						=	6.46			=	7.15	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								=	0.01	=	0.01	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								=	0.02	=	0.02	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	=	0.0023857	=	0.006763	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

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_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)		

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Facility:

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Facility Location:

1001 N HURRICANE ST
FRANKLIN, IN 46131

Permitted Feature:

001
External Outfall

Discharge:

001-AS
001 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

First Name:

Joe

Last Name:

Amato

Title:

operations manager

Telephone:

317-361-6434

No Data Indicator (NODI)

Form NODI:

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Submission Note

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Edit Check Errors

No errors.

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"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	Type	Size
INP000627_001A_MMR_2024_01.pdf	pdf	368218.0

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

User:

HSSTOOLROOM

Name:

Jeremy Baughman

E-Mail:

hsstool@m-h-e.com

Date/Time:

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

Report Last Signed By

User:

HSSTOOLROOM

Name:

Jeremy Baughman

E-Mail:

hsstool@m-h-e.com

Date/Time:

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

DMR Copy of Record

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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

Report Dates & Status

Monitoring Period:

From 12/01/23 to 12/31/23

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01/28/24

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Attachments

Name		Type	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)		

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Permitted Feature:

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Discharge:

002-AS
002 SEMIANNUAL TTO

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Attachments

Name	Type	Size
INP000627_002A_MMR_2024_01.pdf	pdf	363268.0

Report Last Saved By

MATERIAL HANDLING EXCHANGE, INC.

User:

HSSTOOLROOM

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

Name:

Jeremy Baughman

E-Mail:

hsstool@m-h-e.com

Date/Time:

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 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	2	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
	Fri 1	0.003087	6.92		0.00025761	<	0.01	0.00025761		0.01	0.00012881	<	0.005
	Sat 2	N/A	N/A										
	Sun 3	N/A	N/A										
	Mon 4	0.00106	7.15										
	Tue 5	0.002571	7.01										
	Wed 6	0.001051	6.89										
	Thu 7	0.002465	7.04										
	Fri 8	0.00298	7.02										
	Sat 9	N/A	N/A										
	Sun 10	N/A	N/A										
	Mon 11	0.001266	6.94										
	Tue 12	0.006763	7.03										
	Wed 13	0.003094	7.05										
	Thu 14	0.001189	6.46										
	Fri 15	0.003272	6.91										
	Sat 16	N/A	N/A										
	Sun 17	N/A	N/A										
	Mon 18	0.00128	7										
	Tue 19	0.002373	6.88										
	Wed 20	0.001054	7.03										
	Thu 21	0.000762	7.13										
	Fri 22	0.002473	6.94										
	Sat 23	N/A	N/A										
	Sun 24	N/A	N/A										
	Mon 25	N/A	N/A										
	Tue 26	0.003216	6.76										
	Wed 27	0.001246	6.87										
	Thu 28	0.002394	6.84										
	Fri 29	0.004118	6.94										
	Sat 30	N/A	N/A										
	Sun 31	N/A	N/A										
MONTHLY AVERAGE		0.0023857			0.00025761		0.01	0.00025761		0.01	0.00012881		0.005
HIGHEST VALUE		0.006763	7.15		0.00025761		0.01	0.00025761		0.01	0.00012881		0.005
LOWEST VALUE		0.000762	6.46		0.00025761		0.01	0.00025761		0.01	0.00012881		0.005
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

TOTAL FLOW		0.047714	Prepared by or under the direction of (Certified Operator):				Date (month, day, year)			
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.		Jeremy Baughman				1/23/2024				
		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				1/31/2024				



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	2	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
	Fri 1	0.00051522		0.02	0.00012881	<	0.005	0.00025761	<	0.01	0.00025761	<	0.01
	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												
	Sun 31												
MONTHLY AVERAGE		0.00051522		0.02	0.00012881		0.005	0.00025761		0.01	0.00025761		0.01
HIGHEST VALUE		0.00051522		0.02	0.00012881		0.005	0.00025761		0.01	0.00025761		0.01
LOWEST VALUE		0.00051522		0.02	0.00012881		0.005	0.00025761		0.01	0.00025761		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)

1/23/2024

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)



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

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AND ATTACHED TO THE CORRESPONDING NETDMR FORM
FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
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MO.		YR.	

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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
	Fri 1	0.00180327		0.07						
	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									
	Sun 31									
MONTHLY AVERAGE		0.00180327		0.07						
HIGHEST VALUE		0.00180327		0.07						
LOWEST VALUE		0.00180327		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)

1/23/2024

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	1	
OUTFALL NO.			

0	1	2	4
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
Mon		1	N/A	N/A									
Tue		2	0.002999	6.79									
Wed		3	0.001036	6.82									
Thu		4	0.000828	6.83									
Fri		5	0.000856	6.88									
Sat		6	N/A	N/A									
Sun		7	N/A	N/A									
Mon		8	0.002778	6.82									
Tue		9	0.004268	6.43	0.00035616	<	0.01	0.00071233	0.02	0.00017808	<	0.005	
Wed		10	0.005087	6.88									
Thu		11	0.001906	7.03									
Fri		12	0.000741	7.01									
Sat		13	N/A	N/A									
Sun		14	N/A	N/A									
Mon		15	0.003281	6.81									
Tue		16	0.000757	7.04									
Wed		17	0.00201	6.7									
Thu		18	0.001301	5.64									
Fri		19	0.003283	6.23									
Sat		20	N/A	N/A									
Sun		21	N/A	N/A									
Mon		22	0.000707	6.95									
Tue		23	0.001328	7.08									
Wed		24	0.002574	7.63									
Thu		25	0.010312	7.29									
Fri		26	0.002722	7.49									
Sat		27	N/A	N/A									
Sun		28	N/A	N/A									
Mon		29	0.002557	7.58									
Tue		30	0.001423	7.5									
Wed		31	0.001724	7.6									
MONTHLY AVERAGE		0.00247627			0.00035616		0.01	0.00071233	0.02	0.00017808			0.005
HIGHEST VALUE		0.010312	7.63		0.00035616		0.01	0.00071233	0.02	0.00017808			0.005
LOWEST VALUE		0.000707	5.64		0.00035616		0.01	0.00071233	0.02	0.00017808			0.005
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

TOTAL FLOW 0.054478

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

Date (month, day, year)

Jeremy Baughman

2/9/2024

Preparer's telephone number

Operator's certification number

317-937-4303

Signature of principal executive officer or authorized agent
(or attested by NetDMR subscriber agreement)

Jeremy Baughman

Date (month, day, year)

2/9/2024

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.			

0	1	2	4
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
Mon 1													
Tue 2													
Wed 3													
Thu 4													
Fri 5													
Sat 6													
Sun 7													
Mon 8													
Tue 9		0.00106849	0	0.03	0.00017808	<	0.005	0.00035616	<	0.01	0.00035616	<	0.01
Wed 10													
Thu 11													
Fri 12													
Sat 13													
Sun 14													
Mon 15													
Tue 16													
Wed 17													
Thu 18													
Fri 19													
Sat 20													
Sun 21													
Mon 22													
Tue 23													
Wed 24													
Thu 25													
Fri 26													
Sat 27													
Sun 28													
Mon 29													
Tue 30													
Wed 31													
MONTHLY AVERAGE		0.00106849		0.03	0.00017808		0.005	0.00035616		0.01	0.00035616		0.01
HIGHEST VALUE		0.00106849		0.03	0.00017808		0.005	0.00035616		0.01	0.00035616		0.01
LOWEST VALUE		0.00106849		0.03	0.00017808		0.005	0.00035616		0.01	0.00035616		0.01
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

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

Jeremy Baughman

Date (month, day, year)

2/9/2024

Preparer's telephone number

317-937-4303

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)

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FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	1	2	4
MO.		YR.	

** < column: Can enter "<" if measurement value is less than limit of detection

No Discharge ☐
This is a revised submittal. ☐

EFFLUENT CHARACTERISTICS		Copper [Cu]				TTO							
EFFLUENT PARAMETER NUMBER		Q	C01119		Q	C78141		Q	C		Q	C	
SAMPLE TYPE	Permit Condition		Comp			Grab							
	Monitored		Comp			Grab							
FREQUENCY	Permit Condition		Monthly			2X/Year							
	Monitored		Monthly			2X/Year							
EFFLUENT LIMITATIONS	Permit Minimum		N/A			N/A							
	Permit Average		0.31			N/A							
	Permit Maximum		0.31			2.00							
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Mon 1													
Tue 2													
Wed 3													
Thu 4													
Fri 5													
Sat 6													
Sun 7													
Mon 8													
Tue 9		0.00356165		0.1			ND						
Wed 10													
Thu 11													
Fri 12													
Sat 13													
Sun 14													
Mon 15													
Tue 16													
Wed 17													
Thu 18													
Fri 19													
Sat 20													
Sun 21													
Mon 22													
Tue 23													
Wed 24													
Thu 25													
Fri 26													
Sat 27													
Sun 28													
Mon 29													
Tue 30													
Wed 31													
MONTHLY AVERAGE		0.00356165		0.1									
HIGHEST VALUE		0.00356165		0.1									
LOWEST VALUE		0.00356165		0.1									
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

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Prepared by or under the direction of (Certified Operator): Jeremy Baughman		Date (month, day, year) 2/9/2024
Preparer's telephone number 317-937-4303		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 Handeling Exchange, Inc.
1001 Hurricane Street
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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	2	2	3
MO.		YR.	

No Discharge	<input checked="" type="checkbox"/>
--------------	-------------------------------------

** < 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											
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	Fri	22											
	Sat	23											
	Sun	24											
	Mon	25											
	Tue	26											
	Wed	27											
	Thu	28											
	Fri	29											
	Sat	30											
	Sun	31											
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													
TOTAL FLOW		0											

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Prepared by or under the direction of (Certified Operator):		Date (month, day, year)	
Jeremy Baughman		1/23/2023	
Preparer's telephone number		Operator's certification number	
317-213-0178			
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)	
Jeremy Baughman		1/31/2024	



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

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I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2	
OUTFALL NO.			

1	2	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													
Sun 31													
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

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

Jeremy Baughman

Date (month, day, year)

1/23/2023

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:

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I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2	
OUTFALL NO.			

1	2	2	3
MO.		YR.	

** < column: Can enter "<" if measurement value is less than limit of detection

No Discharge ☒ This is a revised submittal.

EFFLUENT CHARACTERISTICS		Copper[Cu]		TTO						
EFFLUENT PARAMETER NUMBER		Q	C01119	Q	C78141	Q	C	Q	C	
SAMPLE TYPE	Permit Condition		Comp		Grab					
	Monitored		Comp		Grab					
FREQUENCY	Permit Condition		Monthly		2X/Year					
	Monitored		Monthly		2X/Year					
EFFLUENT LIMITATIONS	Permit Minimum		N/A		N/A					
	Permit Average		0.31		N/A					
	Permit Maximum		0.31		2.00					
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	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									
	Sun 31									
MONTHLY AVERAGE										
HIGHEST VALUE										
LOWEST VALUE										
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED										

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Prepared by or under the direction of (Certified Operator): Jeremy Baughman		Date (month, day, year) 1/23/2023
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)

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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	1	2	4
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
Mon	1												
Tue	2												
Wed	3												
Thu	4												
Fri	5												
Sat	6												
Sun	7												
Mon	8												
Tue	9												
Wed	10												
Thu	11												
Fri	12												
Sat	13												
Sun	14												
Mon	15												
Tue	16												
Wed	17												
Thu	18												
Fri	19												
Sat	20												
Sun	21												
Mon	22												
Tue	23												
Wed	24												
Thu	25												
Fri	26												
Sat	27												
Sun	28												
Mon	29												
Tue	30												
Wed	31												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													
TOTAL FLOW		0											

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Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
Jeremy Baughman		2/9/2024
Preparer's telephone number		Operator's certification number
317-937-4303		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Jeremy Baughman		2/9/2024



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

2/9/2024

Preparer's telephone number

317-937-4303

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	2	
OUTFALL NO.			

0	1	2	4
MO.		YR.	

** < column: Can enter "<" if measurement value is less than limit of detection

No Discharge ☒ This is a revised submittal.

EFFLUENT CHARACTERISTICS		Copper[Cu]		TTO						
EFFLUENT PARAMETER NUMBER		Q	C01119	Q	C78141	Q	C	Q	C	
SAMPLE TYPE	Permit Condition		Comp		Grab					
	Monitored		Comp		Grab					
FREQUENCY	Permit Condition		Monthly		2X/Year					
	Monitored		Monthly		2X/Year					
EFFLUENT LIMITATIONS	Permit Minimum		N/A		N/A					
	Permit Average		0.31		N/A					
	Permit Maximum		0.31		2.00					
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	Mon 1									
	Tue 2									
	Wed 3									
	Thu 4									
	Fri 5									
	Sat 6									
	Sun 7									
	Mon 8									
	Tue 9									
	Wed 10									
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	Sat 27									
	Sun 28									
	Mon 29									
	Tue 30									
	Wed 31									
MONTHLY AVERAGE										
HIGHEST VALUE										
LOWEST VALUE										
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) 2/9/2024
Preparer's telephone number 317-937-4303		Operator's certification number
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Jeremy Baughman		Date (month, day, year)