

**INDUSTRIAL DISCHARGE PERMIT APPLICATION**

This application needs to be completed as accurately as possible. However, certain items will not apply to all industries. Please note such cases by entering "N/A" in the appropriate blank. Water intake and sewer discharge information is very important. Actual metered figures should be used if at all possible. Estimated usage may be substituted where information is not available.

This application must be submitted to CWA Authority, Inc. at least *sixty (60) days prior to the expiration of an existing permit*. New permittees must also allow sixty (60) days for the issuance of their permit. An application review fee of \$150.00, **payable to the CWA Authority, Inc.**, is required for each application submitted.

If you have any questions regarding the completion of this application, please contact by phone:

Mr. Jeff Guinn	317-927-4394	jguinn@citizensenergygroup.com
Ms. Beth Noel	317-927-1019	bnoel@citizensenergygroup.com
Mr. Nathaniel Berg	317-927-1018	nberg@citizensenergygroup.com
Ms. Cheryl Carlson	317-429-3569	ccarlson@citizensenergygroup.com

Or by email at [Pretreatment@CitizensEnergyGroup.com](mailto:Pretreatment@CitizensEnergyGroup.com).

**The completed application should be submitted to:**

CWA Authority, Inc.  
2020 North Meridian Street  
Indianapolis, Indiana 46202

Attn: Environmental Stewardship

## **INDUSTRIAL DISCHARGE PERMIT APPLICATION CHECKLIST**

The following items must be attached to this permit application (check off below when completed):

Application review fee of \$150.00. **(Payable to the CWA Authority, Inc.)**

Description of the manufacturing process or service activity. See Section II, #1.

Schematic of process area and wastewater flow. See Section III,

List all environmental control permits held by or for the facility. See Section VI

All pertinent wastewater quality data. See Section VI **(new facilities/permittees only)**.

**CWA AUTHORITY, INC.**

INDUSTRIAL DISCHARGE PERMIT APPLICATION

Unless stated otherwise, all items are to be filled out completely. If an item is not applicable, indicate by noting "NA". Please add additional pages if more room is needed.

Section I. Applicant and Facility Description

1. Corporation Name (as registered with Indiana Secretary of State)

\_\_\_\_\_

Registered Agent of Corporation and Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Facility Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Address of Premises \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

3. Chief Executive Officer, Owner, or President

\_\_\_\_\_

\_\_\_\_\_

Title

4. Authorized Representative (see page 8 for definition)

\_\_\_\_\_

Name

\_\_\_\_\_

Title

5. Individual to contact concerning information in this application

---

Name

---

Title

---

Phone Number

Fax Number

E-Mail address

6. Individual to contact in case of emergency (e.g., spill, fire, process upset, etc.)

---

Name

---

Title

---

Facility Phone Number

---

Cell Phone Number

Section II. Plant Operations

1. **IMPORTANT:** On a separate sheet, provide a **detailed** description of the manufacturing process or service activity provided on the premises. Include a description of how each process wastestream is generated. Refer to Process Wastestreams 1, 2, & 3 as completed in Section III, #3.

2. Principal raw materials used and intermediate products:

---

---

---

3. Chemicals and compounds used (add additional pages as needed):

---

---

---

4. Standard Industrial Classification(s) (SIC Code):

---

5. Solvents used –include any applicable toxic organics (add additional pages as needed):

---

---

---

6. Describe storage practices for the chemicals and solvents listed above:

---

---

---

7. Description of product(s):

---

---

---

8. Shift Information

a. Shifts normally worked:

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1 <sup>st</sup>	___	___	___	___	___	___	___
2 <sup>nd</sup>	___	___	___	___	___	___	___
3 <sup>rd</sup>	___	___	___	___	___	___	___

b. Average # of employees/shift:

1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_  
3<sup>rd</sup> \_\_\_\_\_

c. Shift start and end times:

1<sup>st</sup> \_\_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_  
 3<sup>rd</sup> \_\_\_\_\_

Section III. Water Usage and Discharge Information

1. List intake water sources and volumes:

<u>Source</u>	<u>Volume</u>	(Check One) <u>Estimated/Measured</u>
Municipal Water System	_____ gal/day	_____/_____ _____
Private Well	_____ gal/day	_____/_____ _____
Surface Water	_____ gal/day	_____/_____ _____
Purchased Steam	_____ gal/day	_____/_____ _____
Other	_____ gal/day	_____/_____ _____

2. List average volume of discharge or water loss to: (Total volume in #2 should equal total volume in #1.)

<u>Discharge or Loss</u>	<u>Volume</u>	(Check One) <u>Estimated/Measured</u>
Municipal Sewer System	_____ gal/day	_____/_____ _____
Natural Outlet (NPDES)	_____ gal/day	_____/_____ _____
Waste Hauler	_____ gal/day	_____/_____ _____
Evaporation	_____ gal/day	_____/_____ _____
Contained in Product	_____ gal/day	_____/_____ _____
Other (Specify)	_____ gal/day	_____/_____ _____

3. Break down the water discharged to the sewer system into the following categories: (Total volume in #3 should equal volume of first item in #2.)

<u>Type of Discharge</u>	<u>Volume</u>
Process Wastestream #1	_____ gal/day
Process Wastestream #2	_____ gal/day
Process Wastestream #3	_____ gal/day
Cooling Water	_____ gal/day
Sanitary Water	_____ gal/day
Boiler Blowdown	_____ gal/day
Cooling Blowdown	_____ gal/day
Other (Describe)	_____ gal/day

4. Is the discharge to the sewer: Continuous \_\_\_\_\_  
Batch \_\_\_\_\_

If batch discharge, give the frequency of occurrence:

---

What is the average volume in gallons of each batch?

---

What is the maximum volume in gallons of each batch?

---

5. Applicant is requesting a maximum daily permit authorized flow of:

\_\_\_\_\_ Million Gallons per Day (mgd)

6. **IMPORTANT:** Attach a schematic of the plant flow showing process, sanitary, cooling streams, etc., and their point of entry into the sewer system. Indicate on the schematic where you collect effluent samples.

Section IV. Pretreatment

1. Describe any wastewater treatment equipment or processes in use:

---

---

---

2. Describe any additional pretreatment facilities and/or processes under consideration. Include a specific time schedule for completion:

---

---

3. If a treatment system exists, describe the method utilized to dispose of pretreatment sludges/residuals:

---

---

4. If a private hauler is used to haul sludges/residuals, provide name and EPA Identification Number.

---

---

5. Where is the ultimate disposal site for sludges/residuals?

---

---

---

Section V. Wastewater Characteristics - **New Permittees Only**

1. Attach any sampling data pertaining to the facility discharge to the sewer system. Explain where and when the sampling was accomplished, what type of sample was taken (e.g., grab, composite), and how many were analyzed.
2. A full scan of pollutants believed to be present and contained in Table I will be required for new discharge permits unless exempted by the CWA Authority, Inc.. The sample must be a 24 hour composite taken during normal production activity and/or representing typical wastewater flows. Grab samples shall be collected for pH, oil and grease, TPH, cyanide, total phenols, and volatile organic compounds.
3. Describe the exact procedure used to collect the samples:

---

---

---



Section VI. Environmental Permit Information and Regulatory Applicability

Please identify in this section all permits held by OR for this facility and its operations at this location.

Clean Water Act NPDES Permit(s) for Surface Water Discharges

---

---

Clean Air Act Permit(s) or Registration Identification

---

---

Are any operations at this facility subject to regulation under Clean Air Act regulatory programs for Hazardous Air Pollutants, including regulations promulgated at 40 CFR 60, 40 CFR 61, and/or 40 CFR 63?

YES

NO

If YES, please identify the emissions unit or process and the applicable Clean Air Act regulation (e.g., 40 CFR 63, Subpart DDDDD)

---

---

---

---

Is this facility permitted as a Treatment, Storage, or Disposal Facility pursuant to solid waste management regulations promulgated at the state or federal level?      YES      NO

Solid Waste Facility Permit(s) Information

---

Hazardous Waste Generator Identification Number

---

An Authorized Representative is defined as:

- (1) A responsible corporate officer if the industrial user is a corporation. A responsible corporate officer shall mean:
  - (a) A president, vice president, treasurer, or secretary of the corporation in charge of a principal business function or any other person who performs similar policy or decision-making functions for the corporation;
  - (b) A manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to said manager in accordance with corporate procedures;
  - (c) A general partner or proprietor if the industrial user is a partnership or sole proprietorship, respectively; or
  - (d) An individual duly authorized by the person designated in (1)(a), (1)(b), or (1)(c) above. **(Attach written authorization if one is not already on file with CWA Authority, Inc.)**

---

*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.*

---

Authorized Representative (Signature) \_\_\_\_\_ Date \_\_\_\_\_

---

Authorized Representative (Printed) \_\_\_\_\_

---

Title \_\_\_\_\_

**TABLE I – Priority Toxic Pollutants**

<u><b>Inorganics</b></u>		
Antimony	Copper	Selenium
Arsenic	Cyanide	Silver
Beryllium	Lead	Thallium
Cadmium	Mercury	Zinc
Chromium	Nickel	
<u><b>Organics</b></u>		
Acenaphthene	Fluoranthene	Anthracene
Acrolein	4-chlorophenyl phenyl ether	1,12-benzoperylene
Acrylonitrile	4-bromophenyl phenyl ether	Fluorene
Benzene	Bis (2-chloroisopropyl) ether	Penanthrene
Benzidine	Bis (2-chloroethoxy) methane	1,2,5,6-dibenzanthracene
Carbon tetrachloride (tetrachloromethane)	Methylene chloride	Indeno (1,2,3-cd) pyrene
Chlorobenzene	Methyl chloride	Pyrene
1,2,4-trichlorobenzene	Methyl bromide	Tetrachloroethylene
Hexachlorobenzene	Bromoform	Toluene
1,1-dichloroethane	Dichlorobromomethane	Trichloroethylene
1,2-dichloroethane	Chlorodibromomethane	Vinyl chloride (chloroethylene)
1,1,1-trichloroethane	Hexachlorobutadiene	Aldrin
Hexachloroethane	Hexachlorocyclopentadiene	Dieldrin
1,1,2-trichloroethane	Isophorone	Chlordane
1,1,2,2-tetrachloroethane	Naphthalene	4,4-DDT
Chloroethane	Nitrobenzene	4,4-DDE (p,p-DDX)
Bis (2-chloroethyl) ether	2-nitrophenol	4,4-DDD (p,p-TDE)
2-chloroethyl vinyl ether (mixed)	4-nitrophenol	Alpha-endosulfan
2-chloronaphthalene	2,4-dinitrophenol	Beta-endosulfan
2,4,6-trichlorophenol	4,6-dinitro-o-cresol	Endosulfan sulfate
Parachlorometa cresol	N-nitrosodimethylamine	Endrin
Chloroform (trichloromethane)	N-nitrosodiphenylamine	Endrin aldehyde
2-chlorophenol	N-nitrosodi-n-propylamine	Heptachlor
1,2-dichlorobenzene	Pentachlorophenol	Heptachlor epoxide
1,3-dichlorobenzene	Phenol	Alpha-BHC
1,4-dichlorobenzene	Bis (2-ethylhexyl) phthalate	Beta-BHC
3,3-dichlorobenzidine	Butyl benzyl phthalate	Gamma-BHC (lindane)
1,1-dichloroethylene	Di-n-butyl phthalate	Delta-BHC
1,2-trans-dichloroethylene	Di-n-octyl phthalate	PCB-1242 (Arochlor 1242)
2,4-dichlorophenol	Diethyl phthalate	PCB-1254 (Arochlor 1254)
1,2-dichloropropane	Dimethyl phthalate	PCB-1221 (Arochlor 1221)
1,2-dichloropropylene	1,2-benzanthracene	PCB-1232 (Arochlor 1232)
2,4-dimethylphenol	Benzo (a) pyrene	PCB-1248 (Arochlor 1248)
2,4-dinitrotoluene	3,4-benzofluoranthene	PCB-1260 (Arochlor 1260)
2,6-dinitrotoluene	11,12-benzofluoranthene	PCB-1016 (Arochlor 1016)
1,2-diphenylhydrazine	Chrysene	Toxaphene
Ethylbenzene	Acenaphthylene	2,3,7,8-tetrachlorodibenzo-p-dioxin)
<u><b>Other</b></u>		
Ammonia (non-ionized)		Chlorine (total residual)