

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 [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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(l)(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.

Permit			
Permit #:	IN0059382	Permittee:	JACOBIS CAR WASH
Major:	No	Permittee Address:	5686 NAVILLETON RD US 150 & NAVILLETON RD GALENA, IN 47119
Permitted Feature:	001 External Outfall	Discharge:	001-A VEHICLE WASH WATER
Facility:		Facility Location:	JACOBIS CAR WASH 6566 US HWY 150 US 150 & NAVILLETON RD FLOYDS KNOBS, IN 47119
Report Dates & Status			
Monitoring Period:	From 01/01/24 to 01/31/24	DMR Due Date:	02/28/24
Status:		NetDMR Validated	
Considerations for Form Completion			
INDUSTRIAL MINOR FLOYD COUNTY			
Principal Executive Officer			
First Name:	Elaine	Title:	President
Last Name:	Jacobi	Telephone:	502-817-9508
No Data Indicator (NODI)			
Form NODI:	--		

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	2	--	Sample					=	10.9					19 - mg/L	0	01/30 - Monthly	G2 - GRAB-2
					Permit Req.											19 - mg/L		01/30 - Monthly	G2 - GRAB-2
					Value NODI														
00400	pH	1 - Effluent Gross	0	--	Sample					=	8.1			=	8.9	12 - SU	0	01/30 - Monthly	GR - GRAB
					Permit Req.					>=	6.0 DAILY MN		<=	9.0 DAILY MX	12 - SU	01/30 - Monthly		GR - GRAB	
					Value NODI														
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample					=	6.0		=	6.0	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB	
					Permit Req.							<=	30.0 MO AVG	<=	60.0 DAILY MX		19 - mg/L	02/30 - Twice Per Month	GR - GRAB
					Value NODI														
00552	Oil and grease, hexane extr method	1 - Effluent Gross	0	--	Sample					=	4.5		=	5.0	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB	
					Permit Req.							<=	10.0 MO AVG	<=	15.0 DAILY MX		19 - mg/L	02/30 - Twice Per Month	GR - GRAB
					Value NODI														
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample					<	0.2		<	0.2	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB	
					Permit Req.							<=	1.9 MO AVG	<=	3.8 DAILY MX		19 - mg/L	02/30 - Twice Per Month	GR - GRAB
					Value NODI														
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.002	=	0.006								0	01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX		03 - MGD					03 - MGD		01/01 - Daily	TM - TOTALZ
					Value NODI														
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample					=	5.5		=	7.0	19 - mg/L	0	02/30 - Twice Per Month	GR - GRAB	
					Permit Req.							<=	25.0 MO AVG	<=	50.0 DAILY MX		19 - mg/L	02/30 - Twice Per Month	GR - GRAB
					Value NODI														
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	0.072								0	01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL		80 - Mgal/mo					80 - Mgal/mo		01/30 - Monthly	RT - RCOTOT
					Value NODI														

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.

Edit Check Errors
 No errors.

Comments

Attachments

Name	Type	Size
IN0059382_001A_MMR_2024_01.pdf	pdf	5357831.0

Report Last Saved By

JACOBIS CAR WASH

User: CRAWFORD324
Name: Timothy Crawford
E-Mail: timcrawford324@gmail.com
Date/Time: 2024-06-26 12:18 (Time Zone: -04:00)

Report Last Signed By

User: CRAWFORD324
Name: Timothy Crawford
E-Mail: timcrawford324@gmail.com
Date/Time: 2024-06-26 12:18 (Time Zone: -04:00)



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:

1	N	0	0	5	9	3	8	2
PERMIT NUMBER								

0	0	1	
OUTFALL NO.			

0	1	2	4
MO.		YR.	

No Discharge

This is a revised submittal.

** < column: Can enter "<" if measurement value is less than limit of detection

EFFLUENT CHARACTERISTICS		FLOW	pH	CBOD		TSS		O & G		
EFFLUENT PARAMETER NUMBER		Q50050	C00400	Q	80082	Q	00530	Q	00556	
SAMPLE TYPE	Permit Condition									
	Monitored		Grab							
FREQUENCY	Permit Condition									
	Monitored	Daily	2/31		2/31		2/31		2/31	
EFFLUENT LIMITATIONS	Permit Minimum		6.0							
	Permit Average	Report	NA							
	Permit Maximum		9.0		40		60.00		15.00	
UNITS =		MGD	HI	LOW	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Mon	1	0.002								
Tue	2	0.002								
Wed	3	0.003								
Thu	4	0.003								
Fri	5	0.003	8.9		0.175245	7	0.15021	6	0.10014	4
Sat	6	0.001								
Sun	7	0.001								
Mon	8	0.002								
Tue	9	0.002								
Wed	10	0.002								
Thu	11	0.005	8.1		0.1669	4	0.25035	6	0.208625	5
Fri	12	0.002								
Sat	13	0.004								
Sun	14	0.004								
Mon	15	0.002								
Tue	16	0.004								
Wed	17	0.006								
Thu	18	0.0004								
Fri	19	0.001								
Sat	20	0.0004								
Sun	21	0.0004								
Mon	22	0.0004								
Tue	23	0.0004								
Wed	24	0.0004								
Thu	25	0.0004								
Fri	26	0.005								
Sat	27	0.001								
Sun	28	0.003								
Mon	29	0.004								
Tue	30	0.002								
Wed	31	0.005								
MONTHLY AVERAGE		0.00231613			0.1710725	5.5	0.20028	6	0.1543825	4.5
HIGHEST VALUE		0.006	8.9		0.175245	7	0.25035	6	0.208625	5
LOWEST VALUE		0.0004	8.1		0.1669	4	0.15021	6	0.10014	4
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED										
TOTAL FLOW		0.0718								

I certify under penalty of law that this document and all 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 and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
Timothy Crawford		2/22/2024
Preparer's telephone number	Operator's certification number	
502-376-4751		
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
<i>[Signature]</i>		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.

I	N	0	0	5	9	3	8	2
PERMIT NUMBER								

0	0	1
OUTFALL NO.		

0	1	2	4
MO.		YR.	

No Discharge

** < column: Can enter "<" if measurement value is less than limit of detection

This is a revised submittal.

EFFLUENT CHARACTERISTICS		AMMO				E-coli				D.O.			
EFFLUENT PARAMETER NUMBER		Q	00610			Q	51041			Q	C		
SAMPLE TYPE	Permit Condition												
	Monitored		Grab				Grab				Grab		
FREQUENCY	Permit Condition												
	Monitored		2/31				2/31				4/31		
EFFLUENT LIMITATIONS	Permit Minimum										5.0		
	Permit Average		1.90										
	Permit Maximum		3.8										
UNITS=		LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
Mon	1												
Tue	2												
Wed	3												
Thu	4												
Fri	5	0.005007		0.2				0.2979165		11.9			
Sat	6												
Sun	7												
Mon	8												
Tue	9												
Wed	10												
Thu	11	0.008345		0.2				0.4548025		10.9			
Fri	12												
Sat	13												
Sun	14												
Mon	15												
Tue	16												
Wed	17												
Thu	18												
Fri	19												
Sat	20												
Sun	21												
Mon	22												
Tue	23												
Wed	24												
Thu	25												
Fri	26												
Sat	27												
Sun	28												
Mon	29												
Tue	30												
Wed	31												
MONTHLY AVERAGE		0.006676		0.2				0.3763595		11.4			
HIGHEST VALUE		0.008345		0.2				0.4548025		11.9			
LOWEST VALUE		0.005007		0.2				0.2979165		10.9			
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED													

<p>I certify under penalty of law that this document and all 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 and imprisonment for knowing violations.</p>	<p>Prepared by or under the direction of (Certified Operator): Timothy Crawford</p>	<p>Date (month, day, year) 2/22/2024</p>	
	<p>Preparer's telephone number 502-376-4751</p>	<p>Operator's certification number</p>	
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) </p>	<p>Date (month, day, year) 2/22/2024</p>	



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.

I	N	0	0	5	9	3	8	2
PERMIT NUMBER								

0	0	1
OUTFALL NO.		

0	1	2	4
MO.		YR.	

No Discharge

** < column: Can enter "<" if measurement value is less than limit of detection

This is a revised submittal.

EFFLUENT CHARACTERISTICS		Q		C		Q		C		Q		C	
EFFLUENT PARAMETER NUMBER													
SAMPLE TYPE	Permit Condition												
	Monitored												
FREQUENCY	Permit Condition												
	Monitored												
EFFLUENT LIMITATIONS	Permit Minimum												
	Permit Average												
	Permit Maximum												
	UNITS=	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L	LB/DAY	**	MG/L
	Mon	1											
	Tue	2											
	Wed	3											
	Thu	4											
	Fri	5											
	Sat	6											
	Sun	7											
	Mon	8											
	Tue	9											
	Wed	10											
	Thu	11											
	Fri	12											
	Sat	13											
	Sun	14											
	Mon	15											
	Tue	16											
	Wed	17											
	Thu	18											
	Fri	19											
	Sat	20											
	Sun	21											
	Mon	22											
	Tue	23											
	Wed	24											
	Thu	25											
	Fri	26											
	Sat	27											
	Sun	28											
	Mon	29											
	Tue	30											
	Wed	31											
	MONTHLY AVERAGE												
	HIGHEST VALUE												
	LOWEST VALUE												
	NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED												

I certify under penalty of law that this document and all 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 and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): Timothy Crawford		Date (month, day, year) 2/22/2024
Preparer's telephone number 502-376-4751	Operator's certification number	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year) 2/22/2024