



APPLICATION FOR INDUSTRIAL WASTEWATER PRETREATMENT (IWP) PERMIT

State Form 50271 (R2 / 9-08)

Approved by State Board of Accounts, 2008
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.
- A \$50 application fee is required with the submission of this form. 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)

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

	SOURCE	VOLUME (GPD)
a.	Municipal Water System* *Specify City: _____	
b.	Private Well	
c.	Surface water	
d.	Other** **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		Actual Volume Expected Volume			
b.	Process Waste-stream #2		Actual Volume Expected Volume			
c.	Process Waste-stream #3		Actual Volume Expected Volume			
d.	Pretreatment Discharge (if any)		Actual Volume Expected Volume			
e.	Boiler Blowdown		Actual Volume Expected Volume			
f.	Non-contact Cooling Water (once through)		Actual Volume Expected Volume			
g.	Sanitary Water		Actual Volume Expected Volume			
h.	Other Specify: _____		Actual Volume Expected Volume			

 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 ¹ | No | N/A |
| b. Sampling equipment | Yes ¹ | 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?

- Yes² 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)

¹ 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).

² 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 data³ 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 data³ pertaining to the facility discharge to the sewer system.

(Continued on page 8)

³If 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):

	Waste(s) Generated	Quantity (per year; specify units)	Disposal Method
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, APENDIX B)

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

TABLE 1: POLLUTANTS OF CONCERN (CONTINUED)

TOXIC ORGANICS: HALOGENATED ALIPHATIC HYDROCARBONS	CONVENTIONAL POLLUTANTS: (LISTED IN 40 CFR 401.16)
Ethane, 1,1-dichloro-	Biochemical Oxygen Demand (BOD)
Ethane, 1,2-dichloro-	pH (Acid or Base)
Ethane, 1,1,1-trichloro-	Total Suspended Solids (TSS)
Ethane, 1,1,2-trichloro-	Oil and Grease (O&G)
Ethane, 1,1,2,2-tetrachloro-	
Ethane, hexachloro-	NONCONVENTIONAL POLLUTANTS OF CONCERN: (NOT LISTED AS TOXIC OR CONVENTIONAL)
Ethylene, chloro-; Vinyl Chloride	Ammonia (NH3)
Ethylene, 1,1-dichloro-; 1,1-DCE	Chlorides (Cl-1)
Ethylene, 1,2-trans-dichloro-	Sulfides (S-2)
Ethylene, trichloro-; TCE	Total Dissolved Solids (TDS)
Ethylene, tetrachloro-; Perchloroethylene	Phosphate (PO4)
Propane, 1,2-dichloro-	Chemical Oxygen Demand (COD)
Propylene, 1,3-dichloro-	
Butadiene, hexachloro-; HCBD	
Cyclopentadiene, hexachloro-; HCCPD	
TOXIC ORGANICS: PESTICIDES	
alpha-Endosulfan	
Endosulfan sulfate	
beta-Endosulfan	
Hexachlorocyclohexanes:	

alpha-BHC	
beta-BHC	
gamma-BHC	
delta-BHC; Lindane	
Aldrin; HHDN	
Dieldrin; HEOD	
4,4'-DDE	
4,4'-DDT; p,p'-DDT	
4,4'-DDD; p,p'-DDD; p,p'-TDE	
Endrin	
Endrin aldehyde	
Heptachlor	
Heptachlor epoxide	
Chlordane	
Toxaphene	
TOXIC ORGANICS: OXYGENATED COMPOUNDS	
Acrolein	
TOXIC ORGANICS: MISCELLANEOUS	
Isophorone	
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 is 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 individuals below by adding "Attention: {Insert Contact Name Listed Below}" to the address)

For IWP Permits:

Contact: Industrial NPDES Permits Section
Telephone: 317/232-8760

For Construction Permits:

Contact: Facility Construction Section
Telephone: 317/232-8645