

CWA Authority, Inc. (the "Authority") is the owner and operator of the wastewater collection and treatment system in the Indianapolis sanitary sewer system (the "System"). Through approvals and delegations by the United States Environmental Protection Agency and the Indiana Department of Environmental Management, the Authority is charged with monitoring and control over the direct discharge of pollutants to waterways consistent with the Authority's Industrial Pretreatment Program ("IPP"). All pertinent information related to the Industrial Pretreatment Program is available at: www.citizensenergygroup.com/pretreatment.

Part A: Applicant Address and Contact Information					
A: FACILITY INFORMATION					
Corporation Name: (as registered with the Indiana Secretary of State)					
Corporate Mailing Address:					
City:		State:		Zip Code:	
Facility Name:					
Facility Mailing Address:					
City:		State:		Zip Code:	
Phone:		Citizens Energy Group Sewer Account Number (if available) to use for submittal of Application Fee:			
FACILITY CONTACT					
Name:		Title:			
Mailing Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			
AUTHORIZED REPRESENTATIVE					
Authorized Representative as defined in Resolution No. CWA 2-2011					
Name:		Title:			
Mailing Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

ADDITIONAL AUTHORIZED REPRESENTATIVE, IF DESIGNATED BY THE PERSON IN SECTION A.3 (optional)

Name:		Title:			
Mailing Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

PART B: PLANT OPERATIONS

DAYS OF OPERATIONS? (check all that apply)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operations per day?			Number of shifts per day				
Number of employees per shift?	First		Second		Third		
Date the facility began operations?							

PART C: BUSINESS ACTIVITY

Does (or will) this facility perform any activity that would be regulated by a federal Categorical Pretreatment Standard at 40 C.F.R. Parts 405 - 471?

BUSINESS ACTIVITY	REGULATED CATEGORY	AVERAGE PRODUCTION RATE (IF APPLICABLE)
	40 CFR PART	
	40 CFR PART	
	40 CFR PART	
	40 CFR PART	

Does the facility perform any processes regulated under a federal Categorical Pretreatment Standard (40 C.F.R. Parts 405 – 471) that has established mass or production-based limits? (check yes or no)

YES		NO	
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Indicate all applicable North American Industry Classification (NAICS) or Standard Industrial Classification (SIC) code.

BUSINESS ACTIVITY	NAICS CODE	SIC CODE

PROVIDE A DETAILED DESCRIPTION OF THE MANUFACTURING PROCESS(ES) OR SERVICE ACTIVITIES CONDUCTED ON PREMISES, ESPECIALLY THOSE PROCESSES THAT GENERATE OR HAVE THE POTENTIAL TO GENERATE WASTEWATER
USE ADDITIONAL SHEETS IF NECESSARY

LIST OF RAW MATERIALS USED IN THE PROCESSES, INCLUDING CHEMICAL OR METAL COMPOUNDS USED

IF PRODUCTION-BASED STANDARDS APPLY, LIST THE AMOUNT OF PRODUCTION (IN UNITS EXPRESSED BY THE STANDARDS) THAT PASS THROUGH (OR WILL PASS THROUGH) EACH PROCESS THAT IS SUBJECT TO A PRETREATMENT STANDARD
USE ADDITIONAL SHEETS IF NECESSARY

PART D. INTAKE WATER INFORMATION

In the table below, list intake water sources and volumes:

	SOURCE	VOLUME in Gallons per Day (GPD)
1	Municipal water system	
2	Private well	
3	Surface water	
4	Purchased steam	
5	Other	
SUM OF WATER SOURCES FROM 1-5 ABOVE		

PART E. VOLUMES DISCHARGED AND/OR WATER LOSS INFORMATION

Provide the average volume of discharge or water loss in GPD:

1	Municipal sewer system*	
2	NPDES Outfall or Other Discharge to Surface Water	
3	Evaporation	
4	Contained in product	
5	Other: Specify	
SUM OF DISCHARGES AND WATER LOSS FROM 1-5 ABOVE		

PART F. WASTEWATER DISCHARGE(S) TO MUNICIPAL SEWER SYSTEM

As described in Section D of the permit application

List wastewater (WW) discharge volumes from the sources prior to pretreatment (if any). Indicate through which outfall the wastewater discharges. *Include an attachment that describes how each flow is generated.*

Source	WW Discharge Volume (GPD)	Outfall 1	Outfall 2	Outfall 3
Process Wastewater #1				
Process Wastewater #2				
Process Wastewater #3				
Boiler Blowdown				
Non-contact Cooling Water (once through)				
Reverse Osmosis or Softener Water				
Sanitary Wastewater				
Other: Specify				
TOTAL DISCHARGE TO SEWER * Total MUST equal volume in E.1				

DISCHARGE(S) TO SEWER DETAILS

Is the discharge to the sewer a continuous discharge or a batch discharge? Check as appropriate.	Continuous		
	Batch		
If batch, what is the frequency of the discharge?		Average volume of a batch (gallons)?	
How is the volume of the discharge measured?			

PART G. TREATMENT				
Is any treatment of the wastewater or pretreatment prior to discharge performed at this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a certified operator at this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, name of Certified Operator(s)?				

Provide a description of the wastewater treatment process, include process equipment, design capacity, and operating conditions. Attach a wastewater flow diagram.
Attach additional sheets if necessary

PART H. ANALYTICAL DATA (New Permittees or Modified Permits Only)

Attach analytical data of the wastewater to be discharged to the sewer system. Provide an explanation of where and when the sample was taken, what type of sample was taken (grab/composite) and how many samples were analyzed. Analytical methods shall conform to 40 CFR Part 136.

PART I. CONTROL OF SLUG DISCHARGES

Does the facility have an existing Slug Control Plan?	Yes		No	
Has the Slug Control Plan been submitted to the Authority for review?	Yes		No	
Date when Slug Control Plan deemed complete by the Authority?				
Have there been any changes to the facility or the operations that would require an update to the Slug Control Plan? Explain below:	Yes		No	

PART J. SPILL PREVENTION

Attach a list of the types and quantity of chemicals used or planned for use. Provide copies of the manufacturer's Safety Data Sheet.

Does the facility have chemical storage containers or bins at the facility?	Yes		No	
Does the facility have floor drains in the manufacturing or chemical storage area(s)?	Yes		No	
Does the facility have floor drains in the wastewater treatment area(s)?	Yes		No	
If the facility has floor drains, where do the floor drains discharge?				

PART K. NON-DISCHARGED WASTES

Are there any waste liquids or sludges generated at the facility and not disposed of into the sanitary sewer system?	Yes		No	
If yes, provide the following information: <i>Attach additional sheets if necessary.</i>				
	Waste(s) Generated	Quantity <i>Specify units</i>	Disposal Method	
1				
2				
3				
4				
5				

Part L. USE OF TOTAL TOXIC ORGANICS (TTO)
Applicable to Categorical Pretreatment standards in 40 C.F.R. Parts 413, 433, 469, 464, 465, 467, and 468.

Please provide a list of Total Toxic Organics used or stored at the facility. If no Total Toxic Organics are used please indicate with an N/A. *Attach additional sheets if necessary.*

AUTHORIZED REPRESENTATIVE CERTIFICATION

I CERTIFY UNDER THE 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 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.

PRINTED NAME AND TITLE	DATE
SIGNATURE	PHONE NUMBER

**INDUSTRIAL PRETREATMENT PROGRAM
 HAZARDOUS WASTE STATEMENT**

Regulations at 40 CFR part 403.12(p) and Resolution No. CWA 2-2011, Chapter 3, Section 3.13 require that Industrial Users (“IUs”) report any substance discharged to the CWA Authority, Inc. (“Authority”) sewer system which, if otherwise disposed of, would be considered a Resource Conservation and Recovery Act (“RCRA”) hazardous waste as set forth at 40 CFR part 261. IUs are required periodically to complete the Hazardous Waste Statement to confirm their discharge status.

INSTRUCTIONS: Facilities that do not discharge wastewater that, if otherwise disposed, would be considered a hazardous waste should complete Part A of this Hazardous Waste Statement. All other facilities must complete Part B of this Hazardous Waste Statement.

Facility Name	
Facility Address (Street)	
Facility Address (City, State, ZIP)	
Contact Name	
Contact E-Mail Address	
Contact Phone Number	
RCRA Identification No. (If One is Issued to the Facility)	

PART A: APPLICABLE TO FACILITIES THAT DO NOT DISCHARGE WASTEWATER THAT, IF OTHERWISE DISPOSED, WOULD BE CONSIDERED A HAZARDOUS WASTE

The above-named facility does not discharge wastewater that, if otherwise disposed, would be considered a hazardous waste. Check the box to confirm this statement and have the Authorized Representative sign the certification statement below.

I certify under the 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 under my responsibility 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 Name (Printed): _____

Title: _____

PART B: FACILITIES THAT DISCHARGE WASTEWATER THAT, IF OTHERWISE DISPOSED, WOULD BE CONSIDERED A HAZARDOUS WASTE MUST COMPLETE THIS SECTION

The above-named facility discharges wastewater that, if otherwise disposed, would be considered a hazardous waste. Check the box to confirm this statement, complete the table below and have the Authorized Representative sign the certification statement below.

Name of Hazardous Waste	EPA Hazardous Waste Number (P-, U-, K-, D-, F- Codes)	Type of Discharge (Continuous, Batch or Other)

Note: If additional rows are needed, attach another page.

If the discharge is greater than 100 kilograms (20.5 pounds) per calendar month, this notification must include the following information to the extent known and readily available:

1. Identification of hazardous constituents in the waste(s);
2. Estimates of mass and concentration of constituents discharged during that calendar month; and,
3. Estimation of the mass of constituents in the waste stream expected to be discharged during the following 12 months.

Any changes to this Hazardous Waste Statement must be reported to CWA Authority, Inc. pursuant to 40 CFR 403.12(j).

If notification is made under 40 CFR 403.12(p), the Industrial User shall certify that it has a program in place to reduce volume and toxicity of hazardous waste generated to the degree it has determined to be economically practical as follows:

Pursuant to 40 CFR part 403.12(p)(4), I certify that _____ (Facility Name) has a program in place to reduce the volume and toxicity of hazardous waste generated to be economically achievable.

I certify under the 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 under my responsibility 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 Name (Printed): _____

Title: _____

INDUSTRIAL DISCHARGE PERMIT APPLICATION CHECKLIST

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

- Completed Application and any supporting documents, including Safety Data Sheets
- Line diagram of showing the flow of the water into, through, and out any processes and treatment until it discharges from the facility
- Completed Hazardous Waste Statement

Failure to fully complete all sections of this application may result in a delay of permit processing. However, certain items in this application will not apply to all industries. Please note such cases by entering "N/A" in the appropriate blank. Water intake and discharge information in this application is must be completed. Actual metered figures should be used if at all possible. Estimated usage may be substituted where information is not available.

A \$150.00 industrial discharge application fee (fee) is due upon submittal of a completed application. The fee will be applied to the permittee's sewer bill. For a new applicant, the fee should be submitted via check made payable to CWA Authority, Inc. and mailed to the address below.

This application must be submitted to the Authority no later than *sixty (60) days prior to the expiration of an existing permit*. New permittees or existing permit holders seeking modifications to their permit must also allow no less than sixty (60) days following submittal of a complete application for the issuance of a new or modified permit.

If you have any questions regarding the completion of this permit application, you may contact any one of the persons listed below.

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

The completed application may be submitted via e-mail to Pretreatment@Citizensenergygroup.com to initiate process; however, the Authority will not issue an Industrial Discharge Permit without the signed original application and the \$150.00 application fee which must be mailed to:

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