

Columbia City Water Pollution Control Facility Temporary Discharge Permit Application

Fees and other conditions apply and will be determined after submittal

General Information:

Facility or Company Name: _____

Type of Business: _____

SIC Code: _____

Facility Address:

Street: _____

City: _____ State: _____ Zip: _____

Site Address: (if different):

Street: _____

City: _____ State: _____ Zip: _____

Billing Mailing/Billing Address:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Contact Person (with authority) Name: _____

Title: _____ Tel. #: _____

Alternate Contact (with authority) Name: _____

Title: _____ Tel. #: _____

Is there an environmental consultant or a licensed site professional (LSP) on the job?

Yes No N/A

Consultant or LSP Name (if applicable): _____

Consultant Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Contact Person (with authority) /Title: _____

Telephone #: _____

Alternate Contact (with authority) /Title: _____

Telephone #: _____

Correspondence concerning this Temporary Discharge Permit (TDP) should be directed to

(check one) :

Facility Consultant

Type of TDP requested (check one):

New Permit

Renewal Current permit expires on: _____

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State Reason for TDP Application:

Characteristics of the Wastewater:

Complete this section and supply supporting documents from an Indiana Environmental Certified Laboratory. All analysis must be performed according to 40 CFR Part 136 and proper chain of custody forms must be included.

Pollutants in Wastewater (including Hazardous and Toxic Substances):

* Analytical tests and frequency of sampling will be determined by WPCF personel before discharge can take place.

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<u>Pollutants</u>	<u>EPA Method</u>	<u>Concentration</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach Additional Sheet if Necessary

Is the facility site under Environmental Enforcement Action?

Yes No

Are IDEM or EPA personnel associated with this site? (if applicable)

The discharger will comply with all special conditions imposed on this permit and those included in the Columbia City Sewer Use Ordinance, Chapter 55 Pretreatment of Pollutants, Section 55.023 Local Limits.

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Nature of Discharge:

Is the TDP for (check one):

- Industrial Process Wastewater
- Site Clean-up Wastewater
- Other (explain)

The discharge will be (check one):

- Continuous
- Batch
- Other (explain)

Volume of wastewater to discharge:

Volume will be (check one):

- Measured
- Estimated

Discharge rate expected in gallons per minute:

- Measured
- Estimated

The expected time of discharge is estimated to be:

Days per week: _____

Hours per day: _____

Discharge start date: _____

Discharge end date: _____

Flow to the sewer will be (check one):

- Pump
- Gravity
- Other Explain:

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The connection to the sewer system is (check one):

- Existing sewer connection
- Temporary connection

Size of the sanitary sewer line to which the wastewater will be discharged: _____

Is any type of pretreatment expected to be done on the wastewater before being discharged?

- No
- Yes

Explain: _____

Process Description:

Attach the following documents:

Background History of Site

Site Map

Schematic of Process Discharge Lines

Applicable SDS(s)

Pretreatment Facility Description and Schematic

Location of Sewer Control Manhole

Time Table of Project

TDP Sewer Use Fee: A sewer use fee will be assessed as follows:

fee = Minimum charge of \$75.00 for 1000 gallons or less.

fee = \$.05 per gallon first 1001 to 5000 gallons.

fee = \$.03 per additional gallons over 5001.

* Additional surcharges will be assessed on any conventional pollutant that exceeds local SUO limit.

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Application Process Fee:

A nonrefundable process fee of \$75.00 is required from all applicants. Please submit check or money order, do not send cash, payable to City of Columbia City. Please submit application and process fee to:

**City of Columbia City
112 S. Chauncey St.
Columbia City, IN 46725
Att: Pretreatment Program**

The TDP permit application will be processed within 15 days of receipt of the completed application and fee.

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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 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.

Name

Title

Signature

Date

Phone

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