

# OVERVIEW AND PRELIMINARY EFFLUENT LIMITATIONS APPLICATION

Part of State Form 53912 (R / 7-15)

## **PURPOSE**

*This application form is utilized by the Indiana Department of Environmental Management, Office of Water Quality, and Municipal NPDES Permit Section's staff to gather information necessary to provide the applicant with accurate and timely preliminary effluent limitations for sanitary-type National Pollutant Discharge Elimination System (NPDES) permits. Preliminary effluent limitations are the anticipated effluent limitations for pollutants that will be included in a subsequently issued or modified NPDES permit. These limitations are a pre-requisite to the submittal of an NPDES permit application or a construction permit application. Factors affecting the preliminary effluent limitations include the type of treatment selected, the volume of water discharged, the location of the discharge, the characteristics of the receiving water body, et al.*

*Once preliminary effluent limitations are developed for the proposed activity, a letter including these limitations will be sent to the applicant by this Office. The letter will also include a determination of whether an antidegradation demonstration will be required. Once the applicant has received the preliminary effluent limits letter (and completed an antidegradation demonstration, if required), the applicant may then proceed with the design phase of the project and submit a construction permit application (if required) and then an NPDES permit application or modification request. Applications for both the NPDES permit and the construction permit should include a copy of the preliminary effluent limitations letter sent by this Office.*

## **APPLICATION FEES**

*No fees are required for preliminary effluent limitation applications at this time. Fees are required for NPDES and Construction Permit applications.*

## **REASONABLE SCOPE**

*More than one average design flow, treatment method, or receiving stream scenario may be submitted for preliminary effluent limitation development at one time. However, this Office reserves the right to request refinement of any request which includes multiple scenarios to provide the best use of Office resources to serve all applicants.*

## **APPLICATION DEFICIENCIES**

*If the applicant fails to provide all necessary information, or if unique information is required for the proposed activity, this Office will attempt to obtain the information from the applicant via phone or via mailing in a reasonable time frame. Failure to submit the necessary information requested in a timely manner will result in delays in generating preliminary effluent limitations.*

## **QUESTIONS?**

*For questions or forms related to preliminary effluent limitations, or NPDES permits please call 317-232-8698. For questions or forms related to Construction Permits, please contact staff of the Facility Construction and Engineering Support Section at 317-232-5579.*



# PRELIMINARY EFFLUENT LIMITATION APPLICATION

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF WATER QUALITY – MAIL CODE 65-42  
MUNICIPAL NPDES PERMIT SECTION  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2251

- INSTRUCTIONS:**
1. Mail this completed application to the above address.
  2. For questions or forms related to preliminary effluent limitations or NPDES permits please call 317-232-8698.
  3. For questions or forms related to Construction Permits, please contact staff of the Facility Construction and Engineering Support Section at 317-232-5579.

## PERSON COMPLETING APPLICATION

Name		Title (Consultant, Compliance Manager, etc.)
Mailing address (number and street, city, state, and ZIP code)		
Telephone number(s) ( )	Fax number ( )	E-mail address

## FACILITY RESPONSIBLE PARTY

Name		Title of responsible party (Owner, C.E.O., etc.)
Mailing address (number and street, city, state, and ZIP code)		
Telephone number(s) ( )	Fax number ( )	E-mail address

## FACILITY CERTIFIED OPERATOR (optional)

Name		Certification number
Mailing address of facility (number and street, city, state, and ZIP code)		
Telephone number(s) ( )	Fax number ( )	E-mail address

## FACILITY INFORMATION

Name of facility		Please check one: <input type="checkbox"/> New <input type="checkbox"/> Existing Facility	
Mailing address (number and street, city, state, and ZIP code)			
Telephone number of facility ( )	Fax number of facility ( )	Is the collection system connected to another entity for wastewater treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, identify the entity.			NPDES number of entity
County facility is/will be in		Nearest city or town	
If new facility, list the identity and distance to the nearest publicly-owned wastewater treatment plant's collection system (sewer lines)			If existing facility, NPDES permit number
<i>NOTE: Provide street address as well as latitude and longitude information; also include a copy of a portion of a topographic map as an attachment to this application form which indicates the exact location and/or proposed location(s) of the facility.</i>			
Facility location (Existing and/or proposed location(s))			
<i>NOTE: Use latitude and longitude to describe existing and/or proposed outfall location(s); also include a copy of a portion of a topographic map as an attachment to this application form which indicates the exact location and/or proposed location(s).</i>			
Outfall location (Existing and/or proposed location(s))			

**RECEIVING STREAM**

If an existing facility, provide the name of the stream, lake, drain, etc. that the plant outfall discharges into currently (i.e. "An unnamed ditch to the Wabash River").

If a new facility, or if proposing to relocate the outfall of an existing facility, provide the name of the stream, lake, drain, etc. that the plant outfall is proposed to discharge into.

Type of wastewater to be treated (i.e. sanitary only, commercial and sanitary, sanitary and industrial, landfill leachate, etc.)

If an existing facility, list the current average design flow in Millions of Gallons per Day (MGD)  
MGD

New or Existing Facility, list the proposed average design flow(s) in MGD  
MGD

**TREATMENT FACILITY DESCRIPTION**

*Note: For each type of treatment selected, please provide specific information regarding the type of treatment proposed such as bio-mechanical (i.e. extended aeration, oxidation ditch, sequential batch reactor), or a waste stabilization lagoon, an aerated lagoon, etc. Please specify the type of disinfection equipment to be utilized.*

For each type of treatment selected, please provide specific information regarding the type of treatment proposed.

Type of disinfection equipment to be utilized

**ADDITIONAL INFORMATION**

Please provide any additional information which might be helpful in describing the proposed activity or special concerns. Feel free to attach additional pages as necessary.