SECTION A – GENERAL FACILITY INFORMATION

1. Business Information: Include LLC, Inc., etc., if applicable.

Facility Name:		
Physical Address: Street: City:	State:	Zip:
Mailing Address: Street: City:	State:	Zip:
Business/Operator Name: ***Is this business/operator the owner of the facility?*** ◯ **YES** ◯ **NO** If **NO**, submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.		
If the business operates in another jurisdiction, list location(s), name(s), and address(es):		

2. Contact Information:

Authorized Signatory		
Name:		Title:
Street Address: City:	State:	Zip:
Phone:	Mobile:	Email:
Designated Authorized Representative *(if applicable)*		
Name:		Title:
Street Address: City:	State:	Zip:
Phone:	Mobile:	Email:
Billing Contact: *Location where IPP Annual Bill will be mailed*		
Name:		Title:
Street Address: City:	State:	Zip:
Phone:	Mobile:	Email:
Designated Facility Contact: *Contact for general correspondence, inspection and sample scheduling, etc.*		
Name:		Title:
Street Address: City:	State:	Zip:
Phone:	Mobile:	Email:
Alternative Designated Facility Contact: . *(if applicable)*		
Name:		Title:
Street Address: City:	State:	Zip:
Phone:	Mobile:	Email:

SECTION B – FACILITY OPERATIONS and BUSINESS ACTIVITIES

1. **If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category/activity** (check all that apply)

	Aluminum Forming		Metal Finishing
	Asbestos Manufacturing		Nonferrous Metals Forming
	Battery Manufacturing		Nonferrous Metals Manufacturing
	Can Making		Organic Chemical Manufacturing
	Carbon Black Manufacturing		Paint and Ink Formulating
	Coal Mining		Paving and Roofing Manufacturing
	Coil Coating		Pesticides Manufacturing
	Copper Forming		Petroleum Refining
	Dairy Product Processing or Manufacturing		Pharmaceutical Manufacturing
	Electric and Electronic Components Manufacturing		Plastic and Synthetic Material Manufacturing
	Electroplating		Porcelain Enameling
	Feedlots		Printed Circuit Board Manufacturing
	Fertilizer Manufacturing		Pulp, Paper, and Fiberboard Manufacturing
	Foundries (Metal Molding and Casting)		Rubber Manufacturing
	Glass Manufacturing		Soap and Detergent Manufacturing
	Grain Mills		Steam Electric Power Generating
	Inorganic Chemicals		Sugar Processing
	Iron and Steel		Textile Mills
	Leather Tanning and Finishing		Timber Products
	Meat and Poultry Products		Transportation Equipment Cleaning
	Other (Describe):		

SECTION B (cont.) – FACILITY OPERATIONS and BUSINESS ACTIVITIES

2. **Give a brief description of all operations at this facility including primary products or services.** *Attach additional sheets if necessary.*

_____

_____

_____

_____

_____

_____

_____

_____

_____

3. **Provide applicable North American Industry Classification System (NAICS) and Standard Industrial Classification (SIC) Codes for all processes**

NAICS Code(s):	1.	2.	3.	4.
SIC Code(s):	1.	2.	3.	4.

4. **Production Rate Information** *Attach additional sheets if necessary.*

Product	**Past Calendar Year Amounts per Day (specify Units)**		**Estimate This Calendar Year Amounts per Day (specify Units)**	
	Average	Maximum	Average	Maximum

a. ***Production-based Categorical Users applying for a renewed permit only:***
Specify facility's average production rate for the past 5 years:_____

SECTION C – WATER SUPPLY and USAGE INFORMATION

1. **What is the source of the incoming water used at the facility?** Check all that apply.

   ◯ Municipal Water Utility (specify city): _____
   ◯ Private Well
   ◯ Surface Water
   ◯ Other (specify): _____

2. **Water Service Account Information**

Account Number:		
Name on bill:		
Address: Street:		
City:	State:	Zip:

3. **Incoming Water Usage**
   Facilities may estimate and must include documentation detailing how estimates were determined.

Type	Average Water Usage in Gallons Per Day (GPD)	Indicate Estimated (E) or Measured (M)
Cooling Water – Contact		
Cooling Water – Non-contact		
Boiler feed		
Process Water		
Sanitary		
Air pollution control		
Contained in product		
Plant and equipment washdown		
Irrigation and lawn watering		
Other (describe):_____		
Other (describe):_____		
Other (describe):_____		
TOTAL of all Types (GPD):		

SECTION D – PUBLIC SANITARY SEWER INFORMATION

1. ***Sewer Information for Existing businesses only:***

   a. **Is the building your facility operates in currently connected to the public sanitary sewer system?** ◯ **YES** ◯ **NO**

   If **YES**, provide the sanitary sewer account number: _____

   If **NO**: Have you ever applied for a sanitary sewer hookup? ◯ **YES** ◯ **NO**

2. ***Sewer Information for new businesses only:***

   a. **Will the business be occupying an existing vacant building (such as an industrial park, etc.)?** ◯ **YES** ◯ **NO**

   b. **If a new building is to be constructed, have you applied for a permit?** ◯ **YES** ◯ **NO**

   c. **Will the business be connected to the public sanitary sewer system?** ◯ **YES** ◯ **NO**

3. **Discharge Information** List size, descriptive location, and flow of each facility sewer which connects to the public sanitary sewer system. *Attach additional sheets if necessary.*

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

SECTION E – WASTEWATER DISCHARGE INFORMATION

1. **Does (or will) this facility discharge any wastewater other than sanitary?**
   ◯ **YES** - If **YES**, continue
   ◯ **NO** - If **NO**, skip to Section G

2. **ATTACHMENT #1 (REQUIRED) – Detailed Flow and Process Diagram(s)**
   The diagram(s) must show, for each process in which wastewater is/will be generated, the flow of materials, products, chemicals, water, and wastewater from the start of the process to its completion. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate – if estimates are used, this MUST be indicated). Number each process – use these same numbers throughout this application where applicable. Use the space below or attach sheets as necessary. This drawing should be certified by a State Registered Professional Engineer. See Figure 1 in the application directions for an example.

SECTION E (cont.) – WASTEWATER DISCHARGE INFORMATION

3. **Does your facility perform any of the industrial processes or business activities listed in SECTION B, question #1?**
   ◯ **YES** - If **YES**, complete question #5
   ◯ **NO** - If **NO**, complete question #4

4. ***For Non-Categorical Users Only:*** **Provide the wastewater discharge flow information for each of your processes or proposed processes. Use the reference numbers used in ATTACHMENT #1 that correspond to each process. New facilities should provide estimates.** *Attach additional sheets if necessary.*

Number	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

5. ***For Categorical Users Only:*** **Provide the wastewater discharge flow for each of your processes or proposed processes. Use the reference numbers used in ATTACHMENT #1 that correspond to each process. New facilities should provide estimates.** *Attach additional sheets if necessary.*

Number	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
Number	**Unregulated Process**	**Average Flow (GPD)**	**Maximum Flow (GPD)**	**Type of Discharge (batch, continuous, none)**
Number	**Dilution**	**Average Flow (GPD)**	**Maximum Flow (GPD)**	**Type of Discharge (batch, continuous, none)**

SECTION E (cont.) – WASTEWATER DISCHARGE INFORMATION

6. **Provide the following information for the non-sanitary wastewater –** ***new facilities may estimate***

   a. **Hours of Discharge per day (e.g. 9am-5pm)**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

   b. **Peak hourly flow rate (GPH):** _____

   c. **Maximum daily flow rate (GPD):** _____

   d. **Annual daily average (GPD):** _____

7. ***FOR BATCH DISCHARGERS ONLY – new facilities may estimate***

   a. **Number of batch discharges per day:** _____

   b. **Average discharge per batch (GPD):** _____

   c. **Time frame of batch release(s) (days of week/hours of day):** _____

   d. **Flow rate in Gallons Per Minute (GPM):** _____

   e. **Percent of total discharge:** _____

8. **Fill out the table below for monitoring equipment.**

Do you have, or plan to have, the following equipment at this facility?	**YES**	**NO**	**CURRENT or PLANNED**
Continuous Flow Metering Equipment			
Continuous pH Metering Equipment			
Automatic Sampling Equipment			

9. List below the type and model of all monitoring equipment, current or planned. Attach the manufacturers' documents related to calibration frequency for all equipment as **ATTACHMENT #2 – Monitoring Equipment Calibration Information**. *Attach additional sheets if necessary.*
   NOTE: pH monitoring equipment is required for all facilities.

_____

_____

_____

10. ***If your facility does not use continuous flow metering equipment:***
    Describe how your facility calculates or plans to calculate the gallons per day (GPD) of wastewater discharged (e.g. incoming water meter, batch tank volume, etc. Provide any calculations that may be used to arrive at your GPD.) *Attach additional sheets if necessary.*

_____

_____

_____

_____

SECTION E (cont.) – WASTEWATER DISCHARGE INFORMATION

11. Are any process changes or expansions planned during the next five years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge. ◯ **YES** ◯ **NO**
If **YES**, briefly describe these changes and their effects on the wastewater volume and characteristics. *Attach additional sheets if necessary*

_____

_____

_____

_____

_____

12. ***For Categorical Users subject to Total Toxic Organic (TTO) Requirements only:***

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO specialized definition as found in 40 CFR 433.11(e)? ◯ **YES** ◯ **NO**

b. Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information? ◯ **YES** ◯ **NO**
If **YES**, list the date this information was last submitted to IPP: _____

c. Has a Toxic Organic Management Plan (TOMP) been developed? ◯ **YES** ◯ **NO**
If **YES**, attach a copy as **ATTACHMENT A – Toxic Organic Management Plan.** *Electronic copies are accepted.*

13. ***For Categorical Users using Engineering Calculations in lieu of analysis only:***

a. What was the last year the Engineering Calculations were performed? _____
If Calculations were performed >10 years ago, new Calculations must be submitted.
If Calculations were performed <10 years ago, submit a copy of the most recent Calculations
Include either of the above as **ATTACHMENT B – Engineering Calculations**

14. Are any recycling or reclamation systems in use or planned? ◯ **YES** ◯ **NO**
If **YES**, briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. *Attach additional sheets if necessary*

_____

_____

_____

_____

_____

SECTION F –CHARACTERISTICS OF DISCHARGE

1. **Completely fill in the table below as follows:**

- Place one of the following code letters in the 'Presence' column to indicate the status of each pollutant in any wastestream prior to treatment. Include as known or suspected to be present those pollutants that are used, produced, and/or stored at the facility, even if treatment is used or planned. Refer to your SDSs for guidance. **Do not leave any pollutant unmarked.**:
    - **"P"** to indicate pollutants as known (or expected) to be present
    - **"S"** to indicate pollutants suspected to (or suspected will) be present, or
    - **"O"** to indicate pollutants are not known (or expected) to be present

- The columns for "Daily Max" and "Units" should be filled in for any pollutant marked with a "P" or "S" where analytical data is available.
    - IPP may require analytical testing to be performed and submitted for any pollutant marked with a "P" or "S" if testing has not yet been performed.

- Provide the following additional information based on the permit application type:

    - **Initial permit applicants:** Complete the table as indicated above. Additionally, for each pollutant marked as "P" or "S", complete the additional table in #2 of this Section and attach copies of all lab reports containing data referenced in the tables below. Submit these reports as **ATTACHMENT C – Analytical Data**. *Contact IPP for further information regarding the pollutants to be analyzed, sampling location(s), sampling methods, and other requirements.*

    - **Permit renewals:** Complete the table as outlined above. IPP may require additional sampling based on the information provided.

NOTE: If any analytical data is required to be submitted, all sampling and analytical methods used must conform to 40 CFR 136 and be performed at a Massachusetts DEP-certified laboratory.

SECTION F (cont.) –CHARACTERISTICS OF DISCHARGE

Pollutant	Presence Code			If marked as "P" or "S", indicate the daily max concentration or mass	Units
	P	S	O		
Acenaphthene					
Acrolein					
Acrylonitrile					
Benzene					
Benzidine					
Carbon Tetrachloride					
Chlorobenzene					
1,2,4-Trichlorobenzene					
Hexachlorobenzene					
1,2-Dichloroethane					
1,1,1-Trichloroethane					
1,1,2,2-Tetrachloroethane					
Chloroethane					
Bis(2-Chloroethyl) ether					
17 Bis (chloro methyl) ether					
2-Chloroethyl vinyl ether					
2-Chloronaphthalene					
2,4,6-Trichlorophenol					
Parachlorometa cresol					
Chloroform					
2-Chlorophenol					
1,2-Dichlorobenzene					
1,3-Dichlorobenzene					
1,4-Dichlorobenzene					
3,3-Dichlorobenzidine					
1,1-Dichloroethylene					
1,2-Trans-Dichloroethylene					
2,4-Dichlorophenol					
1,2-Dichloropropane					
1,2-Dichloropropylene					
1,3-Dichloropropylene					
2,4-Dimethylphenol					
2,4-Dinitrotoluene					
2,6-Dinitrotoluene					
1,2-Diphenylhydrazine					
Ethylbenzene					
Fluoranthene					
4-Chlorophenyl Phenyl Ether					
4-Bromophenyl Phenyl Ether					
Bis(2-Chloroethyl)ether					
Bis(2-chloroethoxy)methane					
Methylene Chloride					

SECTION F (cont.) –CHARACTERISTICS OF DISCHARGE

Pollutant	Presence Code			If marked as "P" or "S", indicate the daily max concentration or mass	Units
	P	S	O		
Methyl Chloride					
Bromoform					
Dichlorobromomethane					
Hexachlorobutadiene					
Hexachlorocyclopentadiene					
Isophorone					
Naphthalene					
Nitrobenzene					
Nitrophenol					
2-Nitrophenol					
4-Nitrophenol					
2,4-Dinitrophenol					
4,6-Dinitro-O-Cresol					
N-Nitrosodimethylamine					
N-Nitrosodiphenylamine					
N-Nitrosodi-N-Propylamine					
Pentachlorophenol					
Phenol					
Bis(2-ethylyhexyl)phthalate					
Butylbenzyl Phthalate					
Di-N-Butyl Phthalate					
Di-N-Octyl Phthalate					
Diethyl Phthalate					
Dimethyl Phthalate					
Benzo(a)pyrene					
3,4-Benzofluoranthene					
Benzo(k)fluoranthene					
Chrysene					
Acenaphthylene					
Anthracene					
Benzo(ghi)perylene					
Fluorene					
Phenanthrene					
Dibenzo(a,h)anthracene					
Indeno(1,2,3-cd)pyrene					
Pyrene					
Tetrachloroethylene					
Toluene					
Trichloroethylene					
Vinyl Chloride					
Aldrin					
Dieldrin					

SECTION F (cont.) –CHARACTERISTICS OF DISCHARGE

Pollutant	Presence Code			If marked as "P" or "S", indicate the daily max concentration or mass	Units
	P	S	O		
Chlordane					
4,4'-DDT					
4,4'-DDE					
4,4'-DDD					
Alpha-Endosulfan					
Beta-Endosulfan					
Endosulfan Sulfate					
Endrin					
Endrin Aldehyde					
Heptachlor					
Heptachlor Epoxide					
Alpha-BHC					
Beta-BHC					
Gamma-BHC					
Delta-BHC					
Toxaphene					
TCDD (Dioxins)					
Asbestos					
Acidity					
Alkalinity					
PCB-1242					
PCB-1254					
PCB-1221					
PCB-1232					
PCB-1248					
PCB-1260					
PCB-1016					
Bacteria					
BOD_5					
Chloride					
Chlorine					
Fluoride					
Hardness					
Magnesium					
NH_3-N					
Oil and Grease					
TSS					
TOC					
Kjeldahl N					
Nitrate N					
Nitrite N					
Organic N					

SECTION F (cont.) –CHARACTERISTICS OF DISCHARGE

Pollutant	Presence Code			If marked as "P" or "S", indicate the daily max concentration or mass	Units
	P	S	O		
Orthophosphate P					
Phosphorous					
Sodium					
Specific Conductivity					
Sulfate (SO_4)					
Sulfide (S)					
Sulfite (SO_3)					
Antimony					
Arsenic					
Barium					
Beryllium					
Cadmium					
Chromium					
Copper					
Cyanide					
Lead					
Mercury					
Nickel					
Selenium					
Silver					
Thallium					
Zinc					
Any additional pollutants regulated by state or local laws:	**Presence Code**			**If marked as "P" or "S", indicate the daily max concentration or mass**	**Units**
	P	**S**	**O**		

2. ***For Initial Permit applicants only.*** **Fill in the table below for all each pollutant above marked with a "P" or "S". Please include all recent sampling events.** *Attach additional sheets if necessary, using the same table format below.*

Pollutant	Sampling Location	Method Used	Total Number of Analyses	Detection Level Used	Max. Daily Conc. (or Mass) Value – with units	Average Conc. (or Mass) of Analyses – with units

SECTION G – WASTEWATER TREATMENT

1. **Do you use any technologies for treating wastewater or sludge?** ◯ **YES** ◯ **NO**
   If **NO** treatment, skip to the next Section
   If **YES**, select all that apply in the table below

	Biological Treatment (Type: _____)		Centrifuge
	Chemical Addition and/or Precipitation		Chlorination
	Cyclone		Dissolved Air Flotation
	Filtration		Flow Equalization
	Grease or Oil Separation (Type: _____)		Grease Trap
	Grinding Filter		Grit Removal (Screen, etc.)
	Ion Exchange		Ozonation
	pH Neutralization		Rainwater Diversion or Storage
	Reverse Osmosis		Sedimentation
	Septic Tank		Solvent Separation
	Sump		Other (Type: _____)
	Other (Type: _____)		Other (Type: _____)

2. **Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment item selected above.** *Attach additional sheets if necessary.*

_____

_____

_____

_____

_____

_____

_____

_____

3. **Describe any changes in treatment or disposal methods planned in the next five years or currently under construction for the wastewater discharge to the sewer. Include estimated completion dates.**

_____

_____

_____

_____

_____

_____

_____

SECTION G (cont.) – WASTEWATER TREATMENT

4. **Do you have a treatment operator(s)?** ◯ **YES** ◯ **NO**
   If **YES**, complete the following: *Attach additional sheets if necessary*

Name:	Title:
Phone:	License Type (if any):
Working hours/days:	
Name:	Title:
Phone:	License Type (if any):
Working hours/days:	
Name:	Title:
Phone:	License Type (if any):
Working hours/days:	

5. **Do you have a manual(s) and/or Standard Operating Procedure(s) on the correct operation of all selected treatment equipment?** ◯ **YES** ◯ **NO**
   NOTE: IPP may request these documents for review

6. **Do you have or plan to have a written maintenance schedule(s) for all current or planned treatment equipment?** ◯ **YES** ◯ **NO**
   If NO, include an explanation for any treatment process not having a maintenance schedule below.

_____

_____

_____

_____

_____

_____

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

1. **Facility and Personnel Schedule** Note: Provide Hour Range (e.g. 9am-5pm)

Day of Week	Office-only		1st Shift		2nd Shift		3rd Shift	
	Employee Number	Hours	Employee Number	Hours	Employee Number	Hours	Employee Number	Hours
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

   a. **Indicate whether the business activity is:** ◯ **Continuous** ◯ **Seasonal**
   If seasonal, indicate which months/periods activity occurs: _____

   b. **Indicate whether facility discharge is:** ◯ **Continuous** ◯ **Seasonal**
   If seasonal, indicate which months/periods discharge occurs: _____

   c. **Do operations shut down for vacations, maintenance, or other reasons?** ◯ **YES** ◯ **NO**
   If **YES**, indicate reasons and period(s) of time shutdown(s) occurs: _____
   _____

2. **List type and amounts of raw materials used or planned for use in production. Use the reference numbers from ATTACHMENT #1.** *Attach additional sheets if necessary, using the table below.*

Process Number	Raw Material	Average Used Per Day	Maximum Used Per Day	Amount Stored On-Site

3. **List all chemicals used or intended to be used at the facility. Include all chemicals, including those used in wastewater treatment, equipment washdown, etc. Attach all Safety Data Sheets (SDSs) as ATTACHMENT #3 – *electronic versions are accepted.*** *Attach additional sheets if necessary, using the table below.*

Chemical	Concentration (with units)	Amount Used Per Year	Purpose of Chemical

SECTION H (cont.) – FACILITY OPERATIONAL CHARACTERISTICS

4. **ATTACHMENT #4 (REQUIRED) – Facility Layout**
   The drawing should be to scale and include the location of each building on the premises. The drawing must show the entire perimeter of the facility's site, building locations, entrances and exits, main offices, production and/or manufacturing areas, water meters, storm drains, chemical and hazardous waste storage areas, wastewater treatment area(s), and existing/planned sampling point(s). Use the space below or attach a blueprint/drawing of the facility showing all items listed above. The drawing should be certified by a State Registered Professional Engineer. See Figure 2 of the application instructions for an example.

SECTION I – BEST MANAGEMENT PRACTICES

1. **Does the facility employ any Spill Prevention and/or Best Management Practices (BMPs) to prevent pollutants from entering the facility's wastestream(s)?** ◯ **YES** ◯ **NO**
   If **YES**, please detail below – *attach additional sheets if necessary;* or submit a copy as **ATTACHMENT C- Best Management Practices - *Electronic versions accepted.***

_____

_____

_____

2. **Do you have or plan to have chemical containment (such as flammables cabinets, spill pallets, berms, bins, ponds, etc.) at your facility?** ◯ **YES** ◯ **NO**
   If **YES**, complete table below. If any buried metal containers are present, indicate if they have cathodic protection. *Attach additional sheets if necessary, using the table below.*

Containment Type	Location	Contents	Size (with units)	Frequency/Method of Cleaning

3. **Are there storm or sewer drains in chemical storage areas or near where chemicals are used or expected to be used?** ◯ **YES** ◯ **NO**

4. **Are there floor drains in any manufacturing or chemical use/storage areas or near where they are expected to be?** ◯ **YES** ◯ **NO**
   If **YES**, could an accidental spill lead to a discharge to any of the following:

	Onsite disposal or treatment
	Public sewer system
	Storm Drain
	To Ground
	Other (Specify: _____)
	N/A – No possible discharge to any of the above routes

5. **Do you have a Slug Control Plan to prevent spills of chemicals and slug discharges from entering the collection system?**

	YES		NO		N/A – facility has no floor drains OR discharges only sanitary waste

   If **YES**, include a copy as **ATTACHMENT D – Slug Control Plan** - ***Electronic versions accepted.***

6. **Describe any previous spill or slug events and the remedial measures taken to prevent any recurrence.** *Attach additional sheets if necessary.*

_____

_____

_____

_____

SECTION J – NON-DISCHARGED WASTES

1. **Are any waste liquids, sludges, or solids generated at the facility and not discharged to the sewer system?** ◯ **YES** ◯ **NO**
   If **YES**, describe below. *Attach additional sheets if necessary.*
   If **NO**, skip the remainder of Section J.

Waste Generated	Quantity (per year)	Disposal Method	Indicate if disposal is on-site or off-site	If disposal is to a centralized waste facility, identify facility

   a. **If an outside firm removes any of the above wastes, state the name(s) and address(es) of all waste haulers** *Attach additional sheets if necessary*.

Name	
Address	
Permit # (if applicable)	
Name	
Address	
Permit # (if applicable)	
Name	
Address	
Permit # (if applicable)	

   b. **If non-discharged liquids, sludges, and/or solids are stored on site, detail where and how they are stored.** *Attach additional sheets if necessary.*

_____

_____

_____

_____

2. **Has your facility been issued any Federal, State, or local environmental permits?** ◯ **YES** ◯ **NO**
   If **YES**, list the permit(s) and any other pertinent details: *Attach additional sheets if necessary.*

_____

_____

_____

_____

SECTION K – AUTHORIZED SIGNATURE AND CERTIFICATION

1. **Are all applicable Federal, State, and local pretreatment standards and requirements being met on a consistent basis?**

	YES		NO		Not Yet Discharging

If **YES** or **Not Yet Discharging**, proceed to item 2.
If **NO**, complete the following:

   a. **What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice(s) being considered in order to bring the facility into compliance.** *Attach additional sheets if necessary.*

_____

_____

_____

_____

_____

   b. **Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates.** *Attach additional sheets if necessary*.
   NOTE: If IPP issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted below.

Milestone Activity	Completion Date

SECTION K (cont.) – AUTHORIZED SIGNATURE AND CERTIFICATION

2. Authorized Representative Statement Certification
This must be the same person listed in Section A.

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	

SECTION L – ATTACHMENTS

All required attachments must be included with this application for it to be considered complete. Be sure to include all information in the attachment as detailed in the SECTION reference below.

1. Summary of REQUIRED Attachments for all applications:

- ○ **#1 – Detailed Flow and Process Diagram(s) with numbered processes** (SECTION E, #2)
- ○ **#2 – Monitoring Equipment Calibration Information** (SECTION E, #9)
- ○ **#3 – Safety Data Sheets (SDSs)** (SECTION H, #3) – *electronic versions of SDSs accepted*
- ○ **#4 – Facility Map/Layout** (SECTION H, #4)

2. Summary of REQUIRED IF APPLICABLE Attachments:

- ○ **A – Toxic Organic Management Plan (TOMP)** (Section E, #12c)
- ○ **B – Engineering Calculations** (SECTION E, #13a)
- ○ **C – Best Management Practices** (SECTION I, #1) – *electronic versions accepted*
- ○ **D – Slug Control Plan** (SECTION I, #5) – *electronic versions accepted*

3. If you did not include a required Attachment(s), please detail: