



**APPLICATION FOR INDUSTRIAL WASTEWATER  
PRETREATMENT (IWP) PERMIT**

State Form 50271 (R3 / 7-22)

Approved by State Board of Accounts, 2022

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**IDEM - Office of Water Quality**

**Attn: Cashier**

Pretreatment Section

100 N. Senate Avenue

Indianapolis, IN 46204

Phone: (317) 232- 8603 or toll-free

1-800-451-6027 (Indiana Residents Only)

<http://www.in.gov/idem/water/permits/>

**INSTRUCTIONS**

- **This form must be accompanied by state form 49456.** You may find state form 49456 at <http://www.in.gov/icpr/webfile/formsdiv/49456.pdf>. Both forms must be submitted together.
- Unless stated otherwise, all items are to be filled out completely. Your application will not be considered complete unless every question is answered on this form. If an item is not applicable, indicate by noting "NA" to show that you considered the question.
- Depending upon the adequacy of the data submitted for determining issuance of a permit, additional information may be required. Please read all questions and attached information prior to completing this application.
- You can fill out this form electronically, using the mouse and keyboard. Simply click inside of the first form field to begin, and advance to the next fields using the "tab" key on your keyboard, or by clicking in the fields with your mouse. Print the completed form, and submit it to IDEM, OWQ with any additional documentation in your application packet.
- As required by 327 IAC 5-21-12, a \$100 application fee is required for new or renewal applications. A \$50 application fee is required for modification requests. Please enclose a check or money order payable to the Indiana Department of Environmental Management with this form and any supporting attachments and documentation and mail the application package to the address listed in the upper-right side of this page.
- This application must be submitted in accordance with 327 IAC 5-21-3, including the time frames thereof.

**Type of IWP Permit**

- New
- Renewal
- Modification

**IWP PERMIT NUMBER**

**PART A: APPLICANT ADDRESS AND CONTACT(S)**

**FACILITY/OPERATION**

1. Facility name:

2. Mailing address:

|       |         |        |           |
|-------|---------|--------|-----------|
| City: | County: | State: | ZIP Code: |
|-------|---------|--------|-----------|

3. Facility phone number:

4. Facility e-mail address (optional):

5. Address of operation:

|       |        |           |
|-------|--------|-----------|
| City: | State: | ZIP Code: |
|-------|--------|-----------|

**DESIGNATED FACILITY CONTACT PERSON**

6. Designated contact name (first, last):

7. Title:

8. Mailing address:

|       |        |           |
|-------|--------|-----------|
| City: | State: | ZIP Code: |
|-------|--------|-----------|

9. Phone number:

10. E-mail address (optional):

**DESIGNATED SIGNATORY AUTHORITY**

**NOTE:** Signatory Authorization is defined in 327 IAC 5-16-5(b)

11. Designated signatory authority name (first, last):

12. Title:

13. Address:

|       |        |           |
|-------|--------|-----------|
| City: | State: | ZIP Code: |
|-------|--------|-----------|

14. Phone number:

15. E-mail address (optional):

(Continued on page 2)

|   |                                |           |
|---|--------------------------------|-----------|
| <b>RECEIVING POTW:</b>  |                                |           |
| 16. Contact Name:   | 17. Title:                     |           |
| 18. Address:  |                                |           |
| City:   | State:                         | ZIP Code: |
| 19. Phone number:   | 20. E-mail address (optional): |           |
| <b>PART B: OPERATING SCHEDULE</b>   |                                |           |
| <b>SHIFT INFORMATION</b>  |                                |           |
| 21. Days of operation ( <i>check all that apply</i> ): <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.  |                                |           |
| 22. Hours per day of operation:   |                                |           |
| 23. Number of shifts per day:   |                                |           |
| 24. Total number of employees per shift:  |                                |           |
| <b>DURATION OF OPERATION</b>  |                                |           |
| 25. Date that facility began (or will begin) operation ( <i>mm / dd / yyyy</i> ):   |                                |           |
| 26. Indicate whether the operation is (will be):  |                                |           |
| <input type="checkbox"/> a. Continuous throughout the year<br><input type="checkbox"/> b. Seasonal (check the boxes below corresponding with the months of active production)<br><input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. |                                |           |
| <b>CLOSED-LOOP OPERATIONS</b>   |                                |           |
| 27. Describe any closed-loop operations:  |                                |           |
|   |                                |           |
| 28. Does this water ever contact the product? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                |           |
| 29. Does the system ever discharge to the city sewer? <input type="checkbox"/> Yes* <input type="checkbox"/> No   |                                |           |
| <b>*If yes,</b><br>a. How often? _____<br>b. How much? _____<br>c. Is this water pretreated? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                |           |

(Continued on page 3)

**PART C: PROCESS DESCRIPTION**

30. Describe the product(s) manufactured or service(s) provided:

31. Provide a detailed description of the manufacturing process(es) or service activities conducted on premises, especially those processes that involve or generate wastewater (use additional sheets if necessary).

(Continued on page 4)

**PART C: PROCESS DESCRIPTION (CONTINUED)**

32. List chemicals and metals used in processes (raw materials):

- |           |           |
|-----------|-----------|
| 1) _____  | 2) _____  |
| 3) _____  | 4) _____  |
| 5) _____  | 6) _____  |
| 7) _____  | 8) _____  |
| 9) _____  | 10) _____ |
| 11) _____ | 12) _____ |
| 13) _____ | 14) _____ |
| 15) _____ | 16) _____ |
| 17) _____ | 18) _____ |
| 19) _____ | 20) _____ |

33. If production-based standards apply, list the amount of production (in units expressed by the standards) that passes through (or will pass through) each process that is subject to a standard (attach list if needed):

**PART D: INTAKE WATER INFORMATION**

34. In the table below, list intake water sources and volumes:

|           | <b>SOURCE</b>                                   | <b>VOLUME (GPD)</b> |
|-----------|---|---------------------|
| <b>a.</b> | Municipal Water System*<br>*Specify City: _____ |                     |
| <b>b.</b> | Private Well                                    |                     |
| <b>c.</b> | Surface Water                                   |                     |
| <b>d.</b> | Other**<br>**Specify: _____                     |                     |

(Continued on page 5)

**PART E: WATER LOSS INFORMATION**

35. For the following items, provide the average volume of discharge or water loss (GPD).

a. Natural outlet or storm sewer: \_\_\_\_\_ GPD

i) Do you have an NPDES permit for the discharge to the Natural Outlet or Storm Sewer?

Yes\*  No

ii) \*If yes, provide the permit number: \_\_\_\_\_

b. Waste hauler: \_\_\_\_\_ GPD

c. Evaporation: \_\_\_\_\_ GPD

d. Contained in product: \_\_\_\_\_ GPD

e. Other\*: \_\_\_\_\_ GPD

\*Specify:

**PART F: WASTEWATER DISCHARGE(S) TO SANITARY OR COMBINED SEWERS**

36. For each line to the municipal sewer, list average wastewater discharge (*actual, expected or potential - please specify by checking the appropriate box*) from the following sources prior to pretreatment (*if any*). With a checkmark, indicate the Outfall to which the waste-stream discharges (*if there are additional outfalls, please attach additional copies of this page of the form*):

|    | Source                                   | WW Discharge Volume (GPD) | Volume Based On (Check One)  | Outfall #1               | Outfall #2               | Outfall #3               |
|----|--|---------------------------|--|--------------------------|--------------------------|--------------------------|
| a. | Process Waste-stream #1                  |                           | <input type="checkbox"/> Actual Volume<br><input type="checkbox"/> Expected Volume | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Process Waste-stream #2                  |                           | <input type="checkbox"/> Actual Volume<br><input type="checkbox"/> Expected Volume | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Process Waste-stream #3                  |                           | <input type="checkbox"/> Actual Volume<br><input type="checkbox"/> Expected Volume | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Pretreatment Discharge (if any)          |                           | <input type="checkbox"/> Actual Volume<br><input type="checkbox"/> Expected Volume | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Boiler Blowdown                          |                           | <input type="checkbox"/> Actual Volume<br><input type="checkbox"/> Expected Volume | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Non-contact Cooling Water (once through) |                           | <input type="checkbox"/> Actual Volume<br><input type="checkbox"/> Expected Volume | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Sanitary Water                           |                           | <input type="checkbox"/> Actual Volume<br><input type="checkbox"/> Expected Volume | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | Other<br>Specify: _____                  |                           | <input type="checkbox"/> Actual Volume<br><input type="checkbox"/> Expected Volume | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Include an attachment describing how each flow (36 a.-h. above) is generated

(Continued on page 6)

**PART G: WASTEWATER DISCHARGE(S) TO SANITARY OR COMBINED SEWERS (DETAILS)**

37. Is the discharge to the sewer?

a. Continuous

b. batch\*

\*If batch discharge,

i) Provide the frequency of discharge occurrence: \_\_\_\_\_

ii) What is the average volume (in gallons) of each batch? \_\_\_\_\_

38. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

a. Flow metering equipment  Yes<sup>1</sup>  No  N/A

b. Sampling equipment  Yes<sup>1</sup>  No  N/A

39. If "Yes" for item #38a or #38b, describe the type of flow meter(s) and sampling equipment.

40. Are any process changes or expansions planned in the immediate future that could alter wastewater volumes or characteristics? (Consider production processes as well as air or water pollution treatment processes that may affect the discharge).

Yes  No

41. Are any materials or water reclamation systems in use or planned?

Yes<sup>2</sup>  No

42. \*\*If "Yes" for Item #41, describe the recovery process, substances recovered, percent recovered, and the concentrations in the spent solution. Submit a flow diagram for each process. (Attach additional sheets if needed):

**PART H: CHARACTERISTICS OF DISCHARGE**

**BUILDING LAYOUT**

Submit scale drawings (or blueprints) showing the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), and public sewers. Show existing and/or proposed sampling locations.

**SCHEMATIC FLOW DIAGRAM**

For each major activity in which wastewater is or will be generated, on an attached sheet, draw a diagram of the flow of materials, products, water, and wastewater from start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities or new dischargers may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the community sewer.

(Continued on page 7)

<sup>1</sup> If the facility has, or will have, automatic sampling equipment or continuous wastewater flow metering equipment, please indicate the present or future location of this equipment on the sewer schematic (Part H: Schematic Flow Diagram).

<sup>2</sup> If Yes, attach a description of these changes and their effects on the wastewater volume and characteristics.

**PART I: SEWER INFORMATION**

**Existing Facility**

43. If source is not connected to sanitary sewer, has the source applied for sanitary sewer hookup?  
 Yes  No

**NEW FACILITY OR NEW DISCHARGER**

44. Will the source be connected to the public sanitary sewer system?  
 Yes  No

**PART J: TREATMENT**

45. Is any form of wastewater treatment practiced at this facility?  
 Yes  No

46. Do you have a certified operator for your pretreatment facility?  
 Yes  No

47. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the immediate future?  
 Yes\*  No

\*If yes, please describe:

48. Description of Pretreatment:  
Include step-by-step procedure, including any process equipment, design capacity, and operating conditions. Attach a process-flow diagram of the pretreatment.

Attach a process-flow diagram of the pretreatment.

**PART K: SAMPLING DATA**

49. Attach any representative sampling data<sup>3</sup> pertaining to the facility discharge to the sewer system. Explain below and/or in the attachment(s) where and when the sampling was accomplished, what type of sample was taken (i.e., grab, composite), and how many samples were analyzed. Be sure the sampling and analytical methods conform to 40 CFR Part 136. If they do not, indicate what method was used.

Attach any sampling data<sup>3</sup> pertaining to the facility discharge to the sewer system.

(Continued on page 8)

<sup>3</sup>

If no sampling data is available, testing must be performed on the discharge for any pollutant believed to be present. The sample must be a 24-hour composite taken during normal production activity and/or representing typical wastewater flows. A representative list of pollutants is contained in Table I (on page 10 of this application). Please check the pollutants you know or suspect of being in your discharge. New facilities should use the table to indicate what pollutants will be present or suspected to be present in proposed wastestreams.

**PART L: SPILL PREVENTION**

50. Do you have chemical storage containers, bins, or ponds at your facility?

Yes  No

51. Do you have floor drains in your manufacturing or chemical storage area(s)?

Yes\*\*  No

\*\*If yes, identify where they discharge to:

► Attach a list of the types and quantity of chemicals used or planned for use. Copies of Manufacturer's Safety Data Sheets (MSDS) may be requested for additional information.

**PART M: NON-DISCHARGED WASTES**

52. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

Yes\*  No

\*If YES, provide the following information (attach additional sheets if necessary):

|    | <b>Waste(s) Generated</b> | <b>Quantity</b><br>(per year; specify units) | <b>Disposal Method</b> |
|----|---------------------------|--|------------------------|
| a. |                           |  |                        |
| b. |                           |  |                        |
| c. |                           |  |                        |
| d. |                           |  |                        |
| e. |                           |  |                        |
| f. |                           |  |                        |
| g. |                           |  |                        |
| h. |                           |  |                        |
| i. |                           |  |                        |
| j. |                           |  |                        |

**PART N: ADMINISTRATIVE OPERATIONS AND PROCEDURES ACT (AOPA)**

► On copies of the form entitled, "Identification Of Potentially Affected Persons" (Form # 49456) (available from the IDEM Office of Water Quality or on the Internet at <http://www.IN.gov/icpr/webfile/formsdiv/49456.pdf> ), list the names and addresses of all persons who, to your knowledge, may be potentially affected by the discharge from your facility. The AOPA (Administrative Operations And Procedures Act) requires such parties to be individually notified by IDEM when the proposed and final permit is public noticed. Persons not notified may have the final permit rendered null and void if they have been substantially prejudiced by the lack of notice.

(Continued on page 9)



**PART O: AUTHORIZED REPRESENTATIVE STATEMENT**

"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."

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone # ((xxx) xxx-xxxx)

**TABLE 1: POLLUTANTS OF CONCERN**

**PRIORITY POLLUTANTS LIST**  
(40 CFR 403, APPENDIX B)

| <b>HEAVY METALS AND INORGANICS</b>        |                                    | <b>TOXIC ORGANICS: AROMATICS</b>                                |   |
|---|------------------------------------|---|---|
| <input type="checkbox"/>                  | Antimony (Sb)md                    | <input type="checkbox"/>  | Benzene                                     |
| <input type="checkbox"/>                  | Arsenic (As)                       | <input type="checkbox"/>  | Benzene, chloro-                            |
| <input type="checkbox"/>                  | Asbestos                           | <input type="checkbox"/>  | Benzene, 1,2-dichloro-                      |
| <input type="checkbox"/>                  | Beryllium (Be)                     | <input type="checkbox"/>  | Benzene, 1,3-dichloro-                      |
| <input type="checkbox"/>                  | Cadmium (Cd)                       | <input type="checkbox"/>  | Benzene, 1,4-dichloro-                      |
| <input type="checkbox"/>                  | Chromium (Cr)                      | <input type="checkbox"/>  | Benzene, hexachloro-; HCB                   |
| <input type="checkbox"/>                  | Copper (Cu)                        | <input type="checkbox"/>  | Benzene, ethyl-                             |
| <input type="checkbox"/>                  | Cyanides (CN)                      | <input type="checkbox"/>  | Benzene, nitro-                             |
| <input type="checkbox"/>                  | Lead (Pb)                          | <input type="checkbox"/>  | Toluene                                     |
| <input type="checkbox"/>                  | Mercury (Hg)                       | <input type="checkbox"/>  | Toluene, 2,4-dinitro-; DNT                  |
| <input type="checkbox"/>                  | Nickel (Ni)                        | <input type="checkbox"/>  | Toluene, 2,6-dinitro-                       |
| <input type="checkbox"/>                  | Selenium (Se)                      | <input type="checkbox"/>  | Benzene, 1,2,4-trichloro-                   |
| <input type="checkbox"/>                  | Silver (Ag)                        | <b>TOXIC ORGANICS: POLYNUCLEAR AROMATIC HYDROCARBONS (PAHs)</b> |   |
| <input type="checkbox"/>                  | Thallium (Tl)                      |   |   |
| <input type="checkbox"/>                  | Zinc (Zn)                          |   |   |
| <b>TOXIC ORGANICS: ETHERS</b>             |                                    | <input type="checkbox"/>  | 2-Chloronaphthalene                         |
| <input type="checkbox"/>                  | Ether, bis(2-chloroethyl)          | <input type="checkbox"/>  | Benzo (a) anthracene                        |
| <input type="checkbox"/>                  | Ether, bis(2-chloroisopropyl)      | <input type="checkbox"/>  | Benzo (b) fluoranthene; B(b)F               |
| <input type="checkbox"/>                  | Ether, 2-chloroethyl vinyl         | <input type="checkbox"/>  | Benzo (k) fluoranthene; B(k)F               |
| <input type="checkbox"/>                  | Ether, 4-chlorophenyl phenyl       | <input type="checkbox"/>  | Benzo (a) pyrene; B(a)P                     |
| <input type="checkbox"/>                  | Ether, 4-bromophenyl phenyl        | <input type="checkbox"/>  | Ideno (1,2,3-cd) pyrene; IP                 |
| <input type="checkbox"/>                  | Bis (2-chloroethoxy) methane       | <input type="checkbox"/>  | Dibenzo (a,h) anthracene; DBA               |
| <b>TOXIC ORGANICS: PHTHALATES</b>         |                                    | <input type="checkbox"/>  | Benzo (ghi) perylene                        |
| <input type="checkbox"/>                  | Phthalate, dimethyl; DMP           | <input type="checkbox"/>  | Acenaphthene                                |
| <input type="checkbox"/>                  | Phthalate, diethyl; DEP            | <input type="checkbox"/>  | Acenaphthylene                              |
| <input type="checkbox"/>                  | Phthalate, di-n-butyl; DBP         | <input type="checkbox"/>  | Anthracene                                  |
| <input type="checkbox"/>                  | Phthalate, di-n-octyl; DOP         | <input type="checkbox"/>  | Chrysene                                    |
| <input type="checkbox"/>                  | Phthalate, bis(2-ethylhexyl); DEHP | <input type="checkbox"/>  | Fluoranthene                                |
| <input type="checkbox"/>                  | Phthalate, butyl benzyl; BBP       | <input type="checkbox"/>  | Fluorene                                    |
| <b>TOXIC ORGANICS: NITROGEN COMPOUNDS</b> |                                    | <input type="checkbox"/>  | Naphthalene                                 |
| <input type="checkbox"/>                  | Nitrosamine, dimethyl-             | <input type="checkbox"/>  | Phenanthrene                                |
| <input type="checkbox"/>                  | Nitrosamine, diphenyl-             | <input type="checkbox"/>  | Pyrene                                      |
| <input type="checkbox"/>                  | Nitrosamine, di-n-propyl-          | <b>TOXIC ORGANICS: PCB's</b>                                    |   |
| <input type="checkbox"/>                  | Benzidine                          | <input type="checkbox"/>  | PCB-1016; Aroclor 1016                      |
| <input type="checkbox"/>                  | Benzidine, 3,3'-dichloro-          | <input type="checkbox"/>  | PCB-1221; Aroclor 1221                      |
| <input type="checkbox"/>                  | Hydrazine, 1,2-diphenyl-           | <input type="checkbox"/>  | PCB-1232; Aroclor 1232                      |
| <input type="checkbox"/>                  | Acrylonitrile                      | <input type="checkbox"/>  | PCB-1242; Aroclor 1242                      |
| <b>TOXIC ORGANICS: PHENOLS</b>            |                                    | <input type="checkbox"/>  | PCB-1248; Aroclor 1248                      |
| <input type="checkbox"/>                  | Phenol                             | <input type="checkbox"/>  | PCB-1254; Aroclor 1254                      |
| <input type="checkbox"/>                  | Phenol, 2-chloro                   | <input type="checkbox"/>  | PCB-1260; Aroclor 1260                      |
| <input type="checkbox"/>                  | Phenol, 2,4-dichloro-; 2,4-DCP     | <b>TOXIC ORGANICS: HALOGENATED ALIPHATIC HYDROCARBONS</b>       |   |
| <input type="checkbox"/>                  | Phenol, 2,4,6-trichloro-           | <input type="checkbox"/>  | Methane, chloro-; methyl chloride           |
| <input type="checkbox"/>                  | Phenol, pentachloro-; PCP          | <input type="checkbox"/>  | Methane, dichloro-; Methylene chloride      |
| <input type="checkbox"/>                  | Phenol, 2-nitro-                   | <input type="checkbox"/>  | Methane, trichloro-; chloroform             |
| <input type="checkbox"/>                  | Phenol, 4-nitro-                   | <input type="checkbox"/>  | Methane, tetrachloro-; Carbon tetrachloride |
| <input type="checkbox"/>                  | Phenol, 2,4-dinitro-; 2,4-DNP      | <input type="checkbox"/>  | Methane, bromo-; methyl bromide             |
| <input type="checkbox"/>                  | Phenol, 2,4-dimethyl-              | <input type="checkbox"/>  | Methane, dichlorobromo-                     |
| <input type="checkbox"/>                  | m-Cresol, p-chloro-                | <input type="checkbox"/>  | Methane, chlorodibromom-                    |
| <input type="checkbox"/>                  | o-Cresol, 4,6-dinitro-; DNOC       | <input type="checkbox"/>  | Methane, tribromo-; bromoform               |
|   |                                    | <input type="checkbox"/>  | Ethane, chloro-                             |

**TABLE 1: POLLUTANTS OF CONCERN (CONTINUED)**

|   |   |   |                                 |
|---|---|---|---------------------------------|
| <input type="checkbox"/>                    | Ethane, 1,1-dichloro-                             | <input type="checkbox"/>  | Biochemical Oxygen Demand (BOD) |
| <input type="checkbox"/>                    | Ethane, 1,2-dichloro-                             | <input type="checkbox"/>  | pH (Acid or Base)               |
| <input type="checkbox"/>                    | Ethane, 1,1,1-trichloro-                          | <input type="checkbox"/>  | Total Suspended Solids (TSS)    |
| <input type="checkbox"/>                    | Ethane, 1,1,2-trichloro-                          | <input type="checkbox"/>  | Oil and Grease (O&G)            |
| <input type="checkbox"/>                    | Ethane, 1,1,2,2-tetrachloro-                      | <b>NONCONVENTIONAL POLLUTANTS OF CONCERN:<br/>(NOT LISTED AS TOXIC OR CONVENTIONAL)</b> |                                 |
| <input type="checkbox"/>                    | Ethane, hexachloro-                               |   |                                 |
| <input type="checkbox"/>                    | Ethylene, chloro-; Vinyl Chloride                 | <input type="checkbox"/>  | Ammonia (NH <sub>3</sub> )      |
| <input type="checkbox"/>                    | Ethylene, 1,1-dichloro-; 1,1-DCE                  | <input type="checkbox"/>  | Chlorides (Cl-1)                |
| <input type="checkbox"/>                    | Ethylene, 1,2-trans-dichloro-                     | <input type="checkbox"/>  | Sulfides (S-2)                  |
| <input type="checkbox"/>                    | Ethylene, trichloro-; TCE                         | <input type="checkbox"/>  | Total Dissolved Solids (TDS)    |
| <input type="checkbox"/>                    | Ethylene, tetrachloro-; Perchloroethylene         | <input type="checkbox"/>  | Phosphate (PO <sub>4</sub> )    |
| <input type="checkbox"/>                    | Propane, 1,2-dichloro-                            | <input type="checkbox"/>  | Chemical Oxygen Demand (COD)    |
| <input type="checkbox"/>                    | Propylene, 1,3-dichloro-                          |   |                                 |
| <input type="checkbox"/>                    | Butadiene, hexachloro-; HCBd                      |   |                                 |
| <input type="checkbox"/>                    | Cyclopentadiene, hexachloro-; HCCPD               |   |                                 |
| <b>TOXIC ORGANICS: PESTICIDES</b>           |   |   |                                 |
| <input type="checkbox"/>                    | alpha-Endosulfan                                  |   |                                 |
| <input type="checkbox"/>                    | Endosulfan sulfate                                |   |                                 |
| <input type="checkbox"/>                    | beta-Endosulfan                                   |   |                                 |
| <input type="checkbox"/>                    | Hexachlorocyclohexanes:                           |   |                                 |
| <input type="checkbox"/>                    |   |   |                                 |
| <input type="checkbox"/>                    |   |   |                                 |
| <input type="checkbox"/>                    |   |   |                                 |
| <input type="checkbox"/>                    |   |   |                                 |
| <input type="checkbox"/>                    | alpha-BHC   |   |                                 |
| <input type="checkbox"/>                    | beta-BHC  |   |                                 |
| <input type="checkbox"/>                    | gamma-BHC   |   |                                 |
| <input type="checkbox"/>                    | delta-BHC; Lindane                                |   |                                 |
| <input type="checkbox"/>                    | Aldrin; HHDN                                      |   |                                 |
| <input type="checkbox"/>                    | Dieldrin; HEOD                                    |   |                                 |
| <input type="checkbox"/>                    | 4,4'-DDE  |   |                                 |
| <input type="checkbox"/>                    | 4,4'-DDT; p,p'-DDT                                |   |                                 |
| <input type="checkbox"/>                    | 4,4'-DDD; p,p'-DDD; p,p'-TDE                      |   |                                 |
| <input type="checkbox"/>                    | Endrin  |   |                                 |
| <input type="checkbox"/>                    | Endrin aldehyde                                   |   |                                 |
| <input type="checkbox"/>                    | Heptachlor  |   |                                 |
| <input type="checkbox"/>                    | Heptachlor epoxide                                |   |                                 |
| <input type="checkbox"/>                    | Chlordane   |   |                                 |
| <input type="checkbox"/>                    | Toxaphene   |   |                                 |
| <b>TOXIC ORGANICS: OXYGENATED COMPOUNDS</b> |   |   |                                 |
| <input type="checkbox"/>                    | Acrolein  |   |                                 |
| <b>TOXIC ORGANICS: MISCELLANEOUS</b>        |   |   |                                 |
| <input type="checkbox"/>                    | Isophorone  |   |                                 |
| <input type="checkbox"/>                    | 2,3,7,8-tetrachlorodibenzo-p-dioxin; TCDD; dioxin |   |                                 |

## APPENDIX: CONTACT PEOPLE AND MAILING ADDRESSES

The Office of Water Quality has a contact person for each of the areas that apply to pretreatment. The name and telephone number are listed below for each contact person. Correspondences should be sent to the address below to the attention of the appropriate contact.

**General Address:**

Indiana Department of Environmental Management  
Office of Water Quality  
100 North Senate Avenue  
Indianapolis, Indiana 46204

**Contacts:**

(Direct correspondence to the program areas below by adding "Attention: {Insert Contact Name Listed Below}" to the address)

**For IWP Permits:**

Contact: Industrial NPDES Permits  
Section Telephone: 317/232-8696

**For Construction Permits:**

Contact: Facility Construction  
Section Telephone: 317/232-5579