CITY OF PLYMOUTH WASTEWATER TREATMENT FACILITY
PLYMOUTH, INDIANA
INDUSTRIAL/COMMERCIAL WASTEWATER PRETREATMENT PERMIT APPLICATION

1. Name of Facility	
2. Mailing Address	
3. Address of Facility	

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief, such information is true, complete and accurate.

Printed Name of Signing Official _____ Title _____

Signature of Signing Official _____ Date _____

4. Applicant's Authorized Agent or Contact Person

Name and Title _____

Mailing Address (if different from above) _____

Telephone # _____ Fax # _____

SECTION II PLANT OPERATIONS

1. Standard Industrial Classification (SIC) Code(s) for the facilities and/or principal products:

_____

_____

2 Does your facility currently or plan to generate and discharge wastewater to the Plymouth Wastewater Utility other than domestic sewage?

☐ YES ☐ NO

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3. Does your facility currently or plan to generate and discharge wastewater subject to National Categorical Pretreatment Standards pursuant to the Code of Federal Regulations (40 CFR part 403)

☐ YES ☐ NO

If yes, please list category(s) by name:

_____
_____
_____

Has a baseline report (403.12(b)) been developed/submitted? If so, when _____ (date)

☐ YES ☐ NO

Please attach a copy to this application.

4. Provide a detailed description of the manufacturing process/service activity at the facility, which results in the generation and discharge of the process water / wastewater / non contact cooling water (use additional sheets, as necessary).

5. Principal raw products used:

6. Chemicals and compounds used:

7. Provide a flow/diagram schematic of the wastewater generation process, treatment (if applicable), equalization, and discharge location point(s) to the City's collection system. Indicate any metering and/or monitoring points.

8. List intake water sources and volumes:

Source	**Volume**
Municipal Water System	_____ gal/day
Private Well	_____ gal/day
Surface Water	_____ gal/day
Other _____ (specify)	_____ gal/day

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9. List average water usage for:
(use additional sheets, if necessary)

Process Waste Stream # 1

_____ _____ gal/day (metered or estimated)
(Description) (Continuous/Batch) if batch, what is the frequency

Process Waste Stream # 2

_____ _____ gal/day (metered or estimated)
(Description) (Continuous/Batch) if batch, what is the frequency

Process Waste Stream # 3

_____ _____ gal/day (metered or estimated)
(Description) (Continuous/Batch) if batch, what is the frequency

Process Waste Stream # 4

_____ _____ gal/day (metered or estimated)
(Description) (Continuous/Batch) if batch, what is the frequency

10. List average volume of discharge or water loss to (breakdown for <u>each</u> process):

Process	# 1	# 2	# 3	# 4	
Municipal Collection System					gal/day
Natural Outlet					gal/day
Water Hauler					gal/day
_____ (name)					gal/day
Evaporation					gal/day
Contained in Product					gal/day
Other _____ (specify)					gal/day
Total	0	0	0	0	gal/day

11. Does your facility have a pollution prevention plan?

☐ YES ☐ NO Attach if yes

12. Does your facility have a pollutant minimization program?

☐ YES ☐ NO Attach if yes

SECTION III PRETREATMENT

1. Describe any wastewater treatment or process in **use** or **planned** (if planned, provide schedule for completion and applicable Indiana Department of Environmental Management (IDEM) construction permitting information).

_____
_____
_____
_____
_____

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2. Describe methods used/to be used to dispose of pretreatment sludges/residuals.

_____

_____

_____

3. Is your pretreatment facility under the control of a operator certified with the appropriate classification by the Indiana Department of Environmental Management (IDEM)?

☐ YES ☐ NO

If yes, please provide operator's name, classification, and certification number.

_____ _____ _____

(Name) (Class) (Number)

SECTION IV FLOW EQUALIZATION

Does your facility provide or plan to provide flow equalization of the process(s) flow(s)?

☐ YES ☐ NO

If yes, what is the equalization facilities holding capacity?

_____ gal. _____ (storage time)

SECTION V WASTEWATER CHARACTERISTICS

1. Attach any 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 (i.e., grab, composite), and analysis method used including detection limits.

2. If no sampling data is available, testing must be performed on the discharge for any pollutant believed to be present. The sample must be a 24-hour composite taken during normal production activity and/or representing typical wastewater flows. A representative list of is contained in Table 1 attached to this application. Please check the pollutants you know or suspect of being in your discharge.

SECTION VI CONTACT PERSON AND MAILING ADDRESSES

For administrative or technical questions concerning this form, please contact:

Mrs. Kathryn Jung and Mr. Jason Wallace
Pretreatment Coordinators
City of Plymouth Wastewater Treatment Facility
900 Oakhill Avenue
Plymouth, Indiana 46563
Telephone (574)936-3017 Fax (574)936-3017
Email: pretreatment@plymouthin.com

Please return completed form to:

City of Plymouth Wastewater Treatment Facility
c/o Pretreatment Coordinator
900 Oakhill Avenue
Plymouth, Indiana 46563
Fax: (574)936-3017