



LOUISVILLE and JEFFERSON COUNTY METROPOLITAN SEWER DISTRICT
INDUSTRIAL WASTEWATER DISCHARGE
PERMIT APPLICATION/ BASELINE MONITORING REPORT

Note: This application and instructions for completion are available electronically on the MSD website at:
<http://www.msdlouky.org/insidemsd/documents.htm>

Note: Please read all attached instructions prior to completing this application.

SECTION A - GENERAL INFORMATION

1. Company Name: _____
 - a. Facility Name: _____
 - b. Corporate Owner, if different: _____
2. Facility Address:
Street: _____
City: _____ State: _____ Zip: _____
3. Business Mailing Address:
Street or P.O. Box: _____
City: _____ State: _____ Zip: _____
4. Designated signatory authority of the facility:
(Attach similar information for each authorized representative)
Name: _____ Title: _____
Address: _____
E-Mail Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
5. Designated facility contact:
Name: _____
Title: _____
Phone: _____ Fax: _____ E-mail: _____

SECTION B - BUSINESS ACTIVITY

1. Give a brief description of all operations or processes (i.e. manufacturing, assembly, services, etc.) at this facility including primary products or services (**attach additional sheets if necessary**):

2. Indicate applicable Standard Industrial Classification (SIC) for all processes: (**If more than one applies, list in descending order of importance**).

a. _____ c. _____

b. _____ d. _____

3. PRODUCT OR SERVICE VOLUME:

| PRODUCT | AMOUNT ESTIMATE (Indicate Units) | AMOUNT ESTIMATE (Indicate Units) |
|---------|-------------------------------------|-------------------------------------|
| | Average | Maximum |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

4. Hours of operation or production per day (**list times and days of week**): _____

Days of operation or production per year: _____

Hours of Process Wastewater Discharge (**if different from operation/production**): _____

5. Date facility began operation: _____

If facility is new, date of expected startup: _____

SECTION C - WATER SUPPLY

1. Water Sources: (check as many as are applicable)

- ☐ Private well
- ☐ Surface water
- ☐ Louisville Water Company
- ☐ Other Municipal water utility (specify city): _____
- ☐ Other (specify): _____

If the water source is LWC attach a copy of last water bill.

SECTION D - WASTEWATER DISCHARGE INFORMATION

1. a. For an existing business:

Is the building presently connected to the MSD sewer system?

- ☐ Yes
- ☐ No.

If no, have you applied for a sanitary sewer hookup? ☐ Yes ☐ No

- b. For a new business:

- (i). Will you be occupying an existing vacant building (such as in an industrial park)?
☐ Yes ☐ No
- (ii). If a new facility will be constructed, have you applied for a building permit?
☐ Yes ☐ No
- (iii). Will your facility be connected to the MSD sewer system?
☐ Yes ☐ No

2. List size, description location, and flow of each facility sewer which connects to the MSD sewer system. **(If more than three, attach additional information on another sheet).** If you are unsure of your sewer size or connection location, call the MSD Customer Relations Department at 587-0603 for assistance.

| Outfall # | Sewer Size | Location of Sewer Connection or Description of Discharge Point | Average Flow (GPD) |
|-----------|------------|--|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3. Wastestream Classification Sheet (WCS) - fill out a WCS providing information regarding the contents of each wastewater stream on an outfall specific basis. Please be consistent with outfall numbering. For instructions on how to fill out a WCS please refer to the attached pages. Please note the following additional instructions:

- You may request of MSD an electronic copy of the WCS in Microsoft EXCEL. Please contact the Regulatory Engineer to request an electronic copy at (502) 540-6470. An electronic copy can also be requested via email at talley@msdlouky.org.
- If you received an electronic copy you may submit the completed WCS electronically on disk to MSD.
- You may use the provided blank template (included after the example WCS) to draft your WCS. It is also acceptable to recreate a WCS using word-processing software, in table format, or by using spreadsheet software. If you choose to recreate the WCS please label each page appropriately with the row descriptions provided on the blank template.

4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as water pollution treatment processes that may affect the discharge.

☐ Yes

☐ No **(If no, skip question 6)**

5. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

6. Are any source reduction or pollution prevention methods in use or planned for the facility?

☐ Yes

☐ No **(If no, skip to next section)**

7. Briefly describe methods of source reduction or pollution prevention. Submit a flow diagram for each process: **(Attach additional sheets if needed.)**

SECTION E – DISCHARGES TO THE COMBINED SEWER SYSTEM

1. Is your facility located within the Combined Sewer Service Area? (see Figure 1)

☐ YES **If yes, complete remainder of Section E.**

☐ NO , If no, please check which wastewater treatment plant your facility will discharge to

☐ West County

☐ Cedar Creek

☐ Floyds Fork

☐ Jeffersontown

☐ Hite Creek

☐ NOT SURE **Please contact MSD's Customer Relations Department at 587-0603 to determine whether your facility discharges to the CSS or which of the above wastewater treatment plants it discharges to).**

2. Is your wastewater discharged on a batch basis?

☐ NO

☐ YES **If yes, answer the following:**

Volume of batch discharge_____

Typical time between batch discharges_____

Volume of storage available for batch_____

3. Is your wastewater discharged on an intermittent basis?

☐ NO

☐ YES **If yes, answer the following:**

Can you Control when discharge occurs?

☐ NO

☐ YES **If yes, can you delay discharge by:**

☐ Delaying clean up activities for ____hrs ____mins

☐ Changing product campaigns/runs to low water usage campaigns/runs

☐ Other _____

4. Does your facility have equalization or storage for wastewater?

☐ NO

☐ YES **If yes, answer the following:**

Volume available_____

Average Daily Flow subject to storage/equalization_____

Duration of available storage at average daily flow_____

Can volume available for equalization/storage be increased by operational changes?

☐ YES, by _____

(i.e. dropping the equalization tank in anticipation of wet weather to increase the holding capacity of the tank).

☐ NO

5. Does stormwater (**roof drains and site runoff**) from your site enter MSD's Combined Sewer?

☐ NO

☐ YES **If yes, answer the following:**

Does stormwater comingle with wastewater before discharge ☐ YES ☐ NO

Does it discharge via a separate stormwater outfall sewer ☐ YES ☐ NO

Does it run off-site to catch basins ☐ YES ☐ NO

Does it run off-site to a stream/water body ☐ YES ☐ NO

Name of stream/water body: _____

6. Can your stormwater be reduced or controlled by any of the following means? (**check all that apply**)

☐ Infiltration to groundwater (Rain gardens, bioretention swales, etc.)

☐ Captured and released at a slow rate (Rain barrels, storage basins, etc.)

☐ Captured and reused

☐ Removed from direct discharge to sewer by diverting to overland discharge

☐ Constructing 'green' roofs

Please contact MSD at 540-6000 and ask for the Development Plan Review Department for consultation on green infrastructure consideration for new construction and redevelopment

7. Do you have a KPDES permit from the Kentucky Division of Water?

☐ NO ☐ YES **If yes, please submit a copy of the KPDES permit with your application.**

If yes, are you required to perform any sampling of stormwater?

☐ YES **If yes, please submit the last three (3) years of data**

☐ NO

8. Do you have a stormwater quality management plan (SWQMP) for your facility?

☐ YES **If yes, please submit with your application.** ☐ NO

9. Please provide a map of your property which shows the percentages of impervious and pervious surfaces and their associated directions of stormwater flow.

SECTION F - TREATMENT

1. Is wastewater treatment (see list below) performed at this facility?
☐ Yes ☐ No
2. Are any changes to existing of wastewater treatment planned for this facility within the next three years?
(This does not relieve the applicant from the reporting requirements in the MSD Wastewater/Stormwater Discharge Regulations.)
☐ Yes (describe): _____

☐ No
3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).
☐ Air flotation
☐ Biological treatment, type: _____
☐ Centrifuge
☐ Chemical precipitation
☐ Chlorination
☐ Cyclone
☐ Filtration
☐ Flow equalization
☐ Grease or oil separation, type: _____
☐ Grease trap
☐ Grinding filter
☐ Grit removal
☐ Ion exchange
☐ Neutralization, pH correction
☐ Ozonation
☐ Reverse osmosis
☐ Screen
☐ Sedimentation
☐ Solvent separation
☐ Other chemical treatment, type: _____
☐ Other physical treatment, type: _____
☐ Other treatment, type: _____
4. Describe, in detail, applicable treatment processes listed in question 3. Please provide a schematic diagram of your treatment system(s).

5. Describe any bypass lines or procedures to accommodate unusual occurrences which may allow untreated wastewater to be discharged.

6. Do you have a written maintenance schedule for your treatment equipment?

☐ Yes ☐ No

SECTION G - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift information

| Work Days | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---------------------------|-----|------|-----|-------|-----|-----|-----|
| Shifts worked per day: | | | | | | | |
| Employees Per Shift - 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |

2. Indicate whether the business activity is:

☐ Continuous through the year, or

☐ Seasonal - **Check the months during which business activity occurs:**

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

Comments: _____

3. Indicate whether the process wastewater discharged from your facility is:

☐ Continuous through the year, or

☐ Seasonal - **Check the months during which business activity occurs:**

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

Comments: _____

4. Building Layout - Indicate the location of each building on the premises. Show map orientation and location of all water meters, storm drains, unit processes, public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. Drawing should be of professional quality, subject to MSD review.

A blueprint of the facility showing the above items may be attached in lieu of submitting a drawing.

SECTION H - SPILL PREVENTION

1. Do you have an accidental spill prevention plan to prevent spills of chemicals or slug discharges from entering the MSD collection system? (HMPC Plan and/or Slug Control Plan)

☐ Yes - Indicate date plan filed with MSD: _____

☐ No

2. Do you have any floor drains in your manufacturing or chemical storage areas?

☐ Yes ☐ No

If yes, where do they discharge to? _____

3. If you have liquid storage containers, bins, ponds, or UST's in the manufacturing area, could an accidental spill lead to a discharge to: (check all that apply)

☐ an outside disposal system

☐ public sanitary sewer system (i.e. through a floor drain)

☐ storm drain

☐ to ground

☐ other, specify: _____

☐ not applicable

SECTION I - NON-DISCHARGED WASTES

1. List any waste liquids or sludges generated.

| Waste Generated | Quantity | Disposal Method | Final Disposal Site |
|-----------------|----------|-----------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2. Indicate which wastes identified in #1 are disposed of on-site and the type of disposal used.

3. Indicate which wastes identified in #1 are disposed of at an off-site centralized treatment facility and list the name and location of the facility.

4. Has your facility been issued any Federal, State, or local environmental permits? ☐ Yes ☐ No

| Permit Type | Permit Number |
|-------------|---------------|
| | |
| | |
| | |
| | |

SECTION J - CONFIDENTIAL BUSINESS INFORMATION

All Information contained in this Application and corresponding Wastewater Discharge Permit is considered Public Information and is available to any member of the public upon request. All effluent data collected or submitted shall be made available to the public without restriction.

Confidential information is information that is considered proprietary, trade secrets, or have an adverse impact on a business advantage should it be divulged. Any information that is considered confidential will be handled as such and kept in our records department under separate cover and is not available to the public.

If you deem any of the information requested in this application as confidential, you must submit two versions of the application; one with all information included which will be locked in a file cabinet and not disclosed by MSD pursuant to the Kentucky Open Records Act and a second version with the information not included.

You must type the following language in the field(s) you deem confidential:

“Pursuant to KRS 61.878 (1) 2c, the following information has been classified as exempt from disclosure under the provisions of the Kentucky Open records Act.”

You must submit in writing the reasons you deem the information to be classified as confidential and provide an explanation justifying that it constitutes a secret commercially valuable plans, appliances, formulae, or processes, which are used for the making, preparing, compounding, treating, or processing of articles or materials which are trade commodities as per KRS 61.878(1)2c. MSD will not consider your request without this information being submitted. MSD will review the information and notify you of the approval or denial of any or all of the information as confidential.

SECTION K - AUTHORIZED SIGNATURES

Compliance Certification:

1. Are all applicable Federal, State, and local pretreatment standards and requirements being met on a consistent basis?

☐ Yes ☐ No ☐ Not Sure

2. If No:

a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if MSD issues a permit to the applicant, it may require the completion of a schedule for compliance different from the one submitted by the facility.

Milestone Activity

Completion Date

Authorized Representative Statement:

I certify under penalty of law that I have personally examined and am familiar with the information submitted and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that submitting false information may result in a fine of up to \$37,500.

Name

Title

Signature

Date

Phone