

# City of Bardstown

220 N. Fifth Street  
Bardstown, Kentucky 40004  
Tel. No. 887-348-5947  
Fax No. 502-348-2433

## INDUSTRIAL USER PERMIT APPLICATION

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### SECTION A - GENERAL INFORMATION

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A.1. Facility Name \_\_\_\_\_

A.2. Standard Industrial Classification (SIC) Code(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

A.3. Mailing Address \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_ City State Zip Code

A.4. Physical Address \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_ City State Zip Code

A.5. Facility Contact \_\_\_\_\_  
Name

\_\_\_\_\_ Title **and email**

\_\_\_\_\_ Area Code - Telephone - Extension

A.6. Signatory Official \_\_\_\_\_  
Name

\_\_\_\_\_ Title

\_\_\_\_\_ Street/P.O. Box

\_\_\_\_\_ City State Zip Code

I certify under penalty of law that this document and all attachments were prepared under my 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.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Title

\_\_\_\_\_ Phone

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**SECTION B - FACILITY INFORMATION**

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B.1. List number of days plant operates per week, including cleanup and maintenance:\_\_\_\_\_days

B.2. List number of hours per shift plant is in operation:  
1st Shift\_\_\_\_\_ 2nd Shift\_\_\_\_\_ 3rd Shift\_\_\_\_\_

B.3. List number of employees per shift:  
1st Shift\_\_\_\_\_ 2nd Shift\_\_\_\_\_ 3rd Shift\_\_\_\_\_

B.4. List principal raw materials and/or chemicals used (include copies of all MSDS sheets):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.5. Industry Type:\_\_\_\_\_

B.6. Briefly describe all operations conducted at this facility including primary products or services:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.7. Principle Product Produced: \_\_\_\_\_

B.8. Production Rate (in units per year) \_\_\_\_\_

B.9. Water source:\_\_\_\_\_

B.10. Is this a new building?\_\_\_\_\_Existing building?\_\_\_\_\_

B.11. List average water usage on premises in gallons per day (New facilities may estimate):

Contact cooling water: \_\_\_\_\_  
Non-contact cooling water: \_\_\_\_\_  
Process: \_\_\_\_\_  
Sanitary: \_\_\_\_\_  
Boiler Blowdown: \_\_\_\_\_  
Equipment washdown: \_\_\_\_\_  
Other: \_\_\_\_\_  
Total: \_\_\_\_\_

B.12. Is discharge from your processes: Continuous\_\_\_\_\_ Batch\_\_\_\_\_ Both\_\_\_\_\_

B.13. If Batch, indicate: Day/Time of discharges: \_\_\_\_\_  
No./Day\_\_\_\_\_ Average gallons per batch: \_\_\_\_\_

B.14. Is this facility regulated as categorical (i.e. under federal limits as listed in 40 CFR 405 through 471)?

[ ] YES Category: 40 CFR \_\_\_\_\_  
[ ] NO

B.15. Does this facility use any of the toxic organics listed on page 7-8 of this application?

[ ] YES  
[ ] NO

B.16. Describe any seasonal variation that effects the volume or characteristics of the discharge: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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**SECTION C - WASTEWATER DISCHARGE INFORMATION**

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C.1. Does the facility discharge any wastewater other than from restrooms to the City sanitary sewer?

Yes If answering "yes", complete the remainder of the application.

No If answering "no", skip to Section E.

C.2 Date of most recent laboratory analysis: \_\_\_\_\_

C.3 Name and address of laboratory performing analysis: \_\_\_\_\_

\_\_\_\_\_

C.4 List pollutants that will be present, or believed to be present, in the discharge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C.5 Frequency of past sampling (i.e. daily, weekly, monthly, etc.): \_\_\_\_\_

C.6 Location of sample collection: \_\_\_\_\_

C.7. Schematic Flow Diagram - Please attach a schematic of your facility site to include all main buildings discharging wastewater, identification of wastestream(s), point(s) of connection to the city sewer, and possible monitoring point(s).

C.8. Maximum daily flow rate (GPD): \_\_\_\_\_

C.9. Is this facility regulated by a federal category as listed in 40 CFR 403?

Yes If yes, what is the categorical classification? \_\_\_\_\_

No

C.10. Are provisions made for measuring and sampling the process discharge (i.e. monitoring manhole, sampler, flowmeter, etc.)?

YES (Please attach a brief description of equipment.)

NO

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**SECTION D - PHYSICAL AND CHEMICAL WASTE PROCESS**

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D.1. Is any pretreatment process utilized to treat any or all portions of the process water discharged:  YES  NO

If YES, please attach a flow diagram, description of the complete pretreatment process, contaminants removed by the process, age of the pretreatment units, and chemicals used in the process. Also describe the method of storage, disposal of contaminants removed, and ultimate disposal site.

D.2. Will sludge or other by-products be generated by the pretreatment system?

Yes If yes, describe final disposal method: \_\_\_\_\_

No

D.3. Will you have a treatment operator?

Yes Contact information: \_\_\_\_\_

No

D.4. Based on sampling results, is this facility consistently meeting local, state, and/or federal pretreatment limits for all regulated processes?  YES  NO

If NO, please indicate parameters not being met and indicate reason for non-compliance.

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D.5. Will additional pretreatment and/or operations and maintenance be required for your facility to meet pretreatment standards?  YES  NO

If YES, please explain and attach schedule of compliance toward meeting pretreatment standards.

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D.6. If any toxic chemicals are used, as referenced in Section 307(a) (attached) of the Clean Water Act of 1977, please submit a list of those chemicals, particular use, and quantity used per month. Also submit copies of the Material Safety Data Sheets (MSDS) for those chemicals utilized.

D.7. Do you have chemical storage rooms, containers, bins or other areas where chemicals are stored?

YES (Please indicate the location(s)\_\_\_\_\_

NO

D.8. Is there an existing Spill Prevention and Control Plan for this facility?

YES (Please attach a copy with this questionnaire.)

NO

D.9. Are floor drains located in your manufacturing or chemical storage areas?

YES (Do the drains connect to the sanitary sewer?)

NO

D.10. Are any liquid wastes hauled from the facility and not discharged to the sanitary sewer?

YES Hauler contact information:\_\_\_\_\_

NO

D.11. Have you registered with or been issued a Hazardous Waste Generator Handler/Storage Permit by the Kentucky Division of Waste Management or other environmental control permits by any other agency?

NO

YES (If YES, include permit number, date of issue, final disposition of waste, and other pertinent information.)

Permit Type: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Permit Type: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

## CLEAN WATER ACT, SECTION 307 (A) PRIORITY POLLUTANTS

### Volatile Compounds

002	Acrolein	088	Vinyl Chloride
004	Benzene	003	Acrylonitrile
006	Carbon Tetrachloride	047	Bromoform
051	Chlorodibromomethane	007	Chlorobenzene
019	2-Chloroethylvinyl Ether	016	Chloroethane
048	Dichlorobromomethane	023	Chloroform
010	1,2-Dichloroethane	013	1,1-Dichloroethane
032	1,2-Dichloropropane	029	1,1-Dichloroethylene
038	Ethylbenzene	033	1,3-Dichloropropylene
045	Methyl Chloride	046	Methyl Bromide
015	1,1,2,2-Tetrachloroethane	044	Methylene Chloride
086	Toluene	085	Tetrachloroethylene
011	1,1,1-Trichloroethane	030	1,2-Trans-Dichloroethylene
087	Trichloroethylene	014	1,1,2-Trichloroethane

### Acid Compounds

024	Chlorophenol	031	2,4-Dichlorophenol
034	2,4-Dimethylphenol	060	4,6-Dinitro-O-Cresol
059	2,4-Dinitrophenol	057	2-Nitrophenol
058	4-Nitrophenol	022	P-Chloro-M-Cresol
064	Pentachlorophenol	065	Phenol
021	2,4,6-Trichlorophenol		

### Base/Neutral Compounds

001	Acenaphthene	077	Acenaphtylene
078	Anthracene	005	Benzidine
072	Benzo(a)Anthracene	073	Benzo(a)Pyrene
074	Benzo(b)Fluoranthene	079	Benzo(ghi)Perylene
075	Benzo(k)Fluoranthene	043	Bis(2-Chloroethoxy)Methane
018	Bis(2-Chloroethyl)Ether	042	Bis(2-Chloroisopropyl)Ether
017	Bis(chloromethyl)Ether	041	4-Bromophenyl Phenyl Ether
066	Bis(2-Ethylhexyl)Phthalate	020	2-Chloronaphthalene
067	Butyl Benzyl Phthalate	076	Chrysene
040	4-Chlorophenyl Phenyl Ether	025	1,2-Dichlorobenzene
082	Dibenzo(a,h)Anthracene	027	1,4-Dichlorobenzene
026	1,3-Dichlorobenzene	070	Diethyl Phthalate
028	3,3-Dichlorobenzidine	068	Di-N-Butyl Phthalate
071	Dimethyl Phthalate	036	2,6-Dinitrotoluene
035	2,4-Dinitrotoluene	037	1,2-Diphenylhydrazine (as Azobenzene)
069	Di-N-Octyl Phthalate	009	Hexachlorobenzene
039	Fluoranthene	053	Hexachlorocyclopentadiene
080	Fluorene	083	Indeno(1,2,3-cd)Pyrene
052	Hexachlorobutadiene	055	Naphthalene
012	Hexachloroethane	061	N-Nitrosodimethylamine
054	Isophorone	062	N-Nitrosodiphenylamine
056	Nitrobenzene	084	Pyrene
063	N-Nitrosodi-N-Propylamine	008	1,2,4-Trichlorobenzene
081	Phenanthrene		



## PRIORITY POLLUTANTS (continued)

### Pesticides and PCBs

089	Aldrin	104	Gamma-BHC
102	Alpha-BHC	105	Delta-BHC
103	Beta-BHC	091	Chlordane
092	4,4' DDT	093	4,4' DDE
094	4,4'-DDD	090	Dieldrin
095	Alpha-endosulfan	096	Beta-Endosulfan
097	Endosulfan Sulfate	098	Endrin
099	Endrin Aldehyde	100	Heptachlor
101	Heptachlor Epoxide	106	PCB-1242
107	PCB-1254	108	PCB-1221
109	PCB-1232	110	PCB-1248
111	PCB-1260	112	PCB-1016
113	Toxaphene		

### Metals and Cyanide

114	Antimony	115	Arsenic
117	Beryllium	118	Cadmium
119	Chromium	120	Copper
122	Lead	123	Mercury
124	Nickel	125	Selenium
126	Silver	127	Thallium
128	Zinc	121	Cyanide

### Miscellaneous

129	2,3,7,8-Tetrachlorodibenzo-P-Dioxin (TCDD)
116	Asbestos