DMR Copy of Record

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the non-business email address), confidential business information (e.g., non-business cell phone number or non

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

JACOBIS CAR WASH

Facility:

JACOBIS CAR WASH

| Major: | | No | | | | Pern | Permittee Address: | | | 5686 NAVILLET US 150 & NAVII GALENA, IN 47 | Facility L | ocation: | US 15 | 6566 US HWY 150 US 150 & NAVILLETON RD FLOYDS KNOBS, IN 47119 | | | | | | | |
|---|---|----------------------|----------------------------|----------|-------------|-----------------------|--------------------|---------|---------------|--|--------------|--------------------------|------------------------------------|---|-------------------|-----------------|---------------------|--------------------|------------------------------------|--|-------------|
| Permitted Feature: 001 External Outfall | | | | | | | | | | | | | 001-A VEHICLE WASH WATER | | | | | | | | |
| Report | Dates & Status | | | | | , | | | | | | | | | | | | | | | |
| Monitor | ring Period: | From 01/0 | 01/24 to 01/31/24 | | | DMR | R Due Date: | | | 02/28/24 | | | | Status: | | | NetDI | MR Valida | ated | | |
| Consid | erations for Form Completion | | | | | | | | | | | | | • | | | | | | | |
| INDUST | TRIAL MINOR FLOYD COUNTY | | | | | | | | | | | | | | | | | | | | |
| Princip | al Executive Officer | | | | | | | | | | | | | | | | | | | | |
| First Na | ame: | Elaine | | | | Title | : | | | President | | | | Telephon | e: | | 502-8 | 17-9508 | | | |
| Last Na | ime: | Jacobi | | | | | | | | | | | | • | | | | | | | |
| No Data | a Indicator (NODI) | | | | | | | | | | | | | | | | | | | | |
| Form N | ODI: | | | | | | | | | | | | | | | | | | | | |
| | Parameter | | Monitoring Location | Season # | Param. NODI | | Quantit | | Quantity or L | | | | | Quality or Concentrate | | n | | | # of Ex. | . Frequency of Analysis | Sample Type |
| Code | Name | Name | | | | Commis | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 Qualifier | | Value 3 | Units 19 - mg/L | | 04/20 Monthly | CO CDAD O |
| 00300 | Owner disselved IDO | | 4 Effluent Crees | | | Sample Permit Req. | | | | | | 10.9 Req Mon DLYAVMIN | | | | | 19 - mg/L | | 01/30 - Monthly 01/30 - Monthly | G2 - GRAB-2 G2 - GRAB-2 | |
| | Oxygen, dissolved [DO] | ygen, aissoivea [DO] | 1 - Effluent Gross | 2 | | Value NODI | | | | | | | | | | | | | U | · | |
| | | | | | | Sample | | | | | | = | 8.1 | | | = | 8.9 | 12 - SU | | 01/30 - Monthly | GR - GRAB |
| 00400 | рН | | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | >= | 6.0 DAILY MN | | | <= | 9.0 DAILY MX | 12 - SU | 0 | 01/30 - Monthly | GR - GRAB |
| | | | | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | 2 | | Sample | | | | | | | = | 6.0 = | | 6.0 | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB | |
| 00530 | Solids, total suspended | | 1 - Effluent Gross | | | Permit Req. | Req. | | | | | | | <= 30.0 MO AVG | | <= 60.0 DAILY M | | 19 - mg/L | 0 | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | | Sample | | | | | | | | | | | 5.0 | 19 - mg/L | | | GR - GRAB |
| 00552 | Oil and grease, hexane extr metho | od | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | | | <= | 10.0 MO AVG | <= | 15.0 DAILY MX | 19 - mg/L | 0 | 02/30 - Twice Per Month | GR - GRAB |
| | | | | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | _ | | Sample Permit Req. | | | | | | | | | 0.2 1.9 MO AVG | | 0.2 3.8 DAILY MX | 19 - mg/L | | 02/30 - Twice Per Month 02/30 - Twice Per Month | |
| 00610 | Nitrogen, ammonia total [as N] | 1 - Effluent Gross | | 2 | | Value NODI | | | | | | | | | 1.0 1110 7110 | _ | O.O DATE! WIN | 10 mg/L | 0 | 02/00 TWICE TOT WICHEL | OIT OITE |
| | | | | | | Sample | | 002 | = | 0.006 | 03 - MGD | | | | | | | | | 01/01 - Daily | TM - TOTALZ |
| 50050 | Flow, in conduit or thru treatment | nlant | 1 - Effluent Gross | 0 | | Permit Req. | | | | Req Mon DAILY MX | | | | | | | | | | 01/01 - Daily | TM - TOTALZ |
| 50050 | riow, in conduit of thru treatment | piant | | 0 | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | | Sample | | | | | | | | = | 5.5 | = | 7.0 | 19 - mg/L | | 02/30 - Twice Per Month | GR - GRAB |
| 80082 | BOD, carbonaceous [5 day, 20 C] | | 1 - Effluent Gross | 2 | | Permit Req. | | | | | | | | <= | 25.0 MO AVG | | 50.0 DAILY MX | | | 02/30 - Twice Per Month | GR - GRAB |
| | , | | | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | | Sample | | | = | 0.072 | 80 - Mgal/mo | | | | | | | | | 01/30 - Monthly | RT - RCOTOT |
| 82220 | Flow, total | | 1 - Effluent Gross | 0 | | Permit Req. | | | | Req Mon MO TOTAL | 80 - Mgal/mo | | | | | | | | 0 | 01/30 - Monthly | RT - RCOTOT |

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Value NODI

Permittee:

Edit Check Errors

No errors.

Permit

Permit #:

IN0059382

Name Type Size IN0059382_001A_MMR_2024_01.pdf pdf 5357831.0 Report Last Saved By JACOBIS CAR WASH User: CRAWFORD324 Name: Timothy Crawford

Date/Time:

Report Last Signed By

Comments

Name: E-Mail:

User: CRAWFORD324
Name: Timothy Crawford
E-Mail: timcrawford324@gmail.com

Date/Time: 2024-06-26 12:18 (Time Zone: -04:00)

timcrawford324@gmail.com

2024-06-26 12:18 (Time Zone: -04:00)



imprisonment for knowing violations.

MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R6 / 4-23)

FACILITY NAME AND ADDRESS: Jacobi's Car Wash

6586 North Hwy 150

Floyds Knobs, IN 47119

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL.
ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A
PDF DOCUMENT, NAMED APPROPRIATELY
(PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e.,
IN0012345_001A_MMR_2019_01.pdf),
AND ATTACHED TO THE CORRESPONDING NETDMR FORM
FOR SUBMITTAL.

E-mail address:

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| EFFLUENT CHAR | | | FLOW Q50050 | | H 1400 | | BOD 800 | | Q | | 005 | 30 | | 0055 | | | | |
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| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with | | | | | | Timothy Crawford | | | | | | | | 2/22/2024 | | | | |
| were prepared und | ler my direction or super to assure that qualified | Nerec | nnel properly as | ther | Dron | arer's telephor | ים מו | ımher | | | | Operator's | certification number | | | | | |
| a system designed | nformation submitted. Ba | sed o | n my inquiry of t | he | | | | | -1 | | | John aron o | | | | | | |
| person or persons | who manage the system hering the information, the | n, or th | hose persons dir | ectly | 5 | 502-376-4751 | | | | | | | | | | | | |
| | y knowledge and belief, | | | | Sign | ature of princip | al e | xecutive offic | er or a | ıthorize | d ad | ent | Date (month | , da | , year) | | | |
| | | | | | /or | attested by Net | DMF | R subscriber | agreem | nent | | | | | - | | | |
| complete. I am aware that there are significant penalties for | | | | | | (or attested by NetDMR subscriber agreement) | | | | | | | | 2/22/2024 | | | | |



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report State Form 30530 (R6 / 4-23) FACILITY NAME AND ADDRESS:

Jacobi's Car Wash

6586 North Hwy 150

Floyds Knobs, IN 47119

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A PDF DOCUMENT, NAMED APPROPRIATELY (PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e., IN0012345_001A_MMR_2019_01.pdf), AND ATTACHED TO THE CORRESPONDING NETDMR FORM FOR SUBMITTAL.

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| | ssure that qualified person | | Prepa | rer's telephon | e num | nper | Operator's certification number | | | | | | |
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Page 2 of 3



MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS

Indiana Discharge Monitoring Report

State Form 30530 (R6 / 4-23)
FACILITY NAME AND ADDRESS:

Jacobi's Car Wash

Jacobi's Car wash

6586 North Hwy 150

Floyds Knobs, IN 47119

PLEASE COMPLETE ONE COPY FOR EACH MONTH PER OUTFALL. ONCE COMPLETED, THIS FORM SHOULD BE CONVERTED TO A PDF DOCUMENT, NAMED APPROPRIATELY (PERMITID_OUTFALLID_MMR_YYYY_MM.pdf, i.e., IN0012345_001A_MMR_2019_01.pdf), AND ATTACHED TO THE CORRESPONDING NETDMR FORM FOR SUBMITTAL.

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| No Discharge *< column: Can enter "<" if measurement value is less than limit of detection This is a revised submittal. | | | | | | | | | | | | | | | |
| EFFLUENT CHARAC | CTERISTICS | | ······································ | | 1 | | | T | | | T | | | | |
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