

SPECIAL DISCHARGE AGREEMENT APPLICATION CHECKLIST

May 2024

Pursuant to CWA Authority, Inc. (“Authority”) Resolution No. CWA 2-2011, this application form must be completed by applicants seeking permission for temporary discharges to the Authority’s wastewater collection system (“System”) in Indianapolis. As a part of the process, the Authority evaluates the quantity and quality of the wastewater to be discharged to ensure that the System, including the collection system and Belmont and Southport Advanced Wastewater Treatment (AWT) Plants, and its employees are protected, and prevent the introduction of pollutants into the System that may interfere with the normal operation of the System. Visit www.citizensenergygroup.com/pretreatment to review Resolution No. CWA 2-2011, information on the pretreatment program and the current sewer discharge rates.

The following items must be attached to the Special Discharge Agreement Application:

- Completed Application and any supporting documents signed by the Authorized Representative.
- Safety Data Sheets for chemical additives if any such additives are used.
- Analytical data representative of the wastewater to be discharged, analyzed using methods promulgated by U.S. EPA at 40 CFR Part 136 or equivalent.
- Completed Hazardous Waste Statement (at end of application).
- A \$150.00 industrial discharge application fee (“fee”). The fee should be submitted via check made payable to CWA Authority, Inc. and mailed to the address below.

Upon submittal of a complete Special Discharge Agreement Application, the Authority’s review may require up to 14 days. Failure to fully complete all sections of this application or submit the required fee will result in a delay of approval processing.

If you have any questions regarding the completion of the Special Discharge Agreement Application, you may contact any one of the persons listed below.

Beth Noel	317-927-1019	bnoel@Citizensenergygroup.com
Nathaniel Berg	317-927-1018	nberg@Citizensenergygroup.com
Jeff Guinn	317-927-4394	jguinn@Citizensenergygroup.com

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

CWA Authority, Inc.
ATTN: Industrial Pretreatment Program
2020 North Meridian Street
Indianapolis, IN 46202

Please note: Pursuant to the Sewage Disposal Service Tariff, Terms and Conditions for Sewage Disposal Service within Marion County, Indiana, and Contiguous Areas (Terms and Conditions) approved by the Indiana Utility Rate Commission, the appropriate sewage disposal rate, including any appropriate excessive strength surcharges, will be applied to the discharge.

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.

If this application results in a Special Discharge Agreement, Applicant agrees to indemnify, defend, and hold harmless, including attorney fees, CWA Authority, Inc. against any and all claims, damages, losses, costs, or other expenses or liabilities resulting from CWA Authority, Inc.’s acceptance of the Applicant’s wastewater.

APPLICANT INFORMATION (Who is responsible for the discharge?)					
Applicant’s Name:					
Applicant’s Address:					
City:		State:		Zip Code:	
Contact Person:		Phone:		Email:	
PROJECT LOCATION (include project address and nearest major intersection)					
HOW WILL THE WASTEWATER BE DISCHARGED? (Check one)					
	Discharged to Sewer?	Manhole # (Attach map if available):			
		Maximum rate of discharge (gallons per minute):			
		Total volume of discharge (gallons):			
		Expected timeframe for discharge:			
	Hauled to Belmont AWT?	Name of Authority Permitted Hauler:			
		Hauler Contact:			
		Hauler Phone:			
		Hauler Email:			
DESCRIBE BUSINESS ACTIVITY GENERATING THE WASTEWATER TO BE DISCHARGED					

**MATERIALS AT THIS LOCATION THAT COULD REACH THE SEWER OR BE DISCHARGED IN THE WASTEWATER
(include Safety Data Sheets for chemicals at the facility that may be in the wastewater)**

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**WILL ANY WASTEWATER TREATMENT OCCUR PRIOR TO DISCHARGE
(check one)?**

No		Yes	
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If yes, 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

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ANALYTICAL DATA

Attach laboratory 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 or equivalent.

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AUTHORIZED REPRESENTATIVE

This application must be signed by the Authorized Representative as defined in Resolution No. CWA 2-2011

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

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.

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PRINTED NAME	DATE
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SIGNATURE	
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**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 the Hazardous Waste constituents that are to be discharged 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: _____