



Applicant: ROXUL USA INC.
Reference ID: ROXUL USA INC- JEFFERSON
COUNTY (11/18/2 (11/18/2021))
Status: ERIS - Closed - Issued

Type: Reissue NPDES
Industrial #1
Permit ID: WVG611896
Printed: Nov. 28, 2021
2:41 PM

Sections I - III: Facility Information

I.	NAME OF FACILITY:	<input type="text" value="ROXUL USA INC."/>
II.	FACILITY CONTACT:	
A.	Name(last, first):	<input type="text" value="Cammarato, Kenneth"/>
	Title:	<input type="text" value="VP, General Counsel"/>
B.	Phone number:	<input type="text" value="662-851-4734"/> (###-###-####)
III.	FACILITY MAILING ADDRESS:	
A.	Street or Post Office Box:	
	Address Line 1:	<input type="text" value="665 Northport Avenue"/>
	Address Line 2:	<input type="text"/>
B.	City:	<input type="text" value="Kearneysville"/>
C.	State:	<input type="text" value="West Virginia"/> ▼
D.	Zip:	<input type="text" value="25430"/>

Section IV: Facility Location

IV.	FACILITY LOCATION:	
A.	Street, Route No. or other specific identifier:	<input type="text" value="665 Northport Avenue"/>
B.	City, Town or Nearest Post Office:	<input type="text" value="Kearneysville"/>
C.	County:	<input type="text" value="Jefferson"/> ▼
D.	Zip:	<input type="text" value="25430"/>
Directions to Facility:		
<p>Coming from 1-81 South toward Roanoke - take Exit 12 onto WV-45 toward WV-9/Winchester Avenue/Charlestown. From this Exit, take WV-9E toward Northport Avenue in Ranson, WV. Continue on WV- 9 until CR 1 Exit toward WV-480/Kearneysville. In 0.2 miles, turn Right onto Leetown Rd. In 0.4 miles, turn Left onto Border Rd. In 0.8 miles, turn right onto Charlestown Rd. In 0.5 miles turn left onto Northport Avenue and the destination will be on the left.</p>		

Section V: Ownership and Operator Information

V. OWNERSHIP INFORMATION:

A. Name:

B. Phone: (###-###-####)

Attention:

Address of Owner:

Address Line 1:

Address Line 2:

City:

Country: ▼

State: ▼

Zip: PostalCode Ref.

Email Address:

C. Is name listed in Item V-A also the operator:
 Yes (go to Item V-E) No (complete V-D)

OPERATOR INFORMATION:

D. Name:

Phone: (###-###-####)

Attention:

Address of Operator:

Address Line 1:

Address Line 2:

City:

Country: ▼

State: ▼

Zip: PostalCode Ref.

Email Address:

E. Status of Operator (If "Other" specify)
 Federal State Private
 Public Other Specify:

Section VI: Applicant Request

VI. APPLICANT REQUEST:

1. Allow sewage, industrial wastes or other wastes, or effluent therefrom, produced by or emanating from any point source, to flow into the waters of this State;

2. Make, cause or permit to be made any outlet, or substantially enlarge or add to the load of any existing outlet, for the discharge of sewage, industrial wastes or other wastes, or the effluent therefrom, into the waters of this State;

3. Acquire, construct, install, modify, or operate a disposal system or part thereof for the direct or indirect discharge or deposit of treated or untreated sewage, industrial wastes or other wastes, or the effluent therefrom, into the waters of this State, or any extension to or addition to such disposal system;

4. Increase in volume or concentration of any sewage, industrial wastes or other wastes in excess of the discharges or disposition specified or permitted under any existing permit;

5. Extend, modify or add to any point source, the operation of which would cause an increase in the volume or concentration of any sewage, industrial wastes discharging or flowing into the waters of this State;

Section VII: Reissuance of Existing Permits

VII. REISSUANCE OF EXISTING PERMITS:

A. Since issuance of your existing permit have you added any outlets, modified or added to your treatment or disposal system in any way, increased the volume or concentration or your waste(s) or waste stream(s), or extended, modified or added to your facility any operation which would cause an increase in the volume or concentration of waste(s) discharged?

Yes No (see instructions before completing remainder of this form)

Section VIII: SIC Codes

Primary SIC: 3296 Mineral wool

Secondary SIC:


Section IX: Existing Environmental Permits


IX. EXISTING ENVIRONMENTAL PERMITS (including other Division of Water and Waste Management Permits)

Issuing Agency and Address: WVDEP

Type of Permit or License: Multisector Permit

Permit Number: WVG611896

Effective Date yr/mo/day: 11/5/2020 

Expiration Date yr/mo/day: 9/12/2024 

Section X: Map or Drawing

X. MAP OR DRAWING:

A. Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all wells, sinkholes, springs, rivers and other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant in the map area. See instructions for precise requirements.

Map attached how: Paper Electronic

For attached SHP files, please select from below:

Datum: Projection:

Section XI: Nature of Business

XI. NATURE OF BUSINESS (provide a brief description)

A. Provide a brief description of the business.


The RAN-5 facility is a manufacturing facility that manufactures a mineral wool insulation for building insulation, customized solutions for industrial applications, acoustic ceilings and other applications. The Construction for the facility began in 2017 and is anticipated to finish in 2019. Facility operation is anticipated to begin in 2019.

B. Do you qualify as a small business? (See instructions for qualification criteria)

Yes No

Section XII: Certification

XII. CERTIFICATION (see instructions)
 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 upon 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.


A. NAME
 OFFICIAL TITLE
 B. SIGNATURE _____
 C. DATE SIGNED 

Please Print, Sign, Scan and attach this document rather than mailing as a wet ink signature is no longer required.

Section XIV: Flows, Sources of Pollution and Treatment Technologies

XIV. FLOWS, SOURCES OF POLLUTION AND TREATMENT TECHNOLOGIES

A. Include with this application:
 (1) A site layout drawing (see instructions for precise details);

 (2) A line drawing showing the water flow through the facility (see details and Figure 1 of the instructions for an example); and  Figure 1
 (3) Details and drawings of each treatment unit (see instructions for precise details).

 B. For each outlet provide a description of: (1)(a) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff (including material handling and storage area run-off and areas where pesticides, herbicides, soil conditioners and fertilizers are applied); (1)(b) The average flow contributed by each operation; and (2) The treatment received by the wastewater. Use the table below to enter this information. For additional outlets click the **Add 1 Row** button.

Outlet Number (list):	<input type="text" value="001"/>
<u>Operation(s) Contributing to Flow:</u>	
a. Operation (list):	<input type="text" value="NA"/>
b. Average Flow (mgd):	<input type="text" value="NA"/>
a. Treatment Description:	<input type="text" value="NA"/>
b. Treatment List Codes from Table 1 (see instructions):	<input type="text" value="NA"/>
Outlet Number (list):	<input type="text" value="002"/>
<u>Operation(s) Contributing to Flow:</u>	
a. Operation (list):	<input type="text" value="NA"/>
b. Average Flow (mgd):	<input type="text" value="NA"/>
a. Treatment Description:	<input type="text" value="NA"/>
b. Treatment List Codes from Table 1 (see instructions):	<input type="text" value="NA"/>

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items XIV-A or B intermittent or seasonal?
 Yes (complete the following table) No (go to Section XV)

1.	Outlet Number (list):	<input type="text" value="001"/>
2.	Operation(s) Contributing Flow (list):	<input type="text"/>
3.	<u>Frequency (Avg):</u>	
a.	Days Per Week:	<input type="text"/>
b.	Months Per Year:	<input type="text"/>
4.	<u>Flow:</u>	
a.	<u>Flow Rate (mgd):</u>	
1.	Long Term Avg	<input type="text"/>
2.	Max Daily:	<input type="text"/>
b.	<u>Duration (in days):</u>	<input type="text"/>

1.	Outlet Number (list):	<input type="text" value="002"/>
2.	Operation(s) Contributing Flow (list):	<input type="text"/>
3.	<u>Frequency (Avg):</u>	
a.	Days Per Week:	<input type="text"/>
b.	Months Per Year:	<input type="text"/>
4.	<u>Flow:</u>	
a.	<u>Flow Rate (mgd):</u>	
1.	Long Term Avg	<input type="text"/>
2.	Max Daily:	<input type="text"/>
b.	<u>Duration (in days):</u>	<input type="text"/>

Section XV: Effluent Guideline Information

XV. EFFLUENT GUIDELINE INFORMATION (see instructions)

A. Does an effluent guideline limitation promulgated by EPA under 304 of the Clean Water Act apply to your facility?
 Yes (complete Item XV-B&C) No (go to Item XVI)

B. What specific effluent guideline(s) apply to your operation? Include appropriate subcategory of industry.

C. Are limitations in the applicable effluent guideline expressed in terms of production?
 Yes (complete XV-D) No (go to Item XV-E)

D. List the quantity which represents an actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outlets. Please use the Quantity table below.
Please fill out the form below for each affected outlet

E. Provide the appropriate basis for calculating guideline based effluent limitations.

1.MAXIMUM QUANTITY a.Quantity/day	1.MAXIMUM QUANTITY b.Units of Measure	1.MAXIMUM QUANTITY c.Operation, product, material, etc. (specify)	2.AFFECTED OUTLETS (list outlet numbers)
<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>

Section XVI: Improvements

XVI. IMPROVEMENTS

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

Yes (complete the following table) No (go to Item XVI-B)

1. Identification of Condition Agreement, etc:	NA
2. <u>Affected Outlets:</u>	
a. Number	NA
b. Source of Discharge	NA
3. Brief Description of Project	NA
4. <u>Final Compliance Date:</u>	
a. Required	NA
b. Projected	NA

XVI B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

If description of additional control programs is attached. Paper Electronic

Section XVIII: Potential Discharges not Covered by Analysis

XVIII. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Provide a list of any toxic pollutant not otherwise listed in Item XVII-C which you do or expect that you will over the next 5 years use or manufacture as an immediate or final product or byproduct. Also list sources and expected levels of such pollutants and provide MATERIAL SAFETY DATA SHEETS (MSDS) for each pollutant listed. Continue on additional sheets if necessary.

B. Provide a listing and frequency of all chemical or treatment agents used in cooling water systems, boiler water systems, well redevelopment operations, and each wastewater treatment system utilized. Also list all pesticides, herbicides, soil conditioners and fertilizers used at this site, and provide MSDS Sheets for each agent list. Continue on additional sheets if necessary.

Section XIX: Biological Toxicity Testing Data

XIX. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

Yes (identify the test(s) and describe their purpose) No (go to Item XX)

Or, you can attach a document: Paper Electronic

Section XX: Sampling and Analysis Information

XX. SAMPLING AND ANALYSIS INFORMATION

A. Sampling Method: Briefly describe procedure followed including type of equipment or collection apparatus used.

B. Were sample preservatives used? Yes No

C. Was the latest approved edition of Standard Methods used during analysis?
 Yes (go to XX-E) No (complete Item XX-D)

D. Describe method used during analysis.

E. Outlet Sampled F. Time Sampled G. Date Sampled H. Date Analyzed I Name and Address of Laboratory

J. Has the laboratory in Item XX-I received any required certification to perform the waste analysis associated with this application?
 Yes (complete Item XX-K) No (go to Item XX-L)

K. Provide the name and address of certifying agency.

L. Has any Performance Audit Inspection (PAI) been performed at the laboratory listed in Item XX-I?
 Yes (complete Item XX-M) No (go to Item XXI)

M. Provide the name and address of the agency conducting the audit and the date of the most recent audit performed.

Section XXI: Sludge Disposal

Does or will your facility generate sludges, other solid wastes, or other pollutants for disposal?
 Yes (complete A and B below) No (go to XXII)

A. Describe method of disposal (landfill, incineration, other)

B. Submit name, location, Agency issuing permit for landfill and attach letter of acceptance of wastes from disposal operator if other than "on-site".

Section XXI Waste: Industrial Solid Waste Disposal Facility.

A. Is this application being submitted to obtain a permit to operate and/or monitor an Industrial Solid Waste Disposal Facility?
 Yes No
 Please complete and attach the Application Requirements for a Class F Industrial Solid Waste Facility document.

Section XXII: Operation and Maintenance

A. Has a Best Management Practice (BMP) plan been developed for your facility?
 Yes No

B. Specify a plan of maintenance for each treatment unit described in Item XIV-B.
 Or, attach a document Paper Electronic

1. Outlet Number	2. Treatment Unit	3. Plan of Maintenance
<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>

C. Describe means of coping with inplant spills and upsets and practices to be employed during idle periods caused by power failures, repairs, etc. in the treatment units.

D. Describe provisions for coping with spills at barge, rail or truck loading and unloading facilities.

Section A: GPP Facility

1. Name and Address of Facility

a. Facility Name:

Rockwool USA, Inc. RAN-5 Facility

b. Location (Street or Highway):

665 Northport Avenue

City:

Kearneysville

Postal Code:

25430

PostalCode Ref.

Facility Telephone Number:

662-851-4734 (###-###-####)

c. County:

Jefferson

d. Latitude:

Degrees: 39 Minutes: 22 Seconds: 48 N (ss.ssss)

Longitude:

Degrees: 77 Minutes: 52 Seconds: 41 W (ss.ssss)  Interactive Mapper

Geospatial Method:

Satellite/Aerial Photo

Datum:

NAD83

Is the Mailing Address of this Facility different from Facility Address?

e. Facility Address:

Address Line 1:

Address Line 2:

Address City:

Address State:

Address Postal Code:

PostalCode Ref.

Email Address:

Country:

United States of America

2. Person Developing the GPP

a. Name:

ERM

b. Address Line 1:

204 Chase Drive

Address Line 2:

Address City:

Hurricane

Address State:

WV

Address Postal Code:

25526

PostalCode Ref.

c. Telephone No.:

304-410-9200 (###-###-####)

Email Address:

Country:

United States of America

3. Person Responsible for Implementing GPP

a. Name:

Mark Graves

b. Address Line 1:

665 Northport Avenue

Address Line 2:

Address City:

Kearneysville

Address State:

WV

Address Postal Code:

25430

PostalCode Ref.

c. Telephone No.:

304-961-0014 (###-###-####)

d. Email Address:

4.

Brief Description of Facility Operation:

See attachment

Section B: GPP Section B

2. Person Developing GPP

List all the activities that are conducted at your facility that require a GPP (grading, concrete/asphalt work, painting, stucco, storing fuel, fertilizer and other chemicals, etc.). List actual activities; do not quote the regulation.

See document attached

Say: store diesel fuel in 1,000-gallon underground storage tank.

Don't say: "Storing, treating, disposing, or related handling of hazardous waste.....in tanks, drums, or other containers, or in piles."

Include all activities at your site subject to the regulation, even if protective practices are already being implemented.

See document attached

Give complete details about aboveground and underground tanks, including

- 1. Number of each type of tank
- 2. Capacity of each tank
- 3. Identification of contents of each tank

See document attached

Section C: GPP Section C

For each activity listed in Section B, describe the practice (BMP) that will be used to protect groundwater. The BMPs must be described. Simply stating that BMPs will be used is unacceptable.

Practices in SPCC or Storm Water Pollution Prevention Plans (SWPPP) may be used in the GPP provided, that they are equally protective of groundwater.

Include all activities at your site subject to the regulation, even if protective practices are already being implemented.

Information about secondary containment for ASTs must include the kind of material (metal, concrete, asphalt) making up the floor and berms (sides) of the containment area.

Tanks that are double-walled are considered secondarily contained.

See document attached

Section D: GPP Section D

The GPP must be implemented upon approval.

Having a GPP on file in an office somewhere does not keep a facility in compliance WV0115924. The GPP must be retained and implemented at the site for which it was developed.

Procedures for protecting groundwater when designing and adding new equipment and operations. Adequate design of these operations should be considered in the GPP when making changes in areas of karst, wetlands, faults, subsidence, areas determined by the Bureau for Public Health to be delineated wellhead protection areas, or other areas determined by the Director to be vulnerable based upon geologic or hydrogeologic information.

The permittee must revise the GPP within 30 calendar days to address any newly delineated areas or other vulnerable areas upon notification by the Director or the Bureau for Public Health.

See document attached

Section E: GPP Section E

- You are developing a Groundwater Protection Plan; therefore, training must focus on groundwater protection. Training must include educating the employees about the importance of groundwater protection and include all aspects of the GPP. Briefly describe topics to be covered in training the employees about groundwater protection practices.
- Procedures for protecting groundwater when designing and adding new equipment and operations. Adequate design of these operations should be considered in the GPP when making changes in areas of karst, wetlands, faults, subsidence, areas determined by the Bureau for Public Health to be delineated wellhead protection areas, or other areas determined by the Director to be vulnerable based upon geologic or hydrogeologic information.
- The permittee must revise the GPP within 30 calendar days to address any newly delineated areas or other vulnerable areas upon notification by the Director or the Bureau for Public Health.

See document attached

Section F: GPP Section F

- Inspections are conducted to insure that the practices selected to prevent groundwater pollution are being used and are properly functioning.
- State the frequency of the inspections and what is to be inspected.
 - Include an Inspection Checklist. The checklist is documentation that you are implementing the GPP. The checklist must include date, name of inspector, what is to be inspected, observations, actions taken, if any.

see document attached

Section G: GPP Section G

- Waste material will not be used for deicing, fill, or any other use, unless that use is allowed by regulation or permit.

See document attached

Section H: GPP Section H

- Material Safety Data Sheets or Safety Data Sheets shall be provided for all chemicals, or substances, used or stored on site.

See document attached

Section I: GPP Section I

- Provide all available groundwater quality data for the facility as well as well locations or other sampling points.

See document attached

Section J: GPP Section J

- (a) Sinkhole Mitigation shall be carried out according to the WVDEP Sinkhole Mitigation Guidance Document (August 2005, revised 2018), or other applicable standards as recommended by the G or PE and approved by the West Virginia Department of Environmental Protection (WVDEP).

Design Requirements

1. The location of all sinkholes shall be shown on the existing conditions scale drawing, included with the preliminary plan submission. The edge of the sinkhole is to be considered the last closed contour based on five foot (5') contour mapping.
2. All sinkholes identified prior to construction shall be either remediated or separated from construction by a minimum one hundred-feet (100').
3. Remediation shall be carried out under the direction of a qualified Geologist or Geotechnical Engineer. Mitigation shall be carried out according to the WVDEP Sinkhole Management Guidance Document (August 2005 et. seq.), or other applicable standards as recommended by the G or PE and approved by the WVDEP.
4. Any improvements planned to fall within one hundred feet (100') of any sinkhole (remediated or not), shall require a thorough subsurface investigation conducted by a qualified G or PE to ensure that the planned improvements do not present a threat to human health, safety, or the environment. Should these investigations detect previously unknown sinkhole features, paragraph 2 applies.
5. For any subsurface investigations requiring boreholes, such as air track drilling or rock coring, the boreholes must be grouted upon completion. All air track drilling operations used to determine the depth of overburden and continuity of bedrock shall be monitored full-time by a G or PE or other qualified individual.
6. Underground utilities located within one-hundred feet (100') of a karst feature, then a dike of clay or other suitable material shall be placed across the trench at twenty-foot (20') intervals or less along the entire length which passes through the one hundred foot (100') radius, or as directed by a G or PE.
7. Do not apply any fertilizer, pesticides, or other chemicals within at least one-hundred feet (100') of a sinkhole.
8. Immediately (within 24 hours) after disturbing any soil, lightly fertilize, seed, and mulch the area to control erosion. A geotextile may be needed on steep slopes.
9. At least one subsurface cross section should be submitted with the storm water plan, showing confining layers, depth to bedrock, and water table, if encountered. It should extend through the centerline of any proposed impounding storm water facility.
10. Natural karst swales should be protected whenever possible as an effective element in storm water design in karst regions.

See attached

Certification: GPP Certification

- The person who can make the managerial and/or financial decisions that are required to implement your plan should be the one signing the certification statement.
- Use the following certification statement verbatim.

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.


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.

Use the following certification statement verbatim.

Designated Representative:

Title:

Signature: _____

Date: 

Please Print, Sign, Scan and attach this document rather than mailing as a wet ink signature is no longer required.