



SECTION 1 - GENERAL INFORMATION

- 1. Business Name: _____

- 2. Location Address: _____

- 3. Mailing Address: _____

- 4. Representative: (Signatory)

Name _____ Title _____

Phone _____ Fax Number _____

Email: _____

- 5. Industry SIC Number: _____

SECTION 2 - PLANT OPERATIONS

- 1. Provide a **detailed** description of all operations at this business including primary products or services provided on the premises. (Use additional sheets if necessary):

2. Principal raw materials used: _____

3. Chemicals and compounds used: _____

4. Description of products or services: _____

5. Hours of operation: (check days) Mon.____ Tues.____ Wed.____ Thur.____ Fri.____
Sat.____ Sun.____

Number of Shifts per Day: _____ Hours per Shift _____ Shift Periods _____

Number of Employees per Shift: _____

Security on site: Yes _____ No _____

Additional Relevant Information:

SECTION 3 - WATER USAGE AND DISCHARGE INFORMATION

1. List intake water sources and volumes:

SOURCE	VOLUME (gallons/day)
Indiana American Water Co.	_____
Private (well, ponds, rivers, ETC.)	_____
Other (surface, ground, ETC.)	_____

2. List average water usage for:

DESCRIPTION	VOLUME (gallons/day)
Process Waste stream #1	_____
Process Waste stream #2	_____
Process Waste stream #3	_____
Process Waste stream #4	_____
Sanitary Water	_____
Cooling Water	_____
Boiler Feed	_____
Other	_____

Describe how each process waste stream is generated:

Process Waste Stream #1 _____

Process Waste Stream #2 _____

Process Waste Stream #3 _____

Process Waste Stream #4 _____

3. List average volume of discharge or water loss to:

DESTINATION OF WATER	VOLUME (gallons per day)
District Sewer System	_____
Natural Outlet (_____)	_____
Waste Hauler	_____
Evaporation	_____
Product (_____ %)	_____
Other	_____

4. List average volume of discharge to the Hobart Sanitary District Sewer System:

DESCRIPTION	VOLUME (gallons per day)
Process	_____
Sanitary	_____
Other _____	_____

5. Measurement of flow:

TYPE OF FLOWMETER	LOCATION OF FLOW METER	DESCRIPTION OF FLOW

(Flow meter information must correspond with the information submitted in Section #3-4 above.)

6. Is the discharge to the sewer: ____ Continuous ____ Batch

If batch, give frequency: _____

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 the point where sampling occurs. If this information has not been submitted within the last six months or has not changed since the last submittal it must be submitted with this permit application.

SECTION 4 - PRETREATMENT

1. Describe any waste water treatment equipment or process in use and indicate location. _____

2. If a treatment system exists, what method is utilized to dispose of pretreatment sludge's and/or residuals?

3. Certified Operator: _____

Class No. _____ Certification No. _____

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

SECTION 5 – WASTEWATER CHARACTERISTICS

1. Attach sampling data pertaining to the facility's discharge to the sewer system. Explain where and when the sampling was accomplished, what type of sample was taken during normal production activity and/or representing typical wastewater flows. A list of pollutants to be sampled is attached.

REQUIRED SAMPLING

POLLUTANT	SAMPLE TYPE
Arsenic	24 hour composite
Cadmium (Total)	24 hour composite
Chromium (Total)	24 hour composite
Chromium (Hexavalent)	Grab
Copper (Total)	24 hour composite
Cyanide (Total)	Grab
Iron	24 hour composite
Lead (Total)	24 hour composite
Mercury (Total)	Grab
Molybdenum	24 hour composite
Nickel (Total)	24 hour composite
Selenium	24 hour composite
Silver (Total)	24 hour composite
Zinc (Total)	24 hour composite
Phenols (4AAP)	Grab
Oil and Grease	Grab
Chlorides	24 hour composite
Fluorides	24 hour composite
Sulfate	24 hour composite
Total Dissolved Solids	24 hour composite
Benzene	Grab
Toluene	Grab
Ethylene	Grab
Xylene	Grab
cBOD ₅	24 hour composite
Total Suspended Solids	24 hour composite
Ammonia Nitrogen	24 hour composite
Phosphorus	24 hour composite
pH	Grab

SECTION 6 - CERTIFICATION

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 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
E-Mail	Phone

Note to Authorized Representative:

In accordance with 40 CFR 403.14 and Hobart's Sewer Use Ordinance, the information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of the information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this application will be used to issue the permit.

Submit completed original Application to:

Timothy Kingsland
Pretreatment Coordinator
Hobart Sanitary and Storm Water District
414 Main Street
Hobart, IN 46342