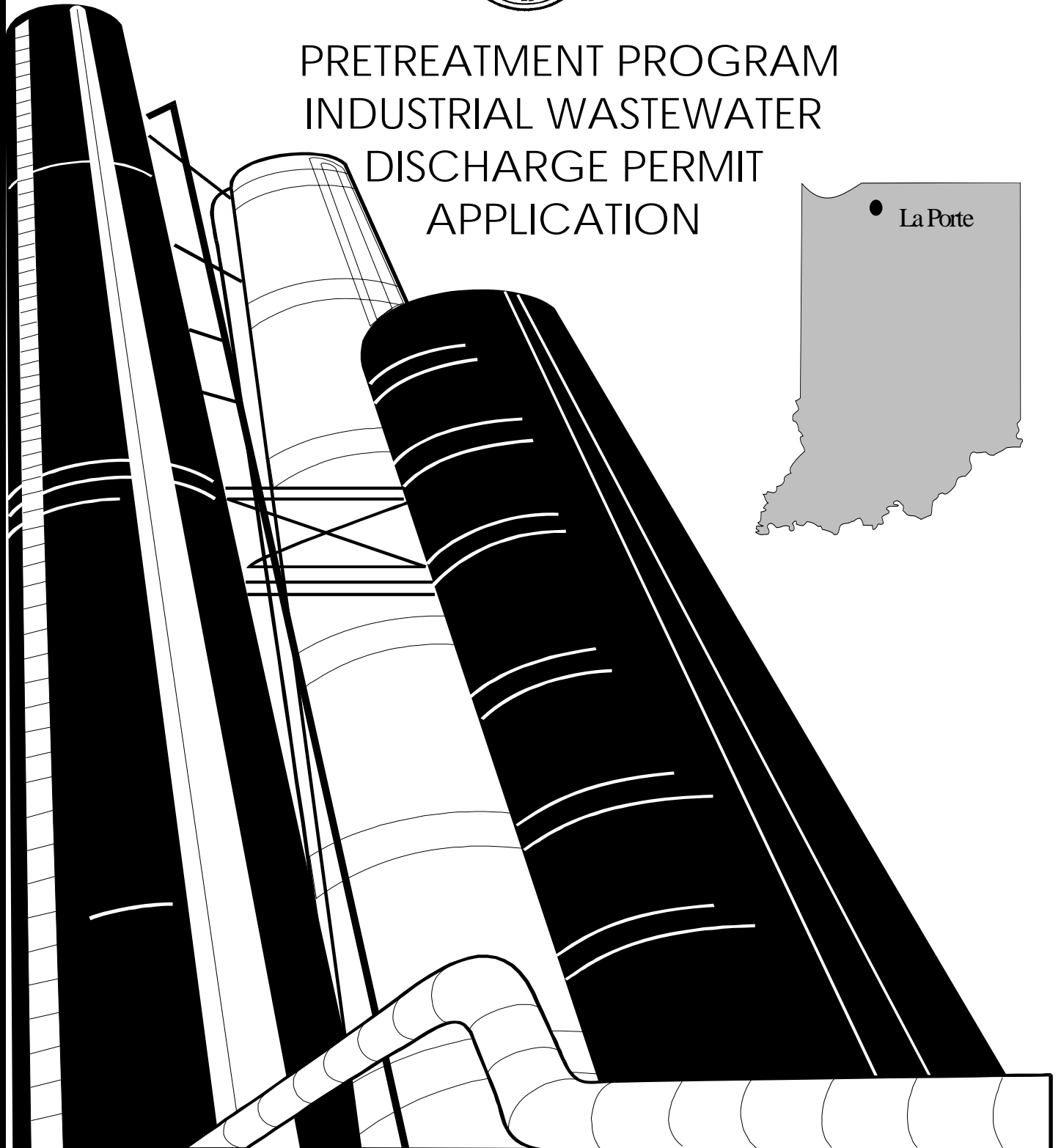


City of LaPorte
INDIANA



PRETREATMENT PROGRAM
INDUSTRIAL WASTEWATER
DISCHARGE PERMIT
APPLICATION



INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

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INTRODUCTION

This application needs to be filled in as completely and accurately as possible. Not all of the requested information will be available from all industries. Some will not have certain types of processes that would generate some of the information asked for. In such cases "NA" may be used in those blanks. This one application is used for small, medium and large industrial complexes. Water usage and discharge information requested is very important and should be actual metered figures if at all possible. Where information is not available, estimated usages may be substituted.

The information in this application is used for each new and existing industry to process new or renewed industrial permits issued from the City Of La Porte Pretreatment Department. The application needs to be filed with the City Of La Porte Pretreatment Department, sixty (60) days prior to the expiration of an existing permit, or sixty (60) days before the issuing of a new permit to a new industry.

If you have questions regarding this document or information requested within please contact the Pretreatment Office.

Matthew A. Amor
Industrial Pretreatment Coordinator
City Of La Porte Wastewater Treatment

Section I

Applicant and Facility Description

Unless stated otherwise, all items are to be filled out completely. If an item is not applicable, indicate by noting "NA".

1. Name of Facility _____

2. Mailing Address _____

3. Address of Premises _____

4. Chief Executive Officer

Name

Title

5. Authorized individual to contact in case of emergency (i.e., spill, fire, process upset, etc.) or for information in this application.

Name

Title

(____)_____-_____
Facility Phone Number

(____)_____-_____
Home Phone Number

6. " 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 violation."

Printed Name of Signing Official

Title

Signature of Signing Official

Date

Section II

Plant Operations

1. Provide a detailed description of manufacturing processes, facilities or service activities provided on the premises, specifically those processes which involve process wastewater or hazardous materials. Use additional sheets if necessary.

2. Principal raw materials used.

3. Chemicals and compounds used (Refer to Table I):

4. Solvents used:

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

Section II (continued)

6. List all products manufactured or services provided by your facility along with the corresponding SIC (Standard Industrial Code) number.

PRODUCT OR SERVICE	SIC CODE

7. If this facility is subject to Federal Categorical Pretreatment standards, as per 40 CFR 403, what is the categorical classification(s):

What is the Federal Categorical Compliance Date: _____

8. Has a baseline report been submitted? _____

9. Shift Information: _____

a. Shifts normally worked:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st	⋮	⋮	⋮	⋮	⋮	⋮	⋮
	⋮	⋮	⋮	⋮	⋮	⋮	⋮
2nd	⋮	⋮	⋮	⋮	⋮	⋮	⋮
	⋮	⋮	⋮	⋮	⋮	⋮	⋮
3rd	⋮	⋮	⋮	⋮	⋮	⋮	⋮
	⋮	⋮	⋮	⋮	⋮	⋮	⋮

b. Average # of employees/shift:

1st _____	3rd _____
2nd _____	Other _____

TABLE 1

PRIORITY POLLUTANTS

If you use, or dispose of, any of the items on the following two pages, mark them by the following methods:

1. **(U)** = ITEM IS USED AT THIS LOCATION.
2. **(DT)** = DISPOSED OF, AFTER TREATMENT TO THE LA PORTE SANITARY SEWER SYSTEM.
3. **(DW)** = DISPOSED OF, WITHOUT TREATMENT TO THE LA PORTE SANITARY SEWER SYSTEM.
4. **(DO)** = DISPOSED OF, OFF SITE, AFTER BEING USED AND OR GENERATED, SUCH AS SLUDGE, LIQUID, ETC.
5. **(TU)** = ITEM IS TOTALLY USED IN PRODUCTION, THEREFORE NO WASTE PRODUCT IS LEFT.
6. **(VU)** = ITEM IS VAPORIZED IN USE, AND THEREFORE NO WASTE PRODUCT IS LEFT.

An Item may have several different markings after it, depending on the use, treatment and disposal of each, by your company.

TABLE I

PRIORITY POLLUTANTS

I. METALS AND INORGANICS

- _____ Antimony; Sb
- _____ 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

II. TOXIC ORGANICS: ETHERS

- _____ Ether, bis (2-chloroethyl)
- _____ Ether, bis (2-chloroisopropyl)
- _____ Ether, 2-chloroethyl vinyl
- _____ Ether, 4-chlorophenyl phenyl
- _____ Ether, 4-bromophenyl phenyl
- _____ Bis (2-chloroethoxy) methane

III. 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

IV. TOXIC ORGANICS: NITROGEN COMPOUNDS

- _____ Nitrosamine, dimethyl
- _____ Nitrosamine, diphenyl
- _____ Nitrosamine, di-n-propyl
- _____ Benaidine
- _____ Benaidine, 3,3'-dichloro
- _____ Hydrazine, 1,2-diphenyl
- _____ Acrylonitrile

V. TOXIC ORGANICS: PHENOLS

- _____ Phenol
- _____ Phenol, 2-chloro
- _____ Phenol, 2,4-dichloro; 2,4-OCR
- _____ 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

VI. TOXIC ORGANICS: AROMATICS

- _____ Benzene
- _____ Benzene, chloro
- _____ Benzene, 1,2-dichloro
- _____ Benzene, 1, 3-dichloro
- _____ Benzene, 1, 4-dichloro
- _____ Benzene, 1, 2, 4-trichloro
- _____ Benzene, hexachloro; HCB
- _____ Benzene, ethyl
- _____ Benzene, nitro
- _____ Toluene
- _____ Toluene, 2,4-dinitro; DNT
- _____ Toluene, 2,6-dinitro

VII. TOXIC ORGANICS: POLYNUCLEAR AROMATIC HYDROCARBONS

- _____ 2-Chloronaphthalene
- _____ Benzo (a) anthracene
- _____ Benzo (b) fluoranthene; B(b)F
- _____ Benzo (k) fluoranthene; B(k)F
- _____ Benzo (a) pyrene; BaP
- _____ Ideno (1,2,3-cd) pyrene; IP
- _____ Dibenzo (a,h) anthracene; DBA
- _____ Benzo (ghi) perylene
- _____ Acenaphthene
- _____ Acsnaphthylene
- _____ Anthracene
- _____ Chrysene
- _____ Fluoranthene
- _____ Fluorene
- _____ Napthalene
- _____ Phenanthrene
- _____ Pyrene

TABLE I (continued)

VIII. TOXIC ORGANICS: PCB'S

PCB-1016; Aroclor 1016
 PCB-1221; Aroclor 1221
 PCB-1 232; Aroclor 1232
 PCB-1242; Aroclor 1242
 PCB-1248; Aroclor 1248
 PCB-1254; Aroclor 1254
 PCB-1260; Aroclor 1260

IX. TOXIC ORGANICS: HALOGENATED HYDROCARBONS; HALOGENATED ALIPHATICS

Methane, chloro;
 Methyl chloride
 Methane, dichloro;
 Methylene chloride
 Methane, trichloro;
 Chloroform
 Methane, tetrachloro;
 Carbon tetrachloride
 Ethane, chloro
 Ethane, 1,1-dichloro
 Ethane, 1, 2-dichloro
 Ethane, 1,1, 1-trichloro
 Ethane, 1,1,2-trichloro
 Ethane, 1,1,2,2-tetrachloro
 Ethane, hexachloro
 Ethane, chloro;
 Vinyl chloride
 Propane, 1,2-dichloro
 Propene, 1, 3-dichloro
 Butadiene, hexachloro; HCIBD
 Cyclopentadiene, hexachloro; HCCPD
 Methane, bromo; Methyl bromide
 Methane, dichlorobromo
 Methane, chlorodibromo
 Methane, tribromo; Bromoform
 Ethene, trichloro
 Ethene, 1,1-dichloro; 1,1-DCE
 Ethene, 1,2-trans-dichloro
 Ethene, tetrachloro

X. TOXIC ORGANICS: PESTICIDES

alpha-Endosulfan
 Endosulfan sulfate
 beta-Endosulfan

 Hexachlorocyclohexanes:
 alpha-BHC
 beta-BHC
 delta-BHC
 gamma-BHC; Lindane
 Aldrin; HHDN
 Dieldrin; HEOD
 4,4'-DDE
 4,4'-DDT; p,p'-DDT
 4,4'-DDD; p,p'-DDD;p,p'-TDE
 Endrin
 Endrin aldehyde
 Heptachlor
 Heptachlor epoxide
 Chlordane
 Toxaphene

XI. TOXIC ORGANICS: OXYGENATED COMPOUNDS

Acrolein

XII. TOXIC ORGANICS: MISCELLANEOUS

Isophorone
 2,3,7, 8-tetrachlorodibenzo-
 p-dioxin; TCDD; dioxin

CONVENTIONAL POLLUTANTS

BOD₅
 pH

Total Suspended Solids (155)
 Oil and Grease (O&C)

NONCONVENTIONAL POLLUTANTS OF CONCERN

TABLE I (ADDITIONAL ITEMS) OTHER POLLUTANTS

Any Acids, Oils, Caustics, Fats, Grease or any other Chemicals NOT LISTED on the previous two pages that you Use, Generate, or Dispose of, at this location. List these below and Mark them according to the Instruction page, titled Table 1.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Section III

Water Usage and Discharge Information

1. List **intake** water sources and volumes:

Source	Volume	(Check One)	
		Measured	Estimated
Municipal Water System	gpd		
Private Well	gpd		
Surface Water	gpd		
Other	gpd		

2. List average volume of discharge or water:

Source	Volume	(Check One)	
		Measured	Estimated
City Sewer System	gpd		
Natural Outlet (IPUES)	gpd		
Waste Hauler	gpd		
Evaporation	gpd		
Contained in Product	gpd		
Other (Specify)	gpd		

Section III (continued)

Water Usage and Discharge Information

3. Break down the water discharged to the sewer system into the following categories:

Source	Volume	(Check One)	
		Measured	Estimated
Process Wastestream # 1	gpd		
Process Wastestream # 2	gpd		
Process Wastestream # 3	gpd		
Process Wastestream # 4	gpd		
Contact Cooling	gpd		
Non-Contact Cooling water	gpd		
Sanitary Water	gpd		
Boiler Blowdown	gpd		
Other (Describe)	gpd		

4. Describe how each process and contact cooling wastestream is generated (use additional sheets if necessary).

Section III (continued)

5. 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?

That is the number of batches each?

Day: _____ Week: _____ Month: _____ Quarter: _____

6. **IMPORTANT:** Provide 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, and location of pretreatment facility.

7. Do you have automatic sampling equipment or continuous wastewater flow metering equipment currently in use or included in future plans? (Circle)

Current:	Flow Metering	yes	no
	Sampling Equipment	yes	no

Planned:	Flow Metering	yes	no
	Sampling Equipment	yes	no

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. Do you dispose of any chemicals, solvents, sludges, or hazardous materials as a result of your production processes? (Circle)

yes no

If so, provide a description of each material, giving the composition, annual quantity, and means of disposal.

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?

6. Do you have copies of manifests for waste hauled off site?(Circle)

yes no

7. Do you have a spill prevention, containment and control plan (SPOC) for your facility? (Circle)

yes no

Section IV (continued)

Industrial Pretreatment

8. Do you have a solvent management plan for your facility? (Circle)

yes no

9. Do you have a certified operator for your pretreatment facility? (Circle)

yes no

If yes:

Name _____

Address _____

Certification Number _____ Class _____ EXP. Date _____

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 (i.e., grab, composite), and how many were analyzed.

2. A complete scan of pollutants believed to be present and contained in Table I will be required for new discharge permits unless exempted by the City of La Porte Wastewater Treatment. The sample must be a 24-hour composite taken during normal production activity and/or representing typical wastewater flows.

3. Describe the exact procedure used to collect the sample:

MAILING ADDRESS

Please Send completed application with all supporting attachments and enclosures to:

Matthew A. Amor
Industrial Pretreatment Coordinator
City Of La Porte Pretreatment Department
2101 Boyd Blvd.
La Porte, IN 46350-6745

Note:

The information contained on this permit application will be used as the basis for the Industrial User Discharge Permit. It is very important that this application be filled out as accurately as possible. Any individual who knowingly falsifies any information requested on this permit application may be subject to fines and penalties under Ordinance, 1760 by the City Of La Porte.