



INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM APPLICATION

State Form 52772 (R6 / 3-17)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention & Technical Assistance
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This form is to be used when applying to become a member of the Indiana Environmental Stewardship Program. Please submit the completed application to the Indiana Department of Environmental Management (IDEM) at esp@idem.IN.gov. IDEM will respond to notify that the application has been received. If there are any issues with the completeness or content of this application, you will be contacted.

SECTION A APPLICANT INFORMATION

Name of facility

Name of parent company

Location of facility (*number and street address*)

City, State, and ZIP code

If your facility has multiple buildings or locations, please list the addresses for these buildings and locations:

CONTACT INFORMATION

Name of contact (*Mr. / Mrs. / Ms. / Dr.*)

Title

Telephone number

FAX number

E-mail address

Mailing address (*if different from facility address*)

City, State, and ZIP code

SECTION B ABOUT YOUR FACILITY

Why do we need this information?
IDEM needs background information on your facility to evaluate your application.

What do you need to do?
Provide background information on your facility.

1. What are the primary goods produced or services provided by your facility? _____

2. List your facility's Employer Identification Number (EIN) or Federal Identification Number. _____

3. In what ways have you learned about ESP? (*Select all that apply.*)

- At a professional conference
 Direct Marketing through mailing, phone call, or e-mail
 Environmental consultant
 Internet / Web site
 Other (*please specify*): _____

4. Check all applicable environmental permits and/or regulations that apply to the building(s) and location(s) included in this application and provide the associated permit or identification number. If there is not enough space to provide all the information required, you may submit an attachment.

Clean Air Act

Air registration MSOP FESOP SSOA Title V Permit by Rule

Permit number(s): _____

Clean Water Act

NPDES (i.e., discharge to waters of the state or storm water) Drinking water Local pre-treatment (i.e., discharge to sewer)

Permit number(s): _____

Resource Conservation and Recovery Act

CESQG SQG LQG TSDf

EPA Identification number: _____

State Clean Up Solid Waste ID UST VRP CRTK

Permit number(s): _____

5. Since what date does your facility have ISO14001 certification? (*month, day, year*)

6. How many employees are employed at this facility?

SECTION C

ENVIRONMENTAL IMPROVEMENT INITIATIVE

Why do we need this information?

Facilities need to show they are committed to improving their environmental performance.

What do you need to do?

Refer to the Environmental Performance Table Guidance to complete this section..

1. Narratively describe your environmental initiatives (and the activities or process changes) that you anticipate working on during your ESP membership term:

Year 1: _____

Year 2: _____

Year 3: _____

Year 4: _____

2. What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)?

3. Does this initiative address a significant aspect in your EMS?

Yes

No—If no, please explain why you believe this indicator should be included as an environmental improvement initiative:

4. Select the appropriate boxes in the following table to indicate the **category** and **indicator(s)** representing your Year 1 environmental improvement initiative. For the category and indicator selected, list the **baseline year** (e.g., 2016) and the **future year** (e.g., 2017). Next, list the **baseline annual quantity** (e.g., 5 tons) and the **estimated future annual quantity anticipated** (e.g., 2 tons) you are committing to achieve by the end of the future year.

Category	Indicator	Baseline Year 20_____	Future Year 20_____	Unit
<input type="checkbox"/> Material Procurement	<input type="checkbox"/> Recycled content			Pounds, tons
	<input type="checkbox"/> Hazardous / toxic components			Pounds, tons
<input type="checkbox"/> Suppliers' Environmental Performance	<input type="checkbox"/> Specify indicator: _____			As specified for the particular indicator
<input type="checkbox"/> Material Use	<input type="checkbox"/> Materials used			Pounds, tons
	<input type="checkbox"/> Hazardous materials used			Pounds, tons
	<input type="checkbox"/> Ozone depleting substances used			CFC-11 equivalent pounds
	<input type="checkbox"/> Total packaging materials used			Pounds, tons
<input type="checkbox"/> Water Use	<input type="checkbox"/> Total water used			Gallons
<input type="checkbox"/> Energy Use	<input type="checkbox"/> Electricity			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Steam			kWh / MWh, gallons, ft ³
	<input type="checkbox"/> Natural gas			Btu / MMBtu
	<input type="checkbox"/> Diesel			Gallons
	<input type="checkbox"/> Propane / LPG			Btu / MMBtu, gallons
	<input type="checkbox"/> Gasoline			Gallons
	<input type="checkbox"/> Solar			kWh / MWh
	<input type="checkbox"/> Wind			kWh / MWh
	<input type="checkbox"/> Landfill gas			Btu / MMBtu
	<input type="checkbox"/> Combined heat and power			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Other: _____			_____
<input type="checkbox"/> Land and Habitat	<input type="checkbox"/> Land and habitat conservation			Square feet, acres
	<input type="checkbox"/> Community land revitalization			Square feet, acres
<input type="checkbox"/> Air Emissions	<input type="checkbox"/> Total GHGs			MTCO ₂ E
	<input type="checkbox"/> VOCs			Pounds, tons
	<input type="checkbox"/> NOx, SOx, PM _{2.5} , PM ₁₀ , or CO			Pounds, tons
	<input type="checkbox"/> Air toxics			Pounds, tons
	<input type="checkbox"/> Odor			European Odour Units
	<input type="checkbox"/> Radiation			Curies, Becquerels
	<input type="checkbox"/> Dust			Pounds, tons
<input type="checkbox"/> Discharges to Water	<input type="checkbox"/> COD or BOD			Pounds, tons
	<input type="checkbox"/> Toxics			Pounds, tons
	<input type="checkbox"/> Total suspended solids			Pounds, tons
	<input type="checkbox"/> Nutrients			Pounds, tons of N or P
	<input type="checkbox"/> Sediment from runoff			Pounds, tons
	<input type="checkbox"/> Pathogens			MPN / ml, CFU / ml
<input type="checkbox"/> Non-hazardous Waste <input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Landfill			Pounds, tons
	<input type="checkbox"/> Incineration			Pounds, tons
	<input type="checkbox"/> Reused / recycled off-site			Pounds, tons, gallons
	<input type="checkbox"/> Other: _____			Pounds, tons, gallons
<input type="checkbox"/> Noise	<input type="checkbox"/> Noise			dBA
<input type="checkbox"/> Vibration	<input type="checkbox"/> Vibration			Inches per second
<input type="checkbox"/> Products	<input type="checkbox"/> Expected lifetime energy use			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Expected lifetime water use			Gallons
	<input type="checkbox"/> Expected lifetime waste to air, water, or land from product use			Pounds, tons
	<input type="checkbox"/> Waste to air, water, or land from disposal or recovery			Pounds, tons

5. Normalize Data for Year 1 Initiative

List the **baseline annual production quantity** (e.g., 300,000 production units) and the **estimated future annual production quantity anticipated** (e.g., a projected 10% growth would result in 330,000 production units). Complete the calculations using the formulas provided for the normalization factor and normalized quantity (a negative number represents a reduction).

Production Quantity			
Production unit (<i>select one</i>)	Earned Labor Hours Production lbs.	Production units Other -- specify (e.g. Gallons, length, etc.)	
Normalization factor			
	<i>(Future Year Production Quantity ÷ Baseline Year Production Quantity)</i>		
Normalized quantity			
	<i>(Future Year Indicator Quantity - Baseline Year Indicator Quantity) x Normalization factor</i>		

SECTION D**ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT****Why do we need this information?**

Facilities need to have implemented an EMS that meets certain criteria and use an ISO 14001:2004 EMS Lead Auditor at least every thirty-six (36) months to assess the EMS.

What do you need to do?

Have your ISO 14001:2004 EMS Lead Auditor sign Section D confirming your EMS meets ESP requirements.

1. What was the date of the last independent EMS assessment performed by an ISO 14001 EMS Lead Auditor at this facility (*month/year*)? This date must be within the past thirty-six (36) months to qualify for ESP membership: _____

2. Name, title, and organization of ISO 14001 EMS Lead Auditor that conducted the last EMS assessment:

3. Does the applicant's EMS meet the following criteria for membership (to be completed by the ISO 14001 EMS Lead Auditor)?

- Yes No Evidence of senior management support, commitment, and approval.
- Yes No A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.
- Yes No Identification of the environmental aspects at the entity.
- Yes No Prioritization of the environmental aspects and a determination of those aspects deemed significant considering, at the minimum, environmental impacts and applicable laws and regulations.
- Yes No Established priorities, and environmental objectives and targets for continuous improvement in environmental performance and for ensuring compliance with applicable environmental laws, regulations, and permit conditions. Objectives and targets must go beyond current legal requirements and specify the environmental media, types of pollution to be prevented or reduced, implementation activities, and projected time frames.
- Yes No An established community outreach mechanism that includes identifying and responding to community concerns; informing the community of important matters that affect the community; and reporting on the EMS, including reporting to the public on the environmental policy and significant aspects.
- Yes No Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.
- Yes No Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions.
- Yes No Documentation of the implementation procedures and the results of implementation.
- Yes No Appropriate written EMS procedures.
- Yes No An annual evaluation of the EMS with written results provided to senior management and affected employees.

Name and Signature of EMS Lead Auditor

Date (month, day, year)

Signature of Facility Contact

Date (month, day, year)

4. Were any deficiencies found during the most recent EMS assessment?

- No—If no, skip to Question 4.
- Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency:

5. What type of protocol was used to perform the independent assessment?

- ISO 14001:2004 Certified audit
- ISO 14001:2015 Certified audit
- ESP Independent Assessment Protocol
- Other (*please specify*): _____

6. Is the EMS certified to a recognized standard?

- Yes—If yes, what standard does the EMS follow (*please provide a copy of the most recent certificate*)?

- ISO 14001:2004
- ISO 14001:2015
- Other (*please specify*): _____

No

What do you need to do?

Print and complete this page.

Send a signed copy of this page to IDEM via FAX, mail, or scan and e-mail.

On behalf of _____

I certify that:

- I have read and agree to the terms and conditions for application and participation in the Indiana Environmental Stewardship Program (ESP), as specified in the Indiana Environmental Stewardship Program [guidelines](#) and [application instructions](#);
- I have personally examined, and am, familiar with the information contained in this application, including the [eligibility requirements](#). The information contained in this application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility currently has an environmental management system (EMS), as defined in the Indiana ESP EMS requirements, including systems to maintain compliance with all applicable federal, state, tribal, and local environmental requirements in place at the facility; and the EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all federal, state, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable federal, state, tribal, and local environmental requirements.

I agree that IDEM's decision whether to accept participants into or remove them from the Indiana ESP is wholly discretionary, and I waive any right that may exist under any law to challenge IDEM's acceptance or removal decision. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature of Senior Manager _____ Date (month, day, year) _____

Printed Name (Mr. / Mrs. / Ms. / Dr.) _____

Title _____

Telephone number (_____) _____ - _____ E-mail address _____

Indiana Partners for Pollution Prevention is a free and completely voluntary program made up of Indiana industries, businesses, nonprofit organizations and government entities. The program serves as a forum where member companies can network, share new Pollution Prevention strategies and technologies while receiving recognition from both IDEM and the public.

- Check here if you would like to simultaneously be considered for membership in the Indiana Partners for Pollution Prevention. Upon checking the confirmation box, a representative from the Indiana Partners for Pollution Prevention program will contact you with additional details. (<http://www.in.gov/idem/ppp/>)