



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

Note: Please read all attached instructions prior to completing this application. This form can be completed on line and printed for actual signature and mailed or it may be e-mailed with a digital signature. To arrange a digital signature relationship with MSD, please call Tom Spalding at 502-540-6472.

**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):

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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)
	<b>Average</b>	<b>Maximum</b>

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

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Days of operation or production per year: \_\_\_\_\_

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

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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 customer service 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 Permit Coordinator to request an electronic copy at (502) 540-6470. An electronic copy can also be requested via email at [ratliff@msdlouky.org](mailto:ratliff@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 a 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.)

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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.)

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**SECTION E - 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 under WDR Sections 4.06 and 4.09.)

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.

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

Yes       No

**SECTION F - 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 G - 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 H - 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 I - 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.

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.

You will be notified if MSD does not feel the information requested meets the criteria for confidentiality.

## SECTION J - 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 this document and all its 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 or imprisonment for knowing violations.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone