

SANITARY DISTRICT of HAMMOND

5143 COLUMBIA AVENUE
HAMMOND, INDIANA 46327-1794
TELEPHONE (219) 853-6412-13-14-88
FAX (219) 853-6321

Board of Sanitary Commissioners

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Business Manager

JOSEPH P. ALLEGRETTI
Legal Counsel

INDUSTRIAL USER PRETREATMENT PERMIT APPLICATION/QUESTIONNAIRE

In accordance with Title 40 of the Code of Federal Regulations, Part 403.8(f)(1)(vi)(A), information and data provided in this Permit Application/Questionnaire which identifies the nature and frequency of discharge from your facility shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR 403.14.

All questions must be answered. DO NOT LEAVE BLANKS. If a question is not applicable, indicate so on the form. Instructions for some questions on this form appear after an asterisk (*).

_____ Permit Application

_____ Questionnaire

SECTION A. GENERAL INFORMATION

* Enter your facility's official or legal name (do not use a colloquial name), the mailing address and Premise location, if different from mailing address.

1. Company Name: _____

2. Mailing Address: _____

_____ Zip Code _____

3. Premise Address: _____

_____ Zip Code _____

4. Provide the name of a person who is thoroughly familiar with the facts reported on this form and who can be contacted by HSD (e.g., the plant manager).

_____ Telephone Number: (____) _____

SECTION B. PRODUCT OR SERVICE INFORMATION

1. Check One: _____ Existing Discharge
(For an existing business)
- _____ Proposed Discharge
(For a new business)

If proposed, anticipated date of discharge commencement: _____

2. Identify the type of business conducted (auto repair/servicing, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, laundry/cleaning, photographic processing, etc.):

- a. Does your business store or mix liquid chemicals? YES NO
If Yes, are they for resale: YES NO
- b. Does your business use solvents or flammable substances: YES NO
If Yes, do you recycle them? YES NO
- c. Does your business process food or animal matter? YES NO
- d. Does your business use metals or metal solutions in manufacturing, processing treating waste, etc.? YES NO
- e. Does your business pump or discharge groundwater for construction dewatering or groundwater remediation? YES NO
- f. Does your business have uncovered storage areas or outdoor activities, such as vehicle maintenance, equipment-washing and/or drum-cleaning? YES NO

3. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts:

4. Principal raw materials used to conduct the activities as described in items #1 and #2:
- _____
- _____
- _____
5. Principal Products Produced: _____

SECTION C. PLANT OPERATIONAL CHARACTERISTICS

1. Indicate whether your business activity is continuous throughout the year or if it is seasonal. If the activity is seasonal, note the months of the year during which the activity occurs.
- _____
- _____
2. Does your operation shut down for vacation, maintenance, or other reasons? [] YES [] NO
- If Yes, indicate period when shutdown occurs: _____
3. Shift Information:
- a. Number Shifts per Day: _____
- b. Number of Work Days per Week: _____
- c. Average Number of Employees per Shift:
- 1st _____ 2nd _____ 3rd _____ Total _____
- d. Shift Start Times: 1st _____ 2nd _____ 3rd _____
4. Describe any Water Recycling or Material Reclaiming Processes Utilized:
- _____
- _____
5. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? [] YES [] NO
- If Yes, attach copy.

SECTION D. WATER CONSUMPTION AND LOSS

1. Raw Water Source(s): _____ City Water Department _____ Private Well
 _____ Other _____
2. Water Bill Addressee: _____
3. Water Service Account No's: _____

4. List Past Twelve Months Water Usage from Water Bills:

- a. 1st 6 Month Period, 20____, _____ Gallons
 - b. 2nd 6 Month Period, 20____, _____ Gallons
 - c. Volume from Others Source(s) _____ Gallons/Day
- Name of Other Source(s): _____

* Provide daily average water usage within the facility. Contact cooling water is cooling water that during the process comes into contact with process materials, thereby becoming contaminated. Non-contact cooling water does not come into contact with process materials. Sanitary water includes only water used in restrooms. Plant and equipment washdown includes floor washdown. If sanitary flow is not metered, provide an estimate based on 15 gallons per day (gpd) for each employee.

5. List Water Consumption within the Plant (average volume, gallons per day):

- a. Cooling Water _____
 - b. Boiler Feed _____
 - c. Equipment Washdown _____
 - d. Process _____
 - e. Domestic _____
 - (restrooms, employee showers, etc.) _____
 - f. Other _____
- TOTAL GALLONS PER DAY _____

6. List Average Volume of Discharge or Water Loss (average volume, gallons per day) to:

- a. City Sewer _____
- b. Watercourse, Storm Drain, Ground _____
- c. Waste Haulers _____
- d. Evaporation _____
- e. Plant and Equipment Washdown _____
- f. Irrigation and Lawn Watering _____
- g. Other (Specify) _____
- h. TOTAL _____

7. List Average Water Use and Average Wastewater Discharge for SIC Processes itemized in Section B (attach additional sheets if necessary)

	<u>Process</u>	<u>SIC No.</u>	<u>Water Consumption</u>	<u>Average Discharge</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____

8. Describe any Water Treatment or Conditioning Processes Utilized: _____

SECTION E. SEWER INFORMATION

1. Attach a scaled drawing of your plant site showing the location of all sewers. Also show location of possible sampling points for these sewers and sampling points for regulated SIC processes. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.

* An example of a drawing is shown in Figure 1.

2. List plant sewers shown in Item 1, size and flow; assign sequential number to each sewer starting with Number 1 (if more than 3, attach additional connection information on another sheet):

<u>Reference Number</u>	<u>Sewer Size (inches)</u>	<u>Location of Sewer Connection Point</u>	<u>Average Flow (gpd)</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

* If your facility discharges water other than from restrooms, cafeterias, or non-contaminated cooling water, complete remainder of this form.

* If your facility discharges water only from restrooms, cafeterias, or non-contaminated cooling water, you may sign this form now, and return it to HSD.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individual immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

 Signature of Official

 Date

SECTION F. WASTEWATER INFORMATION

1. Please indicate the quantities discharged from the activities indicated below in units of gallons per day.. The quantities are to be given for each sewer receiving the discharge. Place an asterisk (*) on any outfall discharging to a storm drain or surface course and give the NPDES Outfall Number and NPDES Permit Number.

Type	Discharge Quantity by Sewer Referenced in E-2				TOTAL
	1	2	3		
Process (from D-7)					
a.....					
b.....					
c.....					
Sanitary.....					
Boiler.....					
Cooling.....					
Washdown.....					
Regen. Waste.....					
Other (Specify).....					
Total.....					
NPDES No.....					

2. Is any form of Wastewater Pretreatment utilized at this facility? Yes No

If Yes, briefly describe: _____

3. If any wastewater analyses have been performed on the wastewater discharge from your facility, attach a copy of the most recent date to this Permit Application/Questionnaire. Be sure to include the date of the analysis, name of the laboratory performing the analysis and location(s) from which the sample(s) were taken (attach sketches, plans, etc., as necessary).

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Signature of Official

Date

SANITARY DISTRICT of HAMMOND

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HAMMOND, INDIANA 46320

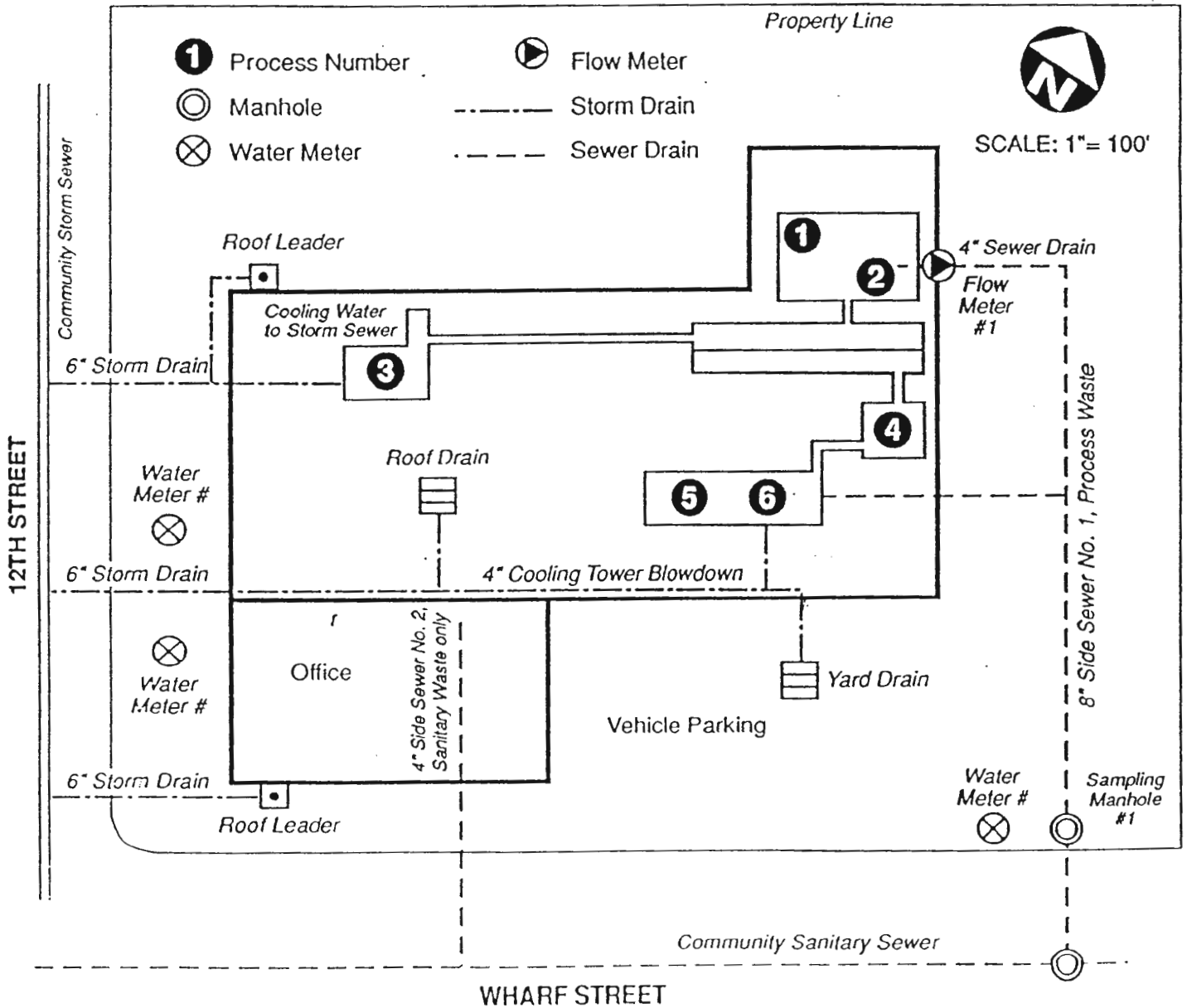
FIGURE 1

GENERAL INSTRUCTIONS: Please use an 8 1/2" x 11" sheet of paper. A large size or a blueprint may be substituted.

BUILDING LAYOUT: Clearly identify: (1) building outline, (2) property lines, (3) a north arrow, (4) scale of drawing, (5) all wastewater drainage plumbing, (6) all storm drains, (7) the location of each existing and/or proposed sampling structure, (8) all side sewers, (9) all water meter locations, (10) all wastewater generating processes, (11) all flow metering devices and (12) a legend for symbols.

John's Flsh Company
1234 Wharf Drive
Martinez, CA 94553

BUILDING LAYOUT - EXAMPLE



Company Name: _____

CHARACTERISTICS OF DISCHARGES

1. Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Present" or "Known to be Present", in your manufacturing or service activity or generated as a by-product. Some compounds are known by other names.

ITEM NO.	CHEMICAL COMPOUND	Suspected Present	Known Present
1.	asbestos (fibrous)	<input type="checkbox"/>	<input type="checkbox"/>
2.	cyanide	<input type="checkbox"/>	<input type="checkbox"/>
3.	antimony (total)	<input type="checkbox"/>	<input type="checkbox"/>
4.	arsenic (total)	<input type="checkbox"/>	<input type="checkbox"/>
5.	beryllium (total)	<input type="checkbox"/>	<input type="checkbox"/>
6.	cadmium (total)	<input type="checkbox"/>	<input type="checkbox"/>
7.	chromium (total)	<input type="checkbox"/>	<input type="checkbox"/>
8.	copper (total)	<input type="checkbox"/>	<input type="checkbox"/>
9.	lead (total)	<input type="checkbox"/>	<input type="checkbox"/>
10.	mercury (total)	<input type="checkbox"/>	<input type="checkbox"/>
11.	nickel (total)	<input type="checkbox"/>	<input type="checkbox"/>
12.	selenium (total)	<input type="checkbox"/>	<input type="checkbox"/>
13.	silver (total)	<input type="checkbox"/>	<input type="checkbox"/>
14.	thallium (total)	<input type="checkbox"/>	<input type="checkbox"/>
15.	zinc (total)	<input type="checkbox"/>	<input type="checkbox"/>
16.	acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>
17.	acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>
18.	acrolein	<input type="checkbox"/>	<input type="checkbox"/>
19.	acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>
20.	aldrin	<input type="checkbox"/>	<input type="checkbox"/>
21.	anthracene	<input type="checkbox"/>	<input type="checkbox"/>
22.	benzene	<input type="checkbox"/>	<input type="checkbox"/>
23.	benzidine	<input type="checkbox"/>	<input type="checkbox"/>
24.	benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>
25.	benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>
26.	3,4-benzofluoranthene	<input type="checkbox"/>	<input type="checkbox"/>
27.	benzo (g, h, i) perylene	<input type="checkbox"/>	<input type="checkbox"/>
28.	benzo (k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>
29.	a-BHC (alpha)	<input type="checkbox"/>	<input type="checkbox"/>
30.	b-BHC (beta)	<input type="checkbox"/>	<input type="checkbox"/>
31.	d-BHC (delta)	<input type="checkbox"/>	<input type="checkbox"/>
32.	g-BHC (gamma)	<input type="checkbox"/>	<input type="checkbox"/>
33.	bis (2-chloroethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>
34.	bis (2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>
35.	bis (2-chloroisopropyl) ether	<input type="checkbox"/>	<input type="checkbox"/>
36.	bis (chloromethyl) ether	<input type="checkbox"/>	<input type="checkbox"/>
37.	bis (2-ethylhexyl) phthalate	<input type="checkbox"/>	<input type="checkbox"/>
38.	bromodichloromethane	<input type="checkbox"/>	<input type="checkbox"/>
39.	bromoform	<input type="checkbox"/>	<input type="checkbox"/>
40.	bromomethane	<input type="checkbox"/>	<input type="checkbox"/>
41.	4-bromophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>
42.	butyl benzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>
43.	carbon tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>
44.	chlordan	<input type="checkbox"/>	<input type="checkbox"/>
45.	4-chloro-3-methylphenol	<input type="checkbox"/>	<input type="checkbox"/>
46.	chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>

ITEM NO.	CHEMICAL COMPOUND	Suspected Present	Known Present
47.	chloroethane	<input type="checkbox"/>	<input type="checkbox"/>
48.	2-chloroethyl vinyl ether	<input type="checkbox"/>	<input type="checkbox"/>
49.	chloroform	<input type="checkbox"/>	<input type="checkbox"/>
50.	chloromethane	<input type="checkbox"/>	<input type="checkbox"/>
51.	2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>
52.	2-chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>
53.	4-chlorophenyl phenyl ether	<input type="checkbox"/>	<input type="checkbox"/>
54.	chrysene	<input type="checkbox"/>	<input type="checkbox"/>
55.	4,4' - DDD	<input type="checkbox"/>	<input type="checkbox"/>
56.	4,4' - DDE	<input type="checkbox"/>	<input type="checkbox"/>
57.	4,4' - DDT	<input type="checkbox"/>	<input type="checkbox"/>
58.	dibenzo (a,h) anthracene	<input type="checkbox"/>	<input type="checkbox"/>
59.	dibromochloromethane	<input type="checkbox"/>	<input type="checkbox"/>
60.	1,2-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>
61.	1,3-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>
62.	1,4-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>
63.	3,3'-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>
64.	1,1-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>
65.	1,2-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>
66.	1,1-dichloroethene	<input type="checkbox"/>	<input type="checkbox"/>
67.	1,2-trans-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>
68.	2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>
69.	1,2-dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>
70.	(cis & trans) 1,3-dichloro- propene	<input type="checkbox"/>	<input type="checkbox"/>
71.	dieldrin	<input type="checkbox"/>	<input type="checkbox"/>
72.	diethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>
73.	2,4-dimethylphenol	<input type="checkbox"/>	<input type="checkbox"/>
74.	dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>
75.	di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>
76.	di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>
77.	4,6-dinitro-o-cresol	<input type="checkbox"/>	<input type="checkbox"/>
78.	2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>
79.	2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>
80.	2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>
81.	1,2-diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>
82.	a-endosulfan (alpha)	<input type="checkbox"/>	<input type="checkbox"/>
83.	b-endosulfan (beta)	<input type="checkbox"/>	<input type="checkbox"/>
84.	endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>
85.	endrin	<input type="checkbox"/>	<input type="checkbox"/>
86.	endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>
87.	ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>
88.	fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>
89.	fluorene	<input type="checkbox"/>	<input type="checkbox"/>
90.	heptachlor	<input type="checkbox"/>	<input type="checkbox"/>
91.	heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>
92.	hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>
93.	hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>

