



Louisville MSD Industrial Wastewater Discharge Permit Application/Baseline Monitoring Report

SECTION A - GENERAL INFORMATION

Company Name

Facility Name

Corporate Owner - If Different

Facility Address:

Street

City, State

Zip

Business Mailing Address:

Street or P.O. Box

City, State

Zip

Designated Signatory Authority of the Facility - #1

Name

Title

Street

City, State

Zip

Phone Number

E-mail Address

Designated Signatory Authority of the Facility - #2

Name

Title

Street

City, State

Zip

Phone Number

E-mail Address

Designated Facility Contact - #1

Name

Title

Phone Number

Fax Number

E-mail Address

Designated Facility Contact - #2

Name

Title

Phone Number

Fax Number

E-mail Address

SECTION B - BUSINESS ACTIVITY

Provide a brief description of all operations or processes (i.e. manufacturing, assembly, services, etc.) at this facility including primary products or services:

Indicate applicable Standard Industrial Classification (SIC) Codes and North American Industry Classification System (NAICS) Codes for all applicable industry types conducted at the facility. Please list in order of precedence.

Product or Service Volume

PRODUCT	ESTIMATE - AMOUNT AVG (Indicate Units)	ESTIMATE - AMOUNT MAX (Indicate Units)
PRODUCT	ESTIMATE - AMOUNT AVG (Indicate Units)	ESTIMATE - AMOUNT MAX (Indicate Units)
PRODUCT	ESTIMATE - AMOUNT AVG (Indicate Units)	ESTIMATE - AMOUNT MAX (Indicate Units)
PRODUCT	ESTIMATE - AMOUNT AVG (Indicate Units)	ESTIMATE - AMOUNT MAX (Indicate Units)
PRODUCT	ESTIMATE - AMOUNT AVG (Indicate Units)	ESTIMATE - AMOUNT MAX (Indicate Units)

PRODUCT	ESTIMATE - AMOUNT AVG (Indicate Units)	ESTIMATE - AMOUNT MAX (Indicate Units)
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Provide hours of operation/production per day and primary operations conducted during each shift:

Number of days of operation or production per year:

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

Number of scheduled shutdowns per year. **Please list the month each shutdown occurs:**

Date facility began operation:

If facility is new, date of expected startup:

SECTION C - WATER SUPPLY

Water Sources (**please check as many as are applicable**):

Private Well

Surface Water

Louisville Water Company

Other Municipal Water Utility

Other

If "Other Municipal Water Utility" was chosen above, please specify the city:

If "Other" was chosen above please specify below:

****IF THE WATER SOURCE IS LWC, ATTACH A COPY OF THE
LAST THREE (3) WATER BILLS****

SECTION D - WASTEWATER DISCHARGE INFORMATION

For an Existing Business:

Is the building presently connected to the MSD sewer system?

YES

NO

If no, has an application for a sanitary sewer hookup been completed and submitted?

YES

NO

For a New Business:

Will the business occupy an existing vacant building (such as an industrial park)?

YES

NO

If a new facility will be constructed, has an application for a building permit been completed and submitted?

YES

NO

Will the facility be connected to the MSD sewer system?

YES

NO

List size, description location, and flow of each facility sewer that connects to the MSD sewer system. If there are questions regarding the sewer size or connection location, please call the MSD Customer Relations Department at 502.540.6000 for assistance.

OUTFALL #:	SEWER SIZE:	LOCATION OF SEWER CONNECTION OR DESCRIPTION OF DISCHARGE POINT:	AVERAGE FLOW (GPD):
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Wastestream Classification Sheet (WCS)

Please 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. Note the following additional instructions:

* Included is a copy of an Excel version of the Wastestream Classification Sheet for use. * 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.

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 please skip the next question.

Briefly describe these changes and their effects on the wastewater volume and characteristics:

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

YES

NO - If NO please skip the next question.

Briefly describe methods of source reduction of pollution prevention. Submit a flow diagram for each process:

SECTION E - DISCHARGES TO THE COMBINED SEWER SYSTEM

Is your facility located within the Combined Sewer Service Area? (if unsure, please refer to Figure 2)

YES

NO

If you answered "NO" above, please check which Water Quality Treatment Center (WQTC) your facility will discharge to:

Derek R Guthrie

Cedar Creek

Floyds Fork

Hite Creek

Morris Forman

Is the wastewater discharged on a batch basis?

YES

NO

If wastewater is discharged on a batch basis, what is the volume of the batch discharge? Please answer N/A if this does not apply.

If wastewater is discharged on a batch basis, what is the typical time between batch discharges? Please answer N/A if this does not apply.

If wastewater is discharged on a batch basis, what is the volume of storage available for batch? Please answer N/A if this does not apply.

Is the wastewater discharged on an intermittent basis?

YES

NO

If the wastewater is discharged on an intermittent basis, can when discharge occurs be controlled?

YES

NO

If the wastewater is discharged on an intermittent basis and the time of discharge **CAN** be controlled, can discharge be delayed by:

Delaying clean up activities for a certain number of hours and minutes

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

Other

If discharge **CAN** be controlled by delaying clean up activities for a certain number of hours and/or minutes, how many hours/minutes can it be delayed? Please answer N/A if this does not apply.

If discharge **CAN** be controlled by other methods, please describe those methods below. Please answer N/A if this does not apply.

Does the facility have equalization or storage for wastewater?

YES

NO

If the facility **DOES** have equalization or storage for wastewater, what is the volume available? Please answer N/A if this does not apply.

If the facility **DOES** have equalization or storage for wastewater, what is the average daily flow subject to storage/equalization? Please answer N/A if this does not apply.

If the facility **DOES** have equalization or storage for wastewater, what is the duration of available storage at average daily flow? Please answer N/A if this does not apply.

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

YES

NO

If volume available for equalization/storage **CAN** be increased by operational changes, describe the changes that must be employed below. Please answer N/A if this does not apply.

Does stormwater (roof drains and site runoff) from the site enter MSD's Combined Sewer?

YES

NO

If stormwater from the site **DOES** enter MSD's Combined Sewer, does the stormwater comeingle with wastewater before discharge?

YES

NO

N/A

If stormwater from the site **DOES** enter MSD's Combined Sewer, does the stormwater discharge via a separate stormwater outfall sewer?

YES

NO

N/A

If stormwater from the site **DOES** enter MSD's Combined Sewer, does the stormwater run off-site to catch basins?

YES

NO

N/A

If stormwater from the site **DOES** enter MSD's Combined Sewer, does the stormwater run off-site to a stream/body of water?

YES

NO

N/A

If the stormwater from the site does enter MSD's Combined Sewer and **DOES** run off-site to a stream/body of water, please name the stream/body of water below. Please answer N/A if this does not apply.

Can stormwater be reduced or controlled by any of the following means? **Please 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 502.540.6000 and ask for the Development Plan Review Department for consultation on green infrastructure consideration for new construction and redevelopment.

Does the facility have a KPDES permit from the Kentucky Division of Water?

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

If the facility **DOES** have a KPDES permit, is the facility required to perform any sampling of stormwater?

- YES - Please submit the last three (3) year of data with the application.
- NO
- N/A

Does the facility have a stormwater quality management plan (SWQMP) in place?

- YES - If yes, please submit the SWQMP with the application
- NO

Does the facility have a Stormwater Pollution Prevention Plan (SWPPP) for a General Permit (KYR00 Permit) for stormwater runoff associated with industrial activities or a Best Management Practices Plan (BMPP) for an Individual Permit for stormwater runoff associated with industrial activities?

- YES – Please submit a copy of the SWPPP or BMPP with the application
- NO

****Please submit a map of the property that shows the percentages of impervious and pervious surfaces and their associated directions of stormwater flow.****

SECTION F - TREATMENT

Is wastewater treatment performed at this facility?

- YES
- NO

Are any changes to existing wastewater treatment planned for this facility within the next three (3) years?
(Answering this question does not relieve the applicant from the reporting requirements in the MSD Wastewater/Stormwater Discharge Regulations.)

- Yes
- NO

If there **ARE** changes to the existing wastewater treatment planned for the facility within the next three (3) years, please describe those planned changes below. Please answer N/A if this does not apply.

What treatment devices or processes are used or are proposed for treating wastewater or sludge (**check as many as are appropriate**):

Air Flotation

Biological Treatment - If selected, list type below

Centrifuge

Chemical Precipitation

Chlorination

Cyclone

Filtration

Flow Equalization

Grease or Oil Separation - If selected, list type below

Grease Trap

Grinding Filter

Grit Removal

Ion Exchange

Neutralization, pH Correction

Ozonation

Reverse Osmosis

Screen

Sedimentation

Solvent Separation

Other Chemical Treatment - If selected, list type below

Other Physical Treatment - If selected, list type below

Other Treatment - If selected, list type below

If 'Biological Treatment' was selected above, please list the type below:

If 'Grease or Oil Separation' was selected above, list the type below:

If 'Other Chemical Treatment' was selected above, list the type below:

If 'Other Physical Treatment' was selected above, list the type below:

If 'Other Treatment' was selected above, list the type below:

Describe, in detail, applicable treatment processes listed in the above question. ***Please submit a schematic diagram of the treatment system(s) with this application.***

Describe any bypass lines or procedures to accommodate unusual occurrences that may allow untreated wastewater to be discharged:

Is there a written maintenance schedule in place for the treatment equipment ?

YES

NO

SECTION G - FACILITY OPERATIONAL CHARACTERISTICS

Shift Information

Please list the shift(s) worked on ***Mondays***:

First

Second

Third

Please list the shift(s) worked on ***Tuesdays***:

First

Second

Third

Please list the shift(s) worked on ***Wednesdays***:

First

Second

Third

Please list the shift(s) worked on ***Thursdays***:

First

Second

Third

Please list the shift(s) worked on ***Fridays***:

First

Second

Third

Please list the shift(s) worked on ***Saturdays***:

First

Second

Third

Please list the shift(s) worked on **Sundays**:

First

Second

Third

Please list the **TOTAL** number of employees that report for work on **MONDAYS** and please list the **TOTAL** number of employees that report **PER SHIFT** on Mondays.

Example: 145 employees report on Monday. First Shift: 100; Second Shift: 40; Third Shift: 5

Please list the **TOTAL** number of employees that report for work on **TUESDAYS** and please list the **TOTAL** number of employees that report **PER SHIFT** on Mondays.

Example: 145 employees report on Tuesday. First Shift: 100; Second Shift: 40; Third Shift: 5

Please list the **TOTAL** number of employees that report for work on **WEDNESDAYS** and please list the **TOTAL** number of employees that report **PER SHIFT** on Mondays.

Example: 145 employees report on Wednesday. First Shift: 100; Second Shift: 40; Third Shift: 5

Please list the **TOTAL** number of employees that report for work on **THURSDAYS** and please list the **TOTAL** number of employees that report **PER SHIFT** on Mondays.

Example: 145 employees report on Thursday. First Shift: 100; Second Shift: 40; Third Shift: 5

Please list the **TOTAL** number of employees that report for work on **FRIDAYS** and please list the **TOTAL** number of employees that report **PER SHIFT** on Mondays.

Example: 145 employees report on Friday. First Shift: 100; Second Shift: 40; Third Shift: 5

Please list the **TOTAL** number of employees that report for work on **SATURDAYS** and please list the **TOTAL** number of employees that report **PER SHIFT** on Mondays.

Example: 145 employees report on Saturday. First Shift: 100; Second Shift: 40; Third Shift: 5

Please list the **TOTAL** number of employees that report for work on **SUNDAYS** and please list the **TOTAL** number of employees that report **PER SHIFT** on Mondays.

Example: 145 employees report on Sunday. First Shift: 100; Second Shift: 40; Third Shift: 5

Is business activity continuous through the year?

YES

NO

Is business activity seasonal?

YES

NO

If business activity is seasonal, please mark all the months in which business activity occurs:

January

February

March

April

May

June

July

August

September

October

November

December

Is process wastewater discharged from the facility continuous through the year?

YES

NO

Is process wastewater discharged from the facility seasonally?

YES

NO

If the process wastewater is discharged from the facility seasonally, please mark all the months in which the discharge occurs:

January

February

March

April

May

June

July

August

September

October

November

December

Building Layout - Submit a drawing indicating 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

Does the facility 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)

Y E S

N O

If the facility has an HMPC Plan and/or Slug Control Plan, please indicate the date the plan was filed with MSD:

Does the facility have any floor drains in the manufacturing or chemical storage areas?

YES

NO

If the facility **DOES** have floor drains in the manufacturing or chemical storage areas, where do the drains discharge? Please answer N/A if this does not apply.

If there are liquid storage containers, bins, ponds, or UST's in the manufacturing area, could an accidental spill lead to a discharge to: **(please check all that apply)**

- An outside disposal system
- Public sanitary sewer system (i.e. through a floor drain)
- Storm drain
- To ground
- Other
- Not applicable

If the 'Other' option was chosen above, please explain:

SECTION I - NON-DISCHARGED WASTES

List Any Waste Liquids or Sludges Generated:

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

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

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

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

Has the facility been issued any Federal, State, or Local Environmental permits?

YES - If yes, please list permit type(s) and permit number (s) below

NO

Permit Type	Permit Number
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Permit Type	Permit Number
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Permit Type	Permit Number
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Permit Type	Permit Number
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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 may 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.

In order to claim information as confidential, the following criteria must be met and approved by MSD.

* A separate sheet with the requested information shall be submitted for each question that you are asserting as confidential.

* The submittal shall be clearly marked as confidential.

* Submit with the application a separate statement for each question that you are requesting confidentiality indicating the reasons that you are asserting the information as confidential.

Notification will be given if MSD determines the information requested does not meet the criteria for confidentiality.

SECTION K - AUTHORIZED SIGNATURES

Compliance Certification

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

YES

NO

NOT SURE

If 'NO' was selected above:

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.

