# City of Jeffersonville
# Wastewater Department

## Industrial Pretreatment

## Industrial Wastewater Permit Application

423 Lewman Way
Jeffersonville, IN  47130
812-285-6451

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## INTRODUCTION

The purpose of this Industrial Wastewater Permit Application is to obtain information necessary to evaluate the quality and quantity of wastewater to be discharged from your facility and to determine what controls may be necessary for the Wastewater Plant and collection system to accept the wastewater. This application is intended for facilities in the service area that are or may be classified as significant industrial users (SIUs), as defined in the Code of Federal Regulations, 40 CFR 403.3(v). Industrial Wastewater Permits are issued in accordance with the City of Jeffersonville's US EPA Approved Sewer Use and Pretreatment Ordinance 2017-OR-31.

Information provided in this application shall be gathered and reported by a party qualified to accurately complete the application. This application must be reviewed and signed by an authorized representative as being true, accurate, and complete (see section 12.0 of the Permit Application). The discharge of wastewater to the City's POTW from a SIU without a valid permit is a violation of the City's Sewer Use Ordinance and Federal Pretreatment Regulations.

***General Application Requirements***

The applicant must fully complete the Industrial Wastewater Permit 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.

Incomplete applications may be returned. If you do not have an answer for any piece of requested information, indicate as “Unknown”, or “To Be Determined”. If a section does not apply to your operations, indicate as “Not Applicable.” If needed, you can add lines to the information tables or attach additional pages.

It is strongly recommended that you read the entire application thoroughly before attempting to complete it, as some sections may require additional research.

***The Permitting Process***

Once the complete Industrial Wastewater Permit Application has been received, the application will be reviewed and you will be notified of any additional requirements. The City may take up to 90 days to process the application. There is a 15 day public comment period for all new permit issuances

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

**ATTN: Pretreatment Coordinator**
**Jeffersonville Wastewater**
**423 Lewman Way**
**Jeffersonville, IN 47130**

City of Jeffersonville
Wastewater Department

(Office Use Only)
**Date Received:**

# INDUSTRIAL WASTEWATER PERMIT APPLICATION

## 1.0 FACILITY INFORMATION

| | | | |
|---|---|---|---|
| **1.1** | **Applicant Business Name** | | |
| **1.2** | **Applicant Business Owner** | | |
| **1.3** | **Facility Address:**<br>Street: | | |
| | City: | State: | Zip: |
| | Phone # | Email: | |
| **1.4-** | **Business Mailing Address:**<br>Street or P.O. Box: | | |
| | City: | State: | Zip: |
| | Phone # | | |
| **1.5** | **Designated Signatory Authority of the Facility**<br>(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: |

## 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 |

| | | | |
|---|---|---|---|
| | | Plastic Molding | 463 |
| | | 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 |
| | | 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):** |
|---|---|
| | |

| **2.3** | **Indicate applicable Standard Industrial Classification (SIC) codes and/or North American Industry Classification System Codes (NAICS)** | | |
|---|---|---|---|
| | a. | | |
| | b. | | |
| | c. | | |
| | d. | | |

**2.4** **List all Federal, State, or local environmental permits or other environmental regulatory controls issued to your facility (i.e. Air, NPDES, Storm Water, Hazardous Waste Generator, etc.)**

| Permit Type: | Issued by: | Permit Number: |
|---|---|---|
| | | |
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**2.5** **Facility Operational Characteristics (if this is a new business, provide an estimate)**

*Shift Information*

| Work Days (check days) | | Mon ☐ | Tue ☐ | Wed ☐ | Thu ☐ | Fri ☐ | Sat ☐ | Sun ☐ |
|---|---|---|---|---|---|---|---|---|
| Shifts per work day (number) | | | | | | | | |
| Employees per shift | 1st | | | | | | | |
| | 2nd | | | | | | | |
| | 3rd | | | | | | | |
| Shift start time | 1st | | | | | | | |
| | 2nd | | | | | | | |
| | 3rd | | | | | | | |

Indicate whether the business activity is:

☐ Continuous through the year, or

☐ Seasonal (if seasonal, check the months of the year during which the business occurs)

J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D ☐

| Comments | |
|---|---|

Does your facility shut down for vacation, maintenance, or other reasons?

☐ Yes, indicate reasons and period when shutdown occurs

☐ No

| | | |
|---|---|---|
| **2.6** | **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). | |
| | | |

## 3.0 WATER SUPPLY AND CONSUMPTION

| | | | |
|---|---|---|---|
| **3.1** | **Water Sources: (Check as many as area applicable.)** | | |
| | ☐ Private Well | | |
| | ☐ Municipal Water Utility (Specify City or Utility): | | |
| | ☐ Other (Specify): | | |
| **3.2** | **Name (as listed on water bill):** | | |
| | Street: | | |
| | City: | State: | Zip: |
| **3.3** | **Estimated average water consumption per working day (gallons):** | | |
| | | | |
| **3.4** | **Water use distribution (list average water usage on premises, new facilities may estimate)** | | |
| | Type | Average Water Usage (GPD) | Estimate (E) or Measured (M) |
| | Irrigation (landscaping and lawn care) | | |
| | Sanitary/Domestic (approximately 15 gallons per employee per work day) | | |
| | Plant and equipment sanitation and cleaning | | |
| | Contained in product | | |
| | Contact cooling water | | |
| | Non-contact cooling water | | |
| | Boiler feed water | | |
| | Process water | | |
| | Other (itemize below) | | |
| | | | |
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| | | | |

## 4.0 SEWER CONNECTION INFORMATION

| | | | | |
|---|---|---|---|---|
| **4.1** | *a. For an existing business:*<br>Is the building presently connected to the public sanitary sewer system? | | | |
| | Yes ☐ | Enter sanitary sewer account number: | | |
| | No ☐ | Have you applied for a sanitary sewer account? | Yes ☐ | No ☐ |
| | *b. For a new business* | | | |
| | Will you occupy an existing building? (If No, proceed to part c.) | | Yes ☐ | No ☐ |
| | Is there a discrete sewer connection from your building, serving only your business, to the public sanitary sewer system? | | Yes ☐ | No ☐ |
| | *c. For a new business constructing a new building* | | | |
| | Will you be connected to the public sanitary sewer system? | | Yes ☐ | No ☐ |
| | Have you applied for a building permit? | | Yes ☐ | No ☐ |
| | Has a sanitary sewer account been established? (If Yes, enter account number): | | Yes ☐ | No ☐ |
| **4.2** | **Sanitary sewer connection information** | | | |
| | Enter number of connections to the public sanitary sewer system: | | | |
| | Provide a description for each connection including pipe size, flow directions, manhole locations, and distances. Attach additional sheets if necessary | | | |
| | | | | |

## 5.0 RAW MATERIALS AND CHEMICALS

List all raw materials (non-chemical) stored and used at the facility/site. Information can be submitted in a spreadsheet, database, or other format that includes all of the specified information. New facilities must estimate the stored volume and usage volumes of the raw materials. Attach additional sheets if necessary

| 5.1 | Raw Material Name | Quantity stored on-site (indicate units) | Quantity used (indicate units) |
|---|---|---|---|
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List all chemicals (liquid and dry) stored and/or used at the facility/site. Chemical names may be submitted as commonly used generic name or trade name. Information can be submitted in a spreadsheet, database, or other format that includes all of the specified information. New facilities must estimate the stored volume and usage volumes of the chemicals. Attach additional sheets if necessary. The Material Safety Data Sheets (MSDS) or Safety Data Sheets (SDS) for all chemicals must be available upon request.

| 5.2 | Chemical Name | Quantity stored on-site (indicated units) | Quantity used (indicate units) |
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## 6.0 FACILITY INFRASTRUCTURE AND SITE DIAGRAMS

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|---|---|
| Attach the diagrams listed below. Diagrams shall be legible and include a north arrow. If applicable, include a key or legend on the diagrams. For large facilities, several sheets may be necessary. For small facilities, one diagram may be sufficient to encompass all the information below: | |
| **6.1** | ***Site Diagram (exterior)*** |
| | The diagram should identify the location of the property line, site buildings, adjacent streets, any outdoor storage areas, any grease or sand interceptors exterior to the building, any on-site storm drain locations, any on-site sanitary or storm sewer manholes, the approximate location of the sanitary sewer connections and any other pertinent information on the exterior of the site / building. Aerial photographs with added information may be used. The site diagram should also include any monitoring or metering points on the exterior of site / building. |
| **6.2** | ***Building Diagram /Floor Diagram (interior)*** |
| | The diagram should identify all process areas, individual storage tanks, all storage areas, all floor drains/trench drains, all sinks, restrooms, any other access points to the sanitary sewer, and any other pertinent information on the interior of the site / building. All plumbing fixtures such as floor drains, trench drains, sinks, or other access points to the sanitary sewer should be numbered with a Plumbing Fixture ID for reference in other portions of the application (i.e. FD1, FD2, TD1, S1). |

## 7.0 WASTEWATER DISCHARGE INFORMATION

| | | | |
|---|---|---|---|
| **7.1** | **Does (or will) this facility discharge wastewater other than domestic wastewater to the public sanitary sewer system?** | | |
| | Yes | ☐ | |
| | No | ☐ | |
| **7.2** | **Method of process wastewater discharge?** | | |
| | Continuous | | |
| | Batch discharged | | |
| **7.3** | **Provide the following information on process wastewater flow rate. (New facilities may estimate)** | | |
| | Daily average flow (gallons/day) | | |
| **7.4** | **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) | | |
| **7.5** | **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:* | | |
| | | | |

| | |
|---|---|
| **7.6** | **Monitoring Point Location:** |
| | Description of Monitoring Point |
| **7.7** | **Is process wastewater mixed with non-process wastewater prior to the sampling point?** |
| | Yes ☐ |
| | Describe |
| | No ☐ |
| **7.8** | **Possible Pollutants in Wastewater:** New facilities should indicate what pollutants will be present or are suspected to be present in the wastestream(s).<br><br>Table of Pollutants is attached to help determine what to list. |
| | **Pollutants – Name each** |
| | |

**Total Toxic Organics (TTO):** Per the Clean Water Act, the EPA requires regulated industries subject to 40 CFR Part 413 (Electroplating), 40 CFR Part 433 (Metal Finishing), and 40 CFR Part 469 (Electrical and Electronic Components) to perform TTO analysis. The City will notify the applicant of the applicability and the requirements to complete TTO monitoring

## 8.0 PROCESS FLOW DIAGRAM

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| Attach a Process Flow Diagram for wastewater generated |

## 9.0 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.

| 9.1 | **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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| 9.2 | **Are any of the generated waste products recycled or reclaimed or planned to be recycled or reclaimed?** | | | |
|---|---|---|---|---|
| | Yes | ☐ | No | ☐ |
| | If “Yes”, briefly describe the recovery process, substances recovered, products reclaimed or recycled and name of recycling company (if applicable). | | | |
| | | | | |

## 10.0 WASTEWATER TREATMENT SYSTEMS

| | |
|---|---|
| **10.1** | **Is any form of wastewater treatment (see list in Section 10.3) practiced at this facility?** |
| | Yes ☐ |
| | No ☐ |
| **10.2** | **Is any form of wastewater treatment (or changes to existing wastewater treatment) planned for this facility within the next three years?** |
| | Yes ☐ |
| | Describe |
| | |
| | |
| | No ☐ |
| **10.3** | **Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate)** |
| | ☐ Air flotation |
| | ☐ Carbon treatment, type |
| | ☐ Centrifuge |
| | ☐ Chemical precipitation |
| | ☐ Chlorination |
| | ☐ 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 |
| | ☐ Solvent separation |
| | ☐ UV oxidation |
| | ☐ Other, list |
| | |
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| | | | | |
|---|---|---|---|---|
| **10.4** | **Do you have a treatment system operator?** | | Yes ☐ | No ☐ |
| | (If yes) | Name: | | |
| | | Title: | | |
| | | Certification Level: | | |
| | | Phone: | | |
| | | Normal working hours: | | |
| **10.5** | **Do you have a manual on the correct operation of your treatment equipment?** | | Yes ☐ | No ☐ |
| **10.6** | **Do you have a written maintenance schedule for your treatment equipment?** | | Yes ☐ | No ☐ |

## 11.0 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. |

## 12.0 Certification of Application

### 12.1 Signatory Requirements

[40 CFR 403.12(l)

Section 12.2 must be signed by an authorized representative of the facility, as summarized below:

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

**12.1.1.1** 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

**12.1.1.2** 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.

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

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

**12.1.3.1** The authorization is made in writing by the individual described in Sections 12.1.1 and 12.1.2 above;

**12.1.3.2** 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

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

**12.1.4** 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.

### 12.2 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 _____

## Table of Pollutants

| | | |
|---|---|---|
| Acenaphthene | Chlorodibromomethane | Antimony |
| Acrolein | Hexachlorobutadiene | Arsenic |
| Acrylonitrile | Hexachlorocyclopentadiene | Barium |
| Benzene | Isophorone | Beryllium |
| Benzidine | Naphthalene | Cadmium |
| Carbon Tetrachloride | Nitrobenzene | Chromium |
| Chlorobenzene | Nitrophenol | Copper |
| 1,2,4-Trichlorobenzene | 2-Nitrophenol | Cyanide |
| Hexachlorobenzene | 4-Nitrophenol | Lead |
| 1,2-Dichloroethane | 2,4-Dinitrophenol | Mercury |
| 1,1,1-Trichloroethane | 4,6-Dinitro-O-Cresol | Molybdenum |
| 1,1,2,2,- Tetrachloroethane | N-Nitrosodimethylamine | Nickel |
| Chloroethane | N-Nitrosodiphenylamine | Selenium |
| Bis(2-Chloroethyl)ether | N-Nitrosodi-N-Propylamine | Silver |
| 17 Bis (chloro methyl) ether | Pentachlorophenol | Thallium |
| 2-Chloroethyl vinyl Ether | Phenol | Zinc |
| 2-Chloronaphthalene | Bis(2- ethylyhexyl)phthalate | Oil and Grease |
| 2,4,6-Trichlorophenol | Butylbenzyl Phthalate | 5-day Biochemical Oxygen Demand (BOD) (mg/L) |
| Parachlorometa cresol | Di-N-Butyl Phthalate | |
| Chloroform | Di-N-Octyl Phthalate | Total Suspended Solids (TSS) |
| 2-Chlorophenol | Diethyl Phthalate | Chemical Oxygen Demand |
| 1,2-Dichlorobenzene | Dimethyl Phthalate | pH |
| 1,3-Dichlorobenzene | Benzo(a)anthracene | |
| 1,4-Dichlorobenzene | Benzo(a)pyrene | |
| 3,3'-Dichlorobenzidine | 3,4-Benzofluoranthene | |
| 1,1-Dichloroethylene | Benzo(k)fluoranthene | |
| 1,2-Trans- Dichloroethylene | Chrysene | |
| 2,4-Dichlorophenol | Acenaphthylene | |
| 1,2-Dichloropropane | Anthracene | |
| 1,2-Dichloropropylene | Benzo(ghi)perylene | |
| 1,3-Dichloropropylene | Fluorene | |
| 2,4-Dimethylphenol | Phenanthrene | |
| 2,4-Dinitrotoluene | Dibenzo(a,h)anthracene | |
| 2,6-Dinitrotoluene | Indeno(1,2,3-cd)pyrene | |
| 1,2-Diphenylhydrazine | Pyrene | |
| Ethylbenzene | Tetrachloroethylene | |
| Fluoranthene | Toluene | |
| 4-Chlorophenyl Phenyl Ether | Trichloroethylene | |
| 4-Bromophenyl Phenyl Ether | Vinyl Chloride | |
| Bis(2-Chloroethyl)ether | Aldrin | |
| Bis(2-chloroethoxy)methane | Dieldrin | |
| Methylene Chloride | Chlordane | |
| Bromoform | 4,4'-DDT | |
| Dichlorobromomethane | 4,4’-DDE | |