

**DMR Copy of Record**

<b>Permit</b>			
Permit #:	INP000627	Permittee:	MATERIAL HANDLING EXCHANGE, INC.
Major:	No	Permittee Address:	1001 HURRICANE ST FRANKLIN, IN 46131
Permitted Feature:	001 External Outfall	Discharge:	001-A 001 POWDER COAT METAL PARTS - TO FRANKLIN POTW
Facility:		Facility Location:	MATERIAL HANDLING EXCHANGE, INC. 1001 N HURRICANE ST FRANKLIN, IN 46131

<b>Report Dates &amp; Status</b>			
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

<b>Principal Executive Officer</b>			
First Name:	Joe	Title:	operations manager
Last Name:	Amato	Telephone:	317-361-6434

**No Data Indicator (NODI)**  
 Form NODI: --

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

## DMR Copy of Record

Permit																				
Permit #:	INP000627				Permittee:	MATERIAL HANDLING EXCHANGE, INC.				Facility:	MATERIAL HANDLING EXCHANGE, INC.									
Major:	No				Permittee Address:	1001 HURRICANE ST FRANKLIN, IN 46131				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				Title:	operations manager				Telephone:	317-361-6434									
Last Name:	Amato																			
No Data Indicator (NODI)																				
Form NODI:	--																			
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units				
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--											<	2.0	19 - mg/L		02/YR - Twice Per Year	GR - GRAB
															<=	2.0 DAILY MX	19 - mg/L		02/YR - Twice Per Year	GR - GRAB
					Sample															
					Permit Req.															
					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											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**

<b>Permit</b>			
<b>Permit #:</b>	<b>INP000627</b>	<b>Permittee:</b>	MATERIAL HANDLING EXCHANGE, INC.
<b>Major:</b>	No	<b>Permittee Address:</b>	1001 HURRICANE ST FRANKLIN, IN 46131
<b>Permitted Feature:</b>	002 External Outfall	<b>Discharge:</b>	<b>002-A</b> 002 POWDER COAT METAL PARTS - TO FRANKLIN POTW
<b>Facility:</b>		<b>Facility Location:</b>	MATERIAL HANDLING EXCHANGE, INC. 1001 N HURRICANE ST FRANKLIN, IN 46131

<b>Report Dates &amp; Status</b>			
<b>Monitoring Period:</b>	From 12/01/23 to 12/31/23	<b>DMR Due Date:</b>	01/28/24
<b>Status:</b>	NetDMR Validated		

**Considerations for Form Completion**  
THE FLOW MUST BE MEASURED USING VALID FLOW MEASUREMENT DEVICES. PRETREATMENT TO FRANKLIN POTW JOHNSON COUNTY

<b>Principal Executive Officer</b>			
<b>First Name:</b>	Joe	<b>Title:</b>	operations manager
<b>Last Name:</b>	Amato	<b>Telephone:</b>	317-361-6434

**No Data Indicator (NODI)**  
Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units		
00400	pH	1 - Effluent Gross	0	--	Sample																
					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																
					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																
					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																
					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																
					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																
					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																
					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																
					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																
					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																
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD											
					Value NODI		C - No Discharge		C - No Discharge												

**Submission Note**  
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**  
No errors.

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

**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)





# 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			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

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) 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
	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
HIGHEST VALUE		0.00051522	0.02	0.00012881		0.005	0.00025761		0.01
LOWEST VALUE		0.00051522	0.02	0.00012881		0.005	0.00025761		0.01
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED									

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	<p>Prepared by or under the direction of (Certified Operator):</p> <p style="text-align: center;">Jeremy Baughman</p>	<p>Date (month, day, year)</p> <p style="text-align: center;">1/23/2024</p>	
	<p>Preparer's telephone number</p> <p style="text-align: center;">317-213-0178</p>	<p>Operator's certification number</p>	
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)</p> <p style="text-align: center;">Jeremy Baughman</p>	<p>Date (month, day, year)</p>	



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

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

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.  
ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A  
PDF DOCUMENT, NAMED APPROPRIATELY  
(PERMITID\_OUTFALLID\_MMR\_YYYY\_MM.pdf, i.e.,  
IN0012345\_001A\_MMR\_2019\_01.pdf),  
AND ATTACHED TO THE CORRESPONDING NETDMR FORM  
FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	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		Copper [Cu]				TTO			
EFFLUENT PARAMETER NUMBER		Q	C01119	Q	C78141	Q	C	Q	C
SAMPLE TYPE	Permit Condition		Comp		Grab				
	Monitored		Comp		Grab				
FREQUENCY	Permit Condition		Monthly		2X/Year				
	Monitored		Monthly		2X/Year				
EFFLUENT LIMITATIONS	Permit Minimum		N/A		N/A				
	Permit Average		0.31		N/A				
	Permit Maximum		0.31		2.00				
UNITS=		LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L
	Fri 1	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									

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	<p>Prepared by or under the direction of (Certified Operator): <b>Jeremy Baughman</b></p>	<p>Date (month, day, year) <b>1/23/2024</b></p>	
	<p>Preparer's telephone number <b>317-213-0178</b></p>	<p>Operator's certification number</p>	
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>Jeremy Baughman</b></p>	<p>Date (month, day, year)</p>	



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:  
 Material Handling Exchange, Inc.  
 1001 Hurricane Street  
 Franklin Indiana 46131

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.  
 ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A  
 PDF DOCUMENT, NAMED APPROPRIATELY  
 (PERMITID\_OUTFALLID\_MMR\_YYYY\_MM.pdf, i.e.,  
 IN0012345\_001A\_MMR\_2019\_01.pdf),  
 AND ATTACHED TO THE CORRESPONDING NETDMR FORM  
 FOR SUBMITTAL.

E-mail address: hsstool@m-h-e.com

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	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

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) 2/9/2024



# 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.  
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PDF DOCUMENT, NAMED APPROPRIATELY  
(PERMITID\_OUTFALLID\_MMR\_YYYY\_MM.pdf, i.e.,  
IN0012345\_001A\_MMR\_2019\_01.pdf),  
AND ATTACHED TO THE CORRESPONDING NETDMR FORM  
FOR SUBMITTAL.

I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	1
OUTFALL NO.		

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													

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	Prepared by or under the direction of (Certified Operator): <b>Jeremy Baughman</b>	Date (month, day, year) <b>2/9/2024</b>
	Preparer's telephone number <b>317-937-4303</b>	Operator's certification number
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>Jeremy Baughman</b>	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	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		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									

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	<p>Prepared by or under the direction of (Certified Operator): <b>Jeremy Baughman</b></p>	<p>Date (month, day, year) <b>2/9/2024</b></p>	
	<p>Preparer's telephone number <b>317-937-4303</b></p>	<p>Operator's certification number</p>	
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>Jeremy Baughman</b></p>	<p>Date (month, day, year)</p>	



# MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

## Indiana Discharge Monitoring Report

State Form 30530 (R4 / 7-19)

FACILITY NAME AND ADDRESS:

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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

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		FLOW	pH		Cyanide, Total [Cn]		Nickel, Total [Ni]		Silver, Total [Ag]	
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q	C 00720	Q	C01074	Q	C01079	
SAMPLE TYPE	Permit Condition	24TOT	Grab		Grab		Comp		Comp	
	Monitored	24TOT	Grab		Grab		Comp		Comp	
FREQUENCY	Permit Condition	Daily	Meter		Monthly		Monthly		Monthly	
	Monitored	Daily			Monthly		Monthly		Monthly	
EFFLUENT LIMITATIONS	Permit Minimum	N/A	5.0		N/A		N/A		N/A	
	Permit Average	Report	N/A		0.02		1.60		0.24	
	Permit Maximum	Report	10.0		0.02		1.60		0.43	

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

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	Prepared by or under the direction of (Certified Operator):		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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I	N	P	0	0	0	6	2	7
PERMIT NUMBER								

0	0	2
OUTFALL NO.		

1	2	2	3
MO.		YR.	

No Discharge

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This is a revised submittal.

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

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	<p>Prepared by or under the direction of (Certified Operator): <b>Jeremy Baughman</b></p>	<p>Date (month, day, year) <b>1/23/2023</b></p>
	<p>Preparer's telephone number <b>317-213-0178</b></p>	<p>Operator's certification number</p>
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>Jeremy Baughman</b></p>	<p>Date (month, day, year)</p>



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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												
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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											

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) 2/9/2024



# 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	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												
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Mon	29												
Tue	30												
Wed	31												
MONTHLY AVERAGE													
HIGHEST VALUE													
LOWEST VALUE													
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	<p>Prepared by or under the direction of (Certified Operator):</p> <p style="text-align: center;">Jeremy Baughman</p>	<p>Date (month, day, year)</p> <p style="text-align: center;">2/9/2024</p>	
	<p>Preparer's telephone number</p> <p style="text-align: center;">317-937-4303</p>	<p>Operator's certification number</p>	
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)</p> <p style="text-align: center;">Jeremy Baughman</p>	<p>Date (month, day, year)</p>	



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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

This is a revised submittal.

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

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Copper[Cu]				TTO			
EFFLUENT PARAMETER NUMBER		Q	C01119	Q	C78141	Q	C	Q	C
SAMPLE TYPE	Permit Condition		Comp		Grab				
	Monitored		Comp		Grab				
FREQUENCY	Permit Condition		Monthly		2X/Year				
	Monitored		Monthly		2X/Year				
EFFLUENT LIMITATIONS	Permit Minimum		N/A		N/A				
	Permit Average		0.31		N/A				
	Permit Maximum		0.31		2.00				
UNITS=		LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L	LB/DAY	** MG/L
Mon	1								
Tue	2								
Wed	3								
Thu	4								
Fri	5								
Sat	6								
Sun	7								
Mon	8								
Tue	9								
Wed	10								
Thu	11								
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Mon	29								
Tue	30								
Wed	31								
MONTHLY AVERAGE									
HIGHEST VALUE									
LOWEST VALUE									
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED									

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	<p>Prepared by or under the direction of (Certified Operator): <b>Jeremy Baughman</b></p>	<p>Date (month, day, year) <b>2/9/2024</b></p>	
	<p>Preparer's telephone number <b>317-937-4303</b></p>	<p>Operator's certification number</p>	
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <b>Jeremy Baughman</b></p>	<p>Date (month, day, year)</p>	