



**City of Jeffersonville
Wastewater Department**

Industrial Pretreatment

Industrial Wastewater Permit Application

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

TABLE OF CONTENTS

TITLE	PAGE NUMBER
Introduction.....	i
General Application Requirements	ii
The Permitting Process.....	ii
 Industrial Wastewater Permit Application	
1.0 Facility Information.....	1
2.0 Business Activity.....	2
3.0 Water Supply and Consumption	5
4.0 Sewer Connection Information.....	6
5.0 Raw Materials and Chemicals.....	7
6.0 Facility Infrastructure and Site Diagrams	8
7.0 Wastewater Discharge Information	9
8.0 Process Flow Diagrams.....	11
9.0 Waste Handling	11
10.0 Wastewater Treatment Systems.....	12
11.0 Additional Information	13
12.0 Certification of Application.....	13

Table of Pollutants

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 Applicationⁱ. 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.

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 30 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: 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:
	<i>If yes, provide expiring permit number and expiration date:</i>	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

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:

2.5	Facility Operational Characteristics (if this is a new business, provide an estimate)										
	<i>Shift Information</i>										
	Work Days (check days)				Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Shifts per work day (number)										
	Employees per shift		1 st								
			2 nd								
			3 rd								
	Shift start time		1 st								
			2 nd								
			3 rd								
	Indicate whether the business activity is:										
	<input type="checkbox"/> Continuous through the year, or										
	<input type="checkbox"/> 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
Comments											
Does your facility shut down for vacation, maintenance, or other reasons?											
<input type="checkbox"/> Yes, indicate reasons and period when shutdown occurs											
<input type="checkbox"/> 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.)		
	<input type="checkbox"/>	Private Well	
	<input type="checkbox"/>	Municipal Water Utility (Specify City or Utility):	
	<input type="checkbox"/>	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)		

4.0 SEWER CONNECTION INFORMATION

4.1	<i>a. For an existing business:</i>		
	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
	<i>b. For a new business</i>		
	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
	<i>c. For a new business constructing a new building</i>		
	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		

6.0 FACILITY INFRASTRUCTURE AND SITE DIAGRAMS

<p>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:</p>	
6.1	<i>Site Diagram (exterior)</i>
	<p>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.</p>
6.2	<i>Building Diagram /Floor Diagram (interior)</i>
	<p>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).</p>

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	
	<i>a. Flow Monitoring Equipment:</i>	
	<i>b. pH Monitoring Equipment:</i>	
	<i>c. Sampling Equipment:</i>	

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	
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). 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	

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

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
Acrolein	Hexachlorobutadiene
Acrylonitrile	Hexachlorocyclopentadiene
Benzene	Isophorone
Benzidine	Naphthalene
Carbon Tetrachloride	Nitrobenzene
Chlorobenzene	Nitrophenol
1,2,4-Trichlorobenzene	2-Nitrophenol
Hexachlorobenzene	4-Nitrophenol
1,2-Dichloroethane	2,4-Dinitrophenol
1,1,1-Trichloroethane	4,6-Dinitro-O-Cresol
1,1,2,2,-	N-Nitrosodimethylamine
Chloroethane	N-Nitrosodiphenylamine
Bis(2-Chloroethyl)ether	N-Nitrosodi-N- Propylamine
17 Bis (chloro methyl) ether	Pentachlorophenol
2-Chloroethyl vinyl Ether	Phenol
2-Chloronaphthalene	Bis(2- ethylhexyl)phthalate
2,4,6-Trichlorophenol	Butylbenzyl Phthalate
Parachlorometacresol	Di-N-Butyl Phthalate
Chloroform	Di-N-Octyl Phthalate
2-Chlorophenol	Diethyl Phthalate
1,2-Dichlorobenzene	Dimethyl Phthalate
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

Acenaphthene	Antimony
Acrolein	Arsenic
Acrylonitrile	Barium
Benzene	Beryllium
Benzidine	Cadmium
Carbon Tetrachloride	Chromium
Chlorobenzene	Copper
1,2,4-Trichlorobenzene	Cyanide
Hexachlorobenzene	Lead
1,2-Dichloroethane	Mercury
1,1,1-Trichloroethane	Molybdenum
1,1,2,2,-	Nickel
Chloroethane	Selenium
Bis(2-Chloroethyl)ether	Silver
17 Bis (chloro methyl) ether	Thallium
2-Chloroethyl vinyl Ether	Zinc
2-Chloronaphthalene	Oil and Grease (mg/L)
2,4,6-Trichlorophenol	5-day Biochemical Oxygen Demand (BOD)
Parachlorometa cresol	Total Suspended Solids (TSS) (mg/L)
Chloroform	Chemical Oxygen Demand (COD) (mg/L)
2-Chlorophenol	pH
1,2-Dichlorobenzene	
1,3-Dichlorobenzene	
1,4-Dichlorobenzene	
3,3'-Dichlorobenzidine	
1,1-Dichloroethylene	
1,2-Trans- Dichloroethylene	
2,4-Dichlorophenol	
1,2-Dichloropropane	
1,2-Dichloropropylene	
1,3-Dichloropropylene	
2,4-Dimethylphenol	
2,4-Dinitrotoluene	
2,6-Dinitrotoluene	
1,2-Diphenylhydrazine	
Ethylbenzene	
Fluoranthene	
4-Chlorophenyl Phenyl Ether	
4-Bromophenyl Phenyl Ether	
Bis(2-Chloroethyl)ether	
Bis(2- chloroethoxy)methane	
Methylene Chloride	
Bromoform	
Dichlorobromomethane	

Table of Pollutants