

**City of Jeffersonville**

**Wastewater Department**

Industrial Pretreatment

Industrial Wastewater Permit

Renewal Application

423 Lewman Way

Jeffersonville, IN 47130

812-285-6451

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## General Application Requirements

The applicant must fully complete the application. The application requires a significant amount of information regarding the business and its waste generation and disposal activities. There is a $500.00 fee for permit issuance or renewal and should be paid upon submittal of the application or renewal package. Please make the check Payable to the City of Jeffersonville Wastewater Department.

Send the **original**, completed application to:

**ATTN: Pretreatment Coordinator**

**Jeffersonville Wastewater**

**423 Lewman Way**

**Jeffersonville, IN 47130**

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**City of Jeffersonville**

**Wastewater Department**

**(Office Use Only)**

**Date Received:**

**INDUSTRIAL WASTEWATER PERMIT RENEWAL APPLICATION**

# 1.0 FACILITY INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.1** | **Applicant Business Name** | | | | |
| **1.2** | **Applicant Business Owner** | | | | |
| **1.3** | **Facility Address:**  Street: | | | | |
| City: | State: | | | Zip: |
| Phone # | Fax # | | | |
| **1.4-** | **Business Mailing Address:**  Street or P.O. Box: | | | | |
| City: | State: | | | Zip: |
| Phone # | | | | |
| **1.5** | **Designated Signatory Authority of the Facility**  (Attach similar information for each authorized representative) | | | | |
| Name: | | | | |
| Title: | | | | |
| Address: | | | | |
| City: | | | State: | Zip: |
| Phone # | | | | |
| **1.6** | **Designated Facility Contact:** | | |  |  |
| Name | | | | |
| Title | | | | |
| Phone # | | | | |
| **1.7** | **Is this an application for a permit renewal?** | | Yes: | | No: |
| *If yes, provide expiring permit number and expiration date:* | | Number: | | Date: |

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# 2.0 BUSINESS ACTIVITY

|  |  |  |  |
| --- | --- | --- | --- |
| If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply) | | | |
| **2.1** |  | **Industry Categories** | **40 CFR Part** |
|  | Aluminum Forming | 467 |
|  | Asbestos Manufacturing | 427 |
|  | Battery Manufacturing | 461 |
|  | Canned and Preserved Fruits and Vegetable Processing | 407 |
|  | Canned and Preserved Seafood Processing (Seafood Processing) | 408 |
|  | Carbon Black Manufacturing | 458 |
|  | Cement Manufacturing | 411 |
|  | Centralized Waste Treatment | 437 |
|  | Coil Coating | 465 |
|  | Concentrated Animal Feeding Operations (CAFO) | 412 |
|  | Copper Forming | 468 |
|  | Dairy Products Processing | 405 |
|  | Electrical and Electronic Components | 469 |
|  | Electroplating | 413 |
|  | Ferroalloy Manufacturing | 424 |
|  | Fertilizer Manufacturing | 418 |
|  | Glass Manufacturing | 426 |
|  | Grain Mills Manufacturing | 406 |
|  | Ink Formulating | 447 |
|  | Inorganic Chemicals | 415 |
|  | Iron and Steel Manufacturing | 420 |
|  | Leather Tanning and Finishing | 425 |
|  | Meat and Poultry Products | 432 |
|  | Metal Finishing | 433 |
|  | Metal Molding and Casting (Foundries) | 464 |
|  | Nonferrous Metals Forming and Metal Powders | 471 |
|  | Nonferrous Metals Manufacturing | 421 |
|  | Oil and Gas Extraction | 435 |
|  | Organic Chemicals, Plastics, and Synthetic Fibers (OCPSF) | 414 |
|  | Paint Formulating | 446 |
|  | Paving and Roofing Materials (Tars and Asphalt) | 443 |
|  | Pesticide Chemicals Manufacturing, Formulating, and Packaging | 455 |
|  | Petroleum Refining | 419 |
|  | Pharmaceutical Manufacturing | 439 |

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| --- | --- | --- | --- |
|  |  | Plastic Molding | 463  46 |
|  | Porcelain Enameling | 466 |
|  | Pulp, Paper, and Paperboard | 430 |
|  | Rubber Manufacturing | 428 |
|  | Soaps and Detergents Manufacturing | 417 |
|  | Steam Electric Power Generation | 423 |
|  | Sugar Processing | 409 |
|  | Textile Mills | 410 |
|  | Timber Products Processing 429  429 | 429 |
|  | Transportation Equipment Cleaning | 442 |
|  | Waste Combustors | 444 |

|  |
| --- |
| **2.2 Give a brief narrative of facility operations including materials used and products produced. This shall include all operations at your facility. Types of operations may include but are not limited to shipping/receiving, materials handling, manufacturing, testing, maintenance, storage practices, cleaning, waste handling, and pretreatment. You may write a separate section for each type of operation if deemed appropriate. (attach additional sheets if necessary):** |
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| **2.3** | **Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?** | |
| Yes | No |
| If Yes, briefly describe these changes and their effects on the wastewater volume and characteristics (attach additional sheets if needed). | |
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| **2.4** | **If your current permit limits are production based, supply the last twelve months of production data in an attached table.** |

# 3.0 WASTEWATER DISCHARGE INFORMATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.1** | | **Method of process wastewater discharge?** | | | | | |
| Continuous | |  |  | | |
| Batch discharged | |  |  | | |
| **3.2** | | **Provide the following information on process wastewater flow rate.** | | | | | |
| Daily average flow (gallons/day) | | | |  | |
| **3.3** | | **Provide the following information regarding the batch discharge of process wastewater. (New facilities may estimate)** | | | | | |
| Number of batch discharges (per day or per week) | | | | |  |
| Average volume per discharge (gallons) | | | | |  |
| **3.4** | | **Identify and describe the types of monitoring equipment currently employed, or planned, at your facility** | | | | | |
| *a. Flow Monitoring Equipment:* | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| *b. pH Monitoring Equipment:* | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| *c. Sampling Equipment:* | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **3.5** | **Monitoring Point Location:** | | | | | | |
| **Description of Monitoring Point** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **3.6** | **Is process wastewater mixed with non-process wastewater prior to the sampling point?** | | | | | | |
|  | Yes | |  | | | | |
| Describe | | | | | | |
| No | |  | | | | |

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**4.0 PROCESS FLOW DIAGRAM**

**Attach a Process Flow Diagram for wastewater generated**

# 5.0 WASTE HANDLING

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| List all liquid and solid waste products generated at your facility, excluding domestic wastes that are not discharged to the sewer. Indicate if the waste is categorized, such as being a “special”, hazardous, industrial or non-hazardous. Attach additional sheets if necessary. Alternatively, this information can be submitted in a spreadsheet, database, or other format that includes all of the specified information. | | | | | |
| **5.1** | **Waste Material Name** | | **Approximate Volume Generated (gal/day, lbs/day, gallons per quarter, etc.)** | | **Means of Disposal (Include Name of Disposal Company, if applicable)** |
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| **5.2** | **Are any of the generated waste products recycled or reclaimed or planned to be recycled or reclaimed?** | | | | |
| Yes No |  | No |  | |
| If “Yes”, briefly describe the recovery process, substances recovered, products reclaimed or recycled and name of recycling company (if applicable). | | | | |
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# 6.0 WASTEWATER TREATMENT SYSTEMS

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| --- | --- | --- |
| **6.1** | **Is any form of wastewater treatment (see list in Section 6.3) practiced at this facility?** | |
|  | Yes |  |
|  | No |  |
| **6.2** | **Is any form of wastewater treatment (or changes to existing wastewater treatment) planned for this facility within the next three years?** | |
|  | Yes |  |
|  | Describe | |
|  |  | |
|  |  | |
|  | No |  |
| **6.3** | **Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate)** | |
|  | Air flotation | |
|  | Aeration | |
|  | Biologic | |
|  | Carbon treatment, type | |
|  | Centrifuge | |
|  | Chemical precipitation | |
|  | Chlorination | |
|  | Conventional Aeration | |
|  | Cyclone | |
|  | Evaporator | |
|  | Filtration, type | |
|  | Filter Press, type | |
|  | Flow equalization | |
|  | Grease or oil separation, type: | |
|  | Grease trap | |
|  | Grinding filter | |
|  | Grit removal | |
|  | Ion Exchange | |
|  | Neutralization, pH correction | |
|  | Ozonation | |
|  | Reverse osmosis | |
|  | Screening | |
|  | Sedimentation/settling, type | |
|  | Septic tank | |
|  | Sequential Batch Reactor | |
|  | Solvent separation | |
|  | UV oxidation | |
|  | Other, list | |
|  |  | |
|  |  | |

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| --- | --- | --- | --- | --- |
| **6.4** | **Do you have a treatment system operator?** | | Yes | No |
| (If yes) | Name: | | |
| Title: | | |
| Certification Level: | | |
| Phone: | | |
| Normal working hours: | | |
| **6.5** | **Do you have a manual on the correct operation of your treatment equipment?** | | Yes | No |
| **6.6** | **Do you have a written maintenance schedule for your treatment equipment?** | | Yes | No |

# ADDITIONAL INFORMATION

Attach a sheet providing any additional information that may be deemed pertinent to wastewater generation, treatment, disposal, or other waste management activities. The City may seek additional information to evaluate this application.

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# 8.0 CERTIFICATION OF APPLICATION

**8.1 Signatory Requirements**

[40 CFR 403.12(l)

Section 8.2 must be signed by an authorized representative of the facility, as summarized below:

**8.1.1** A responsible corporate officer, if the facility submitting this application is a corporation. A responsible corporate officer means:

**8.1.1.1** A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or

**8.1.1.2** The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

* + 1. A general partner or proprietor if the facility submitting this application is a partnership, or sole proprietorship respectively.

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**8.1.3** A duly authorized representative of the individual designated in Sections 12.1.1 and 12.1.2 above if:

**8.1.3.1** The authorization is made in writing by the individual described in Sections 8.1.1 and 8.1.2 above;

**8.1.3.2** The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and

**8.1.3.3** The written authorization is submitted to the Control Authority.

**8.1.4** If an authorization under Section 12.1.3 above is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph 3 above be submitted to the Control Authority prior to or together with this application to be signed by an authorized representative.

**8.2 Signatory Certification**

[40 CFR 403.6(a)(2)(ii); and 12-2-5(E)(2)(b)(3); and 7-5-25(F)(2)(b)(3)]

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.

|  |  |  |
| --- | --- | --- |
| Name of Authorized Representative |  | Title |
| Signature |  | Date |

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