

NON- DELEGATED POTW PRETREATMENT ANNUAL REPORT

Cover Sheet

Control Authority Name Town of French Lick Wastewater Dept.
Report Date 6/30/2024
Period Covered by this Report, from 1-01-2023 to 12/31/2024

Name of Wastewater Treatment Plant(s)	NPDES Permit No.
<u>French Lick WWTP</u>	<u>IN0022951</u>

Person to contact concerning information contained in this report:

Name (Mr.) (Mrs.) (Ms.) Chris Mills
Title Superintendent
Mailing Address Town of French Lick
7949 W Hunters Run Drive
French Lick, IN 47432

County Orange
Telephone No. 812-865-6039
Fax No. (optional) _____
Email Address (optional) cmillswrtp@yahoo.com
Website Address (optional) _____

Name (Mayor) (Town Council Pres.) David Wolfard
Mailing Address Town of French Lick
7949 W Hunters Run Drive
French Lick, IN 47432

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Date: 6/30/24 Signed: Chris T. Mills

Print Name Chris T. Mills Title Superintendent

Town of French Lick

7949 W Hunters Run Drive
French Lick, Indiana 47432-8315

BOARD OF TRUSTEES

Dave Wolford, President
Tony Kendall
Marlene Noble
Kali Walls
Tony Watts

CLERK TREASURER

Mindy Pendley

Incorporated May 2, 1857
Telephone: 812.936.4737
Fax: 812.936.7006

Mary Armacost
Pretreatment Coordinator
Office of Water Quality
Compliance and Enforcement Branch
Indiana Dept. of Environmental Management

Non- Delegated POTW Pretreatment Annual Report **Narrative Summary**

Dear Mary,

This letter serves as the narrative summary for the Town of French Lick 2023 pretreatment report. The POTW had one IU for the 2023 reporting period, Pluto Corporation. Pluto Corporation submitted monthly reports to the Town of French Lick POTW. The testing results for 2023 all met the Local SUO limits. Local SUO limits are as follows: B.O.D. not to exceed 400 p.p.m., T.S.S. not to exceed 500 p.p.m. at any time. Pluto Corporation has sealed off all floor drains within the facility, only sanitary sewer from restrooms are discharged to the POTW. Rinse tanks solids are dried in a Evaporator System and then disposed at a Louisville, Ky site. The N.P.D.E.S. permit for Pluto Corporation INP00672 was terminated October 27, 2023. The French Lick POTW will continue regulating Pluto Corporation with the Local Sewer Use Ordinance. During the 2023 pretreatment reporting period Pluto Corporation met all limits set forth in the local SUO. Any future questions regarding this report can be directed to Chris Mills, POTW Superintendent, 812-865-6039.

Sincerely,



Chris Mills
French Lick WWTP
IN0022951
812-865-6039
cmillswwtp@yahoo.com

FORM NO. 1

BIOSOLIDS

What does the Control Authority do with the sludge/biosolids? Medora Landfill

546 S. CR 870 West
Medora, IN 47260

If biosolids are land-applied, please fill out the following Table.

Pollutant	Biosolids Concentration (mg/kg)	503 Table 1 limits Ceiling Concentration (mg/kg)	503 Table 3 limits Monthly Ave. (mg/kg)
Arsenic		75	41
Cadmium		85	39
Copper		4300	1500
Lead		840	300
Mercury		57	17
Molybdenum		75	N/A
Nickel		420	420
Selenium		100	100
Zinc		7500	2800

Were there any samples of biosolids that exceeded the ceiling concentrations from 40 CFR Part 503 (Table 1)? None

What date(s)? N/A

FORM NO. 2

REPORT OF UPSETS, BIOSOLIDS VIOLATIONS, AND NPDES PERMIT EFFLUENT LIMIT VIOLATIONS

<u>Type of Incident</u>	<u>Date</u>	* <u>Explanation of Incidents</u>	* <u>Corrective Action Taken</u>
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FORM NO. 3 INDUSTRIAL USER UPDATE

INDUSTRIAL USER NAME/MAILING ADDRESS	CONTACT (PLEASE INDICATE MR./MS.) PHONE/FAX (OPTIONAL) EMAIL ADDRESS (OPTIONAL)	**TYPE OF INDUSTRY	ACTUAL FLOW (GPD)
Pluto Corporation/ PO Box 391, French Lick, IN 47432	Michael Kelley 812-936-9988	Other	10,010 GPD
	Dave Mathers (Plant Manager) 812-936-9988		

****If an IU is Categorical (CIU), list the applicable category (i.e., metal finisher, electroplater, leather tanner, etc. or 40 CFR 433.17, etc.). Non-categorical SIUs should be listed as "SIU", with a description of the process (i.e., SIU-landfill or SIU-hospital). Industries that are not significant and not categorical are not required to be listed in this report. However, if you wish to list them on this form, please identify them as "Other."**

Please attach a copy of the completed industrial user survey form for each of the IUs listed above (the industrial user survey is due every other year, or bi-annually per Part III of your NPDES permit). See Attachment A for a blank copy of the industrial user survey.

Form No. 5a

INDUSTRIAL USER COMPLIANCE REPORT

(For the annual reporting period January 1, 2023 - December 31, 2023)

Column No. 1 Industrial User	Column No. 2 Oct - Dec		Column No. 3 Jan - March		Column No. 4 April - June		Column No. 5 July - Sept		Column No. 6 Oct - Dec	
	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements	Parameters Violated (conc/limit)	Total Measurements
Pluto Corporation No Violations	0		0		0		0		0	

List only CIUs/SIUs who had a violation. Use one line for each parameter violated. Record Chronic or TRC violation on Form 5b. Provide a copy of the analytical results that indicate a violation of an applicable IWP or the SUO.

Form No. 5b

SNC - INDUSTRIAL USER COMPLIANCE REPORT

(For the annual reporting period January 1, 2023 - December 31, 2023)

Column No. 1 Industrial User	Column No. 2 Oct - Mar		Column No. 3 Jan - June		Column No. 4 April - Sept		Column No. 5 July - Dec	
	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)	Chronic Viol. (0 or 1)	TRC Viol. (0 or 1)

Use one line for each parameter for each SIU with violations, showing whether a TRC or Chronic Violation resulted: 1 for violations resulting in TRC or Chronic (both are SNC), or 0 for violations not resulting in TRC/Chronic Violations. Please note that monthly average and daily maximum for a specific parameter are considered to be separate parameters.

FORM NO. 7 PRETREATMENT PERFORMANCE SUMMARY

I. GENERAL INFORMATION

Control Authority Name Town of French Lick Wastewater Dept
 Address 7780 W St Rd Sb
 City West Baden Springs
 Contact Person Chris Mills
 Contact Telephone No. 812-865-6039
 NPDES Nos. IN0022951
 Reporting Period 1-01-2023 ——— 12-31-~~2022~~ 2023
 No. of Categorical SIUs 0
 No. of Non-Categorical SIUs 1
 Total No. of SIUs 1

	SIUs	
Non-Cate-	Cate-	Cate-
II. SIGNIFICANT INDUSTRIAL USER COMPLIANCE	<u>gorical</u>	<u>gorical</u>
1) No. of SIUs in Significant Non-compliance (SNC)	<u>0</u>	<u>0</u>
2) Reasons for Significant Non-compliance (SNC)		
a) In SNC for Effluent Discharge Violations	<u>0</u>	<u>0</u>
b) In SNC for Reporting Violations	<u>0</u>	<u>0</u>
c) In SNC for Compliance Schedule	<u>0</u>	<u>0</u>
d) In SNC for Other (explain in Narrative Summary)	<u>0</u>	<u>0</u>

III. MONITORING

1) Facilities Monitored by CA (samples analyzed for all SIU permit parameters):		
a) No. of SIUs Sampled by the Control Authority (CA)	<u>1</u>	<u>0</u>
b) No. of SIUs Inspected by the CA	<u>1</u>	<u>0</u>
2) Total Monitoring Events:		
a) No. of Samples by the CA	<u>1</u>	<u>0</u>
b) No. of Inspections by the CA	<u>1</u>	<u>0</u>

IV. ENFORCEMENT

1) SIUs Subject to Any Enforcement Actions **	<u>0</u>	<u>0</u>
2) SIUs Listed in the Newspaper for SNC in this period	<u>0</u>	<u>0</u>
3) Notices of Violations Issued *	<u>0</u>	<u>0</u>
4) Administrative Orders Issued *	<u>0</u>	<u>0</u>
5) No. of SIUs on Compliance Schedules (anytime in period)	<u>0</u>	<u>0</u>
6) Suits Filed:		
a) Civil Suits *	<u>0</u>	<u>0</u>
b) Criminal Suits *	<u>0</u>	<u>0</u>
7) Other Actions Taken (sewer bans, etc. but not verbals) *	<u>0</u>	<u>0</u>
8) Penalties Collected:		
a) No. of SIUs from whom penalties were collected	<u>0</u>	<u>0</u>
b) Total Dollars (\$) collected in the period	<u>0</u>	<u>0</u>

* Enter the number of **ACTIONS**, not the number of SIUs.

** Include Verbal Warnings.

ATTACHMENT A
INDUSTRIAL USER SURVEY

Industry Name: Pluto Corporation

Address: 8647 W. St Rd 56
French Lick, IN 47432

Industry Representative/Title: David Mathers / Plant Manager

Phone #: 812-936-9988

Product Manufactured: Household Cleaning Products

Raw Materials: Bottling cleaning products

Chemicals Used in Process: Detergents, acids, caustics

Description & Identification of Wastewater Generating Processes (Use Back if Necessary):

Sanitary Sewer only

Process Flows:

Wastestream #1 10,010 gpd #2 _____ gpd #3 _____ gpd

Total Process Flow 10,010 gpd # of Outfalls 1

Wastewater Pretreatment Description: Evaporator does not discharge to Sanitary Sewer

Batch or Continuous Discharge: Both

INDUSTRIAL PRETREATMENT INSPECTION REPORT

Inspection Date: 10/2023 Inspector: Chris Mills

Starting Time: _____ Ending Time: _____

BACKGROUND INFORMATION

Facility Name: Pluto Corp Permit # INP 000 672

Facility Address: 8647 W. St. Rd 56
French Lick, IN 47532

Chief Executive Officer: Mike Kelley Phone # 812-936-9988

Responsible Officer: Dave Mathers Phone # 812-936-9988

Last Inspection Date: _____ Inspected by: _____

Deficiencies Identified: N/A

Corrective Actions: N/A

GENERAL FACILITY INFORMATION

Facility Representative: Dave Mathers Phone # 812-936-9988

Employees 200 Start Times: Shift 1 127 Shift 2 63 Shift 3 10 (7:00am - 11:30pm)

Inspection Type: Demand _____ Scheduled YES

Slug Control Plan: Necessary? _____ On File? Adequate? YES

SPCC Plan: _____ Adequate? _____

Categorical IU: _____ 40 CFR: _____

Non-Categorical IU: _____ Reason for Permit: _____

Is IU Under Enforcement? NO Reason: _____

Is IU on Compliance Schedule? NO Meeting Schedule? _____

Toxic Organics: None

Testing Required?___ TOMP?___ On File?___ Adequate?___ Certify No TTO? _____

Oil and Grease Alternative?___ N/A _____

Production Based Standards Applicable? _____

Current Ave. Production Rate _____

Self-monitoring Reports to City:

Required? YES On File? YES Current? YES Complete? YES

Planned Changes to the Plant: NONE

Changes Since Last Inspection: All floor drains have been sealed.

WATER/WASTEWATER

Source of Intake Water: City Well _____ Other _____

Discharges (GPD): POTW 101010 NPDES _____ Into Product _____ Evaporation

Irrigation _____ Other (specify) _____

Discharge(s) to Sewer at Sample Site(s) (GPD)

Sample Site # 1

Industrial Process _____

Cooling Tower _____

Noncontact Cooling _____

Boiler Blowdown _____

Sanitary 3

Other (specify) _____

Total _____

Boiler & Cooling Tower Additives _____

Flow Measurement Necessary? YES Flow Measurement Adequate? YES

Date of Last Calibration _____

Outfalls to POTW # 3 Regulated Outfalls to POTW # 1

Comments: _____

MANUFACTURING AREA

Product/Service: Household Cleaners Products

Major Processes: _____

Process Wastestream Descriptions:

To Sewer 16,010 G.P.D.

To NPDES Outlet _____

Raw Materials _____

Chemicals 0

Solvents 0

Do Floor Drains Lead Directly to POTW? NO

Are Temporary Hoses in Place as Part of Production? YES Have Changes Been Made in Production, Water Flow, or Wastewater

Production Since Last Inspection? N/A If Yes, Describe. _____

Housekeeping: Good Fair _____ Poor _____ Comments: _____

Spill Control: Needed? No Plan Adequate? yes

Slug Control: Needed? No Plan Adequate? yes

PRETREATMENT AREA

Pretreatment System: Type: pH adjustment N/A _____

Description: _____

Is System Appropriate? YES Is System Adequate? yes

Discharge: Batch Continuous Other (specify) Both

Treatment: Batch _____ Continuous _____ Other (specify) _____

Reagents Used: _____

Overall Condition: Good Fair _____ Poor _____ Comments: _____

Spill Control: Needed? N/A Plan Adequate?: yes

Slug Control: Needed? NO Plan Adequate?: YES

Housekeeping: Good Fair Poor Comments: _____

Certified Operator:

Name: Sherrill Browning # VW 018202 Class: _____

Name: _____ # _____ Class: _____

Name: _____ # _____ Class: _____

Comments: _____

SLUDGE/HAZARDOUS WASTE STORAGE AREAS

Is Sludge a Hazardous Waste? _____

Sources: Evaporation System

Hazardous Waste Handling: _____

Quantity Generated: _____

Name of Transport Company: _____

Name of Disposal Facility: _____

On-Site Storage: _____

Drums/Labels/Manifests OK: YES

Condition: Good: Fair: Poor: Comments: _____

Housekeeping: Good Fair Poor Comments: _____

Spill Control: Needed? Plan Adequate?: _____

Slug Control: Needed? Plan Adequate?: _____

Comments: _____

CHEMICAL STORAGE AREAS

Chemical (give name – e.g. “sulfuric acid” don’t just write “acid”)	Amount	Drain
_____	_____	<u>0</u>
_____	_____	_____

Condition: Good: Fair: Poor: Comments: _____

Housekeeping: Good Fair Poor Comments: _____

Spill Control: Needed? Plan Adequate?: yes

Slug Control: Needed? Plan Adequate?: yes

COMBINED WASTESTREAM FORMULA/PERMIT LIMITS

Are Dilution Wastestreams Present at Sample Site? No

How Are Flows Determined? Flow meter (ultra sonic)

Is The Facility Using Dilution to Meet Limits? No

Are There Any New Flows Not included in the Permit? No

INDUSTRIAL SELF MONITORING

Self-Monitoring Required? yes

Sample Collection:

Is Sampling Equipment Adequate? yes

Is Sample Type Correct? yes

Are Appropriate Containers Used? yes

Are Samples Properly Preserved? yes

Chain of Custory Correct? yes

Are Holding Times Met? yes

Is Sample Site Correct? yes

Is Sampling Frequency Correct? yes

EPA Approved Analysis Methods? yes

Are All Analytical Results on File? yes

Are All Results Reported? yes

Data on File as Required? yes

Analysis: In House: Vendor Lab (name): Summit Environmental Technologies, Inc. QA-QC Program: yes

Equipment Used: _____

Non-Reportable in House Testing:

Logs Kept: yes Time Recorded? yes

Dated? yes Signed? yes