Town of Waterloo, INDIANA

INDUSTRIAL WASTEWATER PERMIT RENEWAL APPLICATION / QUESTIONNAIRE

PLEASE COMPLETE THIS DOCUMENT TO THE EXTENT POSSIBLE. PLEASE ATTACH EXTRA PAGES TO THIS DOCUMENT IF MORE SPACE IS NEEDED.

SECTION A: GENERAL INFORMATION

1. Facility Name and
   Address:_____
   Corporate Name (if applicable)_____
   Facility Address:
   Street: _____
   City: _____ State: _____ Zip: _____

2. Business Mailing Address (if different than above):
   Street or P.O. Box: _____
   City: _____ State: _____ Zip: _____

3. Designated Signatory Authority of the Facility:
   Name: _____
   Title: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Phone Number: _____

4. Designated Facility Contact:
   Name: _____
   Title: _____
   Address:_____
   City: _____ State: _____ Zip: _____
   Phone Number: _____

SECTION B: BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity. (CHECK ALL THAT APPLY).

( ) Aluminum Forming
( ) Asbestos Manufacturing
( ) Battery Manufacturing
( ) Can Making
( ) Carbon Black
( ) Coal Mining
( ) Coil Coating
( ) Copper Forming
( ) Electric and Electronic Component Manufacturing
( ) Electroplating
( ) Feedlots
( ) Fertilizer Manufacturing
( ) Foundries (Metal, Molding and Casting)
( ) Glass Manufacturing
( ) Grain Mills
( ) Inorganic Chemicals
( ) Iron and Steel
( ) Leather Tanning and Finishing
( ) Metal Finishing
( ) Nonferrous Metal Forming
( ) Nonferrous Metal Manufacturing
( ) Organic Chemicals Manufacturing
( ) Paint and Ink Formulating
( ) Paving and Roofing Manufacturing
( ) Pesticides Manufacturing
( ) Petroleum Refining
( ) Pharmaceutical
( ) Plastic and Synthetic Materials Manufacturing
( ) Plastics Processing Manufacturing
( ) Porcelain Enamel
( ) Pulp, Paper, and Fiberboard Manufacturing
( ) Rubber
( ) Soap and Detergent Manufacturing
( ) Steam Electric
( ) Sugar processing
( ) Textile Mills
( ) Timber Products

A facility with processes inclusive in these business areas may be covered by EPA's categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a brief description of all operations at this facility including primary products or services. (Attach additional pages if necessary.)

3. Product Volume:

Product	Past Calendar Year Amount Per Day	This Calendar Year (Estimate) Amount Per Day

4. Indicate applicable Standard Industrial Classification (SIC) for all processes (if more than one applies, list in descending order of importance):

a. _____
b. _____
c. _____
d. _____
e. _____

COMMENTS:

SECTION C: WATER SUPPLY

1. Water Sources (Check all Applicable)

(Check one)			Volume Estimated/Measure
( )	Water Utility	_____gallons/day	_____/_____
( )	Private Well	_____gallons/ day	_____/_____
( )	Surface Water	_____gallons/ day	_____/_____
( )	Other (Specify)		
	_____	_____gallons/day	_____/_____

2. List average water usage on premises: (New facilities may estimate)

Type	Ave Water Usage (GPD)	Estimated(E) or Measured(M)
a. Contact Cooling Water		
b. Non-Contact Cooling Water		
c. Boiler Feed		
d. Sanitary		
e. Air Pollution Control		
f. Contained in Product		
g. Plant & Equipment		
h. Irrigation & Lawn Watering		
i. Other (Specify)		
j. Total		

COMMENTS

SECTION D - WASTEWATER DISCHARGE INFORMATION

1. Is the facility or any operation within the facility presently connected to the public sanitary sewer system of the Town of Waterloo?.
   ( ) Yes: Sanitary sewer account number(s) _____
   ( ) No: Have you applied for a sanitary sewer hookup ( ) Yes ( ) No

2. Does (or will) this facility discharge wastewater other than restroom and drinking fountains or any other potable water sources to the Town of Waterloo Sewer?
   ( ) Yes, If the answer to this question is "yes", complete the remainder of this application.

( ) No, If the answer to this question is "no" skip to Section H.

3. Provide the following information on wastewater flow rate. (New facilities may estimate)
   a. Hours/Day Discharges (e.g., 8 hours/day)_____
   b. Hours of Discharge (e.g., 9:00am to 5:00pm)_____
   c. Peak hourly flow rate (GPD)_____
   d. Maximum daily flow rate (GPD)_____
   e. Annual daily average (GPD)_____

4. Is the discharge to the sewer: Continuous _____ or Batch _____?
   a. If batch discharge, give the frequency of occurrence:_____
   b. Average discharge per batch_____(GPD)
   c. Flow rate in gallons / minute: _____gpm

COMMENTS

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

5. Check the box(es) which indicate substances contained in your wastewater; See also TABLE 1, pages one and two.

( ) acids & acidic wastes
( ) alkali & caustic waste
( ) pickling wastes
( ) other metal cleaning & preparation waste
( ) plating wastes
( ) electroplating wastes
( ) paints
( ) pigments
( ) inks
( ) dyes, coloring agents
( ) organic solvents, thinner
( ) latex wastes
( ) resins, monomers
( ) waxes
( ) phenol containing wastes

( ) alcohol
( ) ethers
( ) aldehydes, ketones
( ) organic acids
( ) soaps, surfactants, detergents
( ) oils
( ) fats, greases
( ) benzene & benzene derivatives
( ) chlorinated organic compounds
( ) brominated organic compounds
( ) hot waste
( ) radioactive waste
( ) domestics waste only

6. Schematic Flow Diagram – For each major activity in which wastewater is or will be generate, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes Indicate which processes use water and which generate waste streams. Number each unit process having wastewater discharge to the city sewer. Use these numbers when showing the unit process in the building layout in section F.

Table 1

Priority Pollutant Information: Please indicate by placing an "x" in the appropriate box by each listed chemical whether it is "Suspected to be absent" , "known to be absent" , or "known to be present" in your manufacturing or service activity or generated as a by-product.

A – Known Present **B – Suspected Present** **C – Known Absent** **D – Suspected absent**

Chemical Compound	A	B	C	D	Chemical Compound	A	B	C	D
I. METALS AND ORGANICS									
1. Antimony									
2. Arsenic									
3. Asbestos									
4. Beryllium									
5. Cadmium									
6. Chromium									
7. Copper									
8. Cyanide									
9. Lead									
10. Mercury									
11. Nickel									
12. Selenium									
13. Silver									
14. Thallium									

15. Zinc [ ] [ ] [ ] [ ]

II. PHENOLS AND CRESOLS

16. Phenol(s)	[ ] [ ] [ ] [ ]
17. Phenol, 2-chloror	[ ] [ ] [ ] [ ]
18. Phenol,2,4-dichloro	[ ] [ ] [ ] [ ]
19. Phenol,2,4,6-trichloro	[ ] [ ] [ ] [ ]
20. Phenol, pentachloro	[ ] [ ] [ ] [ ]
21. Phenol, 2-nitro	[ ] [ ] [ ] [ ]
22. Phenol,4-nitro	[ ] [ ] [ ] [ ]
23. Phenol,2,4-dinitro	[ ] [ ] [ ] [ ]
24. Phenol,2,4-dimethyl	[ ] [ ] [ ] [ ]
25. m-Cresol, p-chloro	[ ] [ ] [ ] [ ]
26. o-Cresol, 4,6-dinitro	[ ] [ ] [ ] [ ]

III. MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS AND PHTHALATES)

27. Benzene	[ ] [ ] [ ] [ ]
28. Benzene, chloro	[ ] [ ] [ ] [ ]
29. Benzene, 1,2-dichloro	[ ] [ ] [ ] [ ]
30. Benzene, 1,2-dichloro	[ ] [ ] [ ] [ ]
31. Benzene, 1,4-dichloro	[ ] [ ] [ ] [ ]

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 8.

7. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge and type of discharge (batch, continuous or both) for each plant process. Include the reference number from the process schematic that corresponds to each process.

No.	Regulated Process	Average(GPD)	Maximum(GPD)	Type of Discharge
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

ANSWER QUESTION 8 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

8. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process.

No.	Regulated Process	Average(GPD)	Maximum(GPD)	Type of Discharge
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

No.	Unregulated Process	Average(GPD)	Maximum(GPD)	Type of Discharge
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

No.	Unregulated Process	Average(GPD)	Maximum(GPD)	Type of Discharge
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

9. Has a toxic organic management plan (TOMP) Been developed?

   ( ) Yes (Please attach a copy.) ( ) No.

10. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may effect the discharge.
    ( ) Yes ( ) No (If no, skip question 11.)

11. Briefly describe these changes and their effects on the wastewater volume and characteristics:

    _____
    _____
    _____
    _____

12. Are any materials or water reclamation systems in use or planned?

    ( ) Yes ( ) No (If no, skip question 13.)

13. Briefly describe recovery process, substance recovered, percent recovered and the concentration in the spent solution. Submit a flow diagram for each process:

    _____
    _____

_____
_____
_____
_____
_____
_____

SECTION E – TREATMENT

1. Is any form of wastewater treatment practiced at this facility? (see list below)
   ( )Yes ( )No

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?
   ( )Yes,
   Describe_____
   _____
   _____

   ( ) No

3. Treatment devices or processes used or proposed for treating wastewater or sludge: (check all applicable)

( ) Air Flotation
( ) Centrifuge
( ) Chemical precipitation
( ) Chlorinating
( ) Cyclone
( ) Filtration
( ) Flow equalization
( ) Grease or Oil Separation - Type:_____
( ) Grease Trap
( ) Grinding Filters
( ) Grit Removal
( ) Ion Exchange
( ) Neutralization, pH correction
( ) Ozonation
( ) Reverse Osmosis
( ) Screen
( ) Sedimentation
( ) Septic Tank
( ) Solvent Separation
( ) Spill Protection
( ) Sump
( ) Biological Treatment, type:_____

( ) Rainwater Diversion or Storage
( ) Other Chemical Treatment, type:_____
( ) Other Physical Treatment, type:_____
( ) Other, type:_____

4. Attach a process flow diagram for each existing treatment system. Include process equipment, by- product disposal method, waste and by- product volumes and design and operating condition.

SECTION F – FACILITY OPERATIONAL CHARACTERISTICS

1. Do you have a certified operator on shift 1? ( )Yes ( )No
shift 2? ( )Yes ( )No
shift 3? ( )Yes ( )No

If yes: Shift 1-Name: _____
Phone: _____
Certification No: _____
Expiration _____
Full Time _____ Part time: _____
Shift 2-Name: _____
Phone: _____
Certification No._____
Expiration No. _____
Full Time: _____ Part time: _____
Shift 3-Name: _____
Phone: _____
Certification No._____
Expiration No._____
Full Time: _____ Part time: _____

2. Shift Information
Work days ( )MON ( )TUE ( )WED ( )THR ( )FRI ( )SAT ( )SUN

Shifts per Work day ( )MON ( )TUE ( )WED ( )THR ( )FRI ( )SAT ( )SUN

Employees per shift: First _____Starts _____(am/pm) Ends _____

Second_____Starts _____(am/pm) Ends _____

Third _____Starts _____(am/pm) Ends _____

3. Indicate whether the business activity is:
( )Continuous through the year
( )Seasonal – CIRCLE the month of the year that business activity occurs.

J F M A M J J A S O N D

4. Does your operation shut down for vacation, maintenance, or other reasons? If yes, indicate the reasons and period(s) when shutdown occurs.

_____
_____
_____
_____

5. List types and amount (mass or volume per day) of raw materials used or planned for use:

_____
_____
_____
_____

6. List types and quantity of chemicals used or planned for use. Include copies of MSDS for all chemicals identified: (Attach additional pages if necessary)

CHEMICALS	QUANTITY

7. Have appropriate Tier Reports been filed with IDEM, Local, Emergency Planning Committee and Fire?
( )Yes ( )No

8. Building Lay-Out Drawing to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from flow diagram), public sewers and each facility sewer connected to Town Sewer. Also include date building was originally constructed and the date of any additions.

NOTE: A blueprint or drawing of the facility (facilities) showing the above items may be attached in lieu of submitting a drawing.

SECTION G – SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?
   ( )Yes ( )No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?
   ( ) Yes ( ) No

   If yes, where do they discharge to?_____

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge: (check all applicable)

   ( ) An onsite disposal system
   ( ) Public sanitary sewer system (e.g., through floor drain)
   ( ) Storm drain
   ( ) To ground
   ( ) Other, specify: _____
   ( ) Not applicable; no possible discharge to any of the above routes .

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharge from entering the Control Authority's collection system?

   ( ) Yes (Attach a copy with application)
   ( ) No
   ( ) N/A * Not applicable since there are no floor drains and/or the facility discharges **only sanitary wastes.**

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

_____
_____
_____
_____

SECTION H – NON-DISCHARGE WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?
   ( )Yes, please describe below.

   ( )No, skip the remainder of section H.

Waste Generated	Quantity (per year)	Disposal Method

2. Indicate identified above are disposed of at an off-site treatment facility and which are disposed of on site.

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

_____

_____

4. If an outside firm removes any of the above checked wastes, state the name(s) address(es) of all waste haulers.

   Name _____ _____
   Street _____ _____
   City _____State_____ Zip_____
   Permit No. _____

5. Have you been issued any Federal, State or local environmental permit? ( )Yes ( )No

   If yes, please list the permit(s)

   _____

6. Describe facilities and practices for the storage and disposal of waste materials generated either by the manufacturing process or in air and/or wastewater treatment. Include product name and description, type of waste, i.e., hazardous waste, special waste, etc., the amount generated per year and the method for disposal (use additional sheets if necessary)

   _____

   _____

   _____

   _____

7. Have you applied for a Storm Water Permit? ( )Yes ( )No

AUTHORIZED REPRESENTATIVE STATEMENT AND SIGNATURE:

I certify under penalty of perjury 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
Signature	Date

Revised: 8-13-2018