Terre Haute Wastewater Treatment Utility
Pretreatment Department
3200 South State Road 63
Terre Haute, IN 47802
Phone (812) 232-6564 x 206 or 210
Fax (812) 232-5217

APPLICATION FOR INDUSTRIAL WASTEWATER PRETREATMENT (IWP) PERMIT

NOTE:

- 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.
- If you would like receive a draft copy of this permit prior to permit issuance please indicate here: ○ yes ○ no

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):

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▸ RECEIVING POTW:	Terre Haute Wastewater Treatment Utility		
16. Contact Name: Debra Padgett		**17.** Title: Pretreatment Coordinator	
18. Address: 3200 South State Road 63			
City: Terre Haute	State: Indiana	ZIP Code: 47802	
19. Phone number: (812) 232-6564 x 206		**20.** E-mail address (optional): Debbie.padgett@terrehaute.in.gov	

PART B: OPERATING SCHEDULE

▸ SHIFT INFORMATION

21. Days of operation *(check all that apply)*: 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).

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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: _____	

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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.

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

37. How would you describe the discharge to the sewer?

□ Continuous flow
□ Batch*

*If batch discharge, provide the frequency of discharge occurrence: _____

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?

□ Yes [2] □ 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.

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[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 data [3] 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 pertaining to the facility discharge to the sewer system.

(Continued on page 8)

[3] 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):

	Waste(s) Generated	**Quantity** (per year; specify units)	**Disposal Method**
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			

►

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PART N: 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	
	Antimony (Sb)md
	Arsenic (As)
	Asbestos
	Beryllium (Be)
	Cadmium (Cd)
	Chromium (Cr)
	Copper (Cu)
	Cyanides (CN)
	Lead (Pb)
	Mercury (Hg)
	Nickel (Ni)
	Selenium (Se)
	Silver (Ag)
	Thallium (Tl)
	Zinc (Zn)
TOXIC ORGANICS: ETHERS	
	Ether, bis(2-chloroethyl)
	Ether, bis(2-chloroisopropyl)
	Ether, 2-chloroethyl vinyl
	Ether, 4-chorophenyl phenyl
	Ether, 4-bromophenyl phenyl
	Bis (2-chloroethoxy) methane
TOXIC ORGANICS: PHTHALATES	
	Phthalate, dimethyl; DMP
	Phthalate, diethyl; DEP
	Phthalate, di-n-butyl; DBP
	Phthalate, di-n-octyl; DOP
	Phthalate, bis(2-ethylhexyl); DEHP
	Phthalate, butyl benzyl; BBP
TOXIC ORGANICS: NITROGEN COMPOUNDS	
	Nitrosamine, dimethyl
	Nitrosamine, diphenyl
	Nitrosamine, di-n-propyl
	Benzidine
	Benzidine, 3,3'-dichloro
	Hydrazine, 1,2-diphenyl
	Acrylonitrile
TOXIC ORGANICS: PHENOLS	
	Phenol
	Phenol, 2-chloro
	Phenol, 2,4-dichloro-; 2,4-DCP
	Phenol, 2,4,6-trichloro
	Phenol, pentachloro-; PCP
	Phenol, 2-nitro
	Phenol, 4-nitro
	Phenol, 2,4-dinitro-; 2,4-DNP
	Phenol, 2,4-dimethyl
	m-Cresol, p-chloro
	o-Cresol, 4,6-dinitro-; DNOC

TOXIC ORGANICS: AROMATICS	
	Benzene
	Benzene, chloro
	Benzene, 1,2-dichloro
	Benzene, 1,3-dichloro
	Benzene, 1,4-dichloro
	Benzene, hexachloro-; HCB
	Benzene, ethyl
	Benzene, nitro
	Toluene
	Toluene, 2,4-dinitro-; DNT
	Toluene, 2,6-dinitro
	Benzene, 1,2,4-trichloro
TOXIC ORGANICS: POLYNUCLEAR AROMATIC HYDROCARBONS (PAHs)	
	2-Chloronaphthalene
	Benzo (a) anthracene
	Benzo (b) fluoranthene; B(b)F
	Benzo (k) fluoranthene; B(k)F
	Benzo (a) pyrene; B(a)P
	Ideno (1,2,3-cd) pyrene; IP
	Dibenzo (a,h) anthracene; DBA
	Benzo (ghi) perylene
	Acenaphthene
	Acenaphthylene
	Anthracene
	Chrysene
	Fluoranthene
	Fluorene
	Naphthalene
	Phenanthrene
	Pyrene
TOXIC ORGANICS: PCB's	
	PCB-1016; Aroclor 1016
	PCB-1221; Aroclor 1221
	PCB-1232; Aroclor 1232
	PCB-1242; Aroclor 1242
	PCB-1248; Aroclor 1248
	PCB-1254; Aroclor 1254
	PCB-1260; Aroclor 1260
TOXIC ORGANICS: HALOGENATED ALIPHATIC HYDROCARBONS	
	Methane, chloro-; methyl chloride
	Methane, dichloro-; Methylene chloride
	Methane, trichloro-; chloroform
	Methane, tetrachloro-; Carbon tetrachloride
	Methane, bromo-; methyl bromide
	Methane, dichlorobromo
	Methane, chlorodibromom
	Methane, tribromo-; bromoform
	Ethane, chloro

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	
Ethylene, 1,1-dichloro-; 1,1-DCE	Ammonia (NH3)
Ethylene, 1,2-trans-dichloro	Chlorides (Cl-1)
Ethylene, trichloro-; TCE	Sulfides (S-2)
Ethylene, tetrachloro-; Perchloroethylene	Total Dissolved Solids (TDS)
Propane, 1,2-dichloro	Phosphate (PO4)
Propylene, 1,3-dichloro	Chemical Oxygen Demand (COD)
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;	
Dieldrin;	
HEOD 4,4'-	
DDE	
4,4'-DDT; p,p'-DDT	
4,4'-DDD; p,p'-DDD; p,p'-TDE	
Endrin	
Endrin	
aldehyde	
Heptachlor	
epoxide Chlordane	
Toxaphene	
TOXIC ORGANICS: OXYGENATED COMPOUNDS	
Acrolein	
TOXIC ORGANICS: MISCELLANEOUS	
Isophorone	
2,3,7,8-tetrachlorodibenzo-p-dioxin; TCDD; dioxin	

APPENDIX: CONTACT INFORMATION

Correspondences should be sent to the address below to the attention of the Pretreatment Coordinator.

General Address:

Terre Haute Wastewater Treatment Utility
3200 South State Road 63
Terre Haute, IN 46204

Telephone: (812) 232-6564

Fax: (812) 232-5217