

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
STATE INDIRECT DISCHARGE (SID) PERMIT APPLICATION**

Instructions: This form should be used to submit an application for a State Indirect Discharge (SID) permit. The completed application should be submitted to ADEM in duplicate. A copy of the application should also be submitted to the receiving POTW. If insufficient space is available to address any item, please continue on an attached sheet of paper. Please mark "N/A" in the appropriate box when an item is not applicable to the applicant. **Please type or print legibly in blue or black ink.** Mail the completed application to:

ADEM-Water Division
Industrial/Municipal Branch
P O Box 301463
Montgomery, AL 36130-1463

PURPOSE OF THIS APPLICATION

- | | |
|--|--|
| <input type="checkbox"/> Initial Permit Application for New Facility*
<input type="checkbox"/> Modification of Existing Permit
<input type="checkbox"/> Revocation & Reissuance of Existing Permit | <input type="checkbox"/> Initial Permit Application for Existing Facility*
<input type="checkbox"/> Reissuance of Existing Permit

<i>* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.</i> |
|--|--|

SECTION A – GENERAL INFORMATION

1. Permittee Name: _____

2. SID Permit Number: IU ____ - ____ - _____

3. NPDES or General NPDES Permit Numbers (if applicable) _____

4. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)
Street: _____
City: _____ County: _____ State: _____ Zip: _____
Latitude: _____ Longitude: _____

5. Facility Mailing Address (Street or Post Office Box): _____
City: _____ State: _____ Zip: _____

6. Responsible Official (as described on the last page of this application):
Name and Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____

7. Designated Facility Contact:
Name and Title: _____
Phone Number: _____
Email Address: _____

8. Designated Discharge Monitoring Report Contact:
Name and Title: _____
Phone Number: _____
Email Address: _____

9. Type of Business Entity: Corporation General Partnership Limited Partnership
Sole Proprietorship Other (Please Specify) _____

10. Complete this section if the Applicant's business entity is a corporation:

Location of Incorporation:

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Parent Corporation of Applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Subsidiary Corporation(s) of Applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Corporate Officers:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Agent designated by the corporation for purposes of service:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

11. If the Applicant's business entity is a Partnership, please list the general partners.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

12. Please complete this section if the Applicant's business entity is a Proprietorship.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

13. Permit numbers for Applicant's previously issued NPDES and SID permits; and identification of any other State of Alabama environmental permits presently held by the Applicant, its parent corporation, or subsidiary corporations within the State of Alabama:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held By</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Identify all Administrative Complaints, Notices of Violation, Directives, Administrative Orders, or Litigation concerning water pollution, if any, against the Applicant, its parent corporation, or subsidiary corporations within the State of Alabama within the past five years:

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
_____	_____	_____	_____
_____	_____	_____	_____

15. Name of Publicly or Privately Owned Treatment Works (POTW) receiving the Applicant's wastewater (**attach letter of acceptance**):

POTW NPDES Permit Number: _____

Location: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

POTW Contact: _____ Phone Number: _____

SECTION B – BUSINESS ACTIVITY

1. If your facility conducts or will be conducting any of the processes listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply):

Industrial Categories

- | | |
|---|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Metal Molding and Casting |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Metal Products |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Nonferrous Metals Forming |
| <input type="checkbox"/> Can Making | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Canned and Preserved Fruit and Vegetables | <input type="checkbox"/> Oil and Gas Extraction |
| <input type="checkbox"/> Canned and Preserved Seafood | <input type="checkbox"/> Organic Chemicals Manufacturing |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Paint and Ink Formulating |
| <input type="checkbox"/> Centralized Waste Treatment | <input type="checkbox"/> Paving and Roofing Manufacturing |
| <input type="checkbox"/> Carbon Black | <input type="checkbox"/> Pesticides Manufacturing |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Phosphate Manufacturing |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Photographic |
| <input type="checkbox"/> Electric and Electronic Components Manufacturing | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastic & Synthetic Materials |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Plastics Processing Manufacturing |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Pulp, Paper, and Fiberboard Manufacturing |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Foundries (Metal Molding and Casting) | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Steam and Electric |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Gum and Wood Chemicals Manufacturing | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Timber Products |
| <input type="checkbox"/> Iron and Steel | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Waste Combustion |
| <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Meat Products | |

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

3. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes (If more than one applies, list in order of importance.):

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

SECTION C – WATER SUPPLY

Water Sources (check as many as are applicable):

Private Well Surface Water
 Municipal Water Utility (Specify City): _____ Other (Specify): _____

If more than one well or surface intake, provide data for each on an attachment

City: _____ *MGD Well: _____ *MGD

Surface Intake Volume**: _____ *MGD

Name of Surface Water Source: _____

Intake Elevation: _____ Ft. Latitude: _____ Longitude: _____

* - MGD = Million Gallons Per Day

** - If the surface water intake amount is greater than 2.0 MGD, is 25% or more used for cooling purposes?

 Yes No

SECTION D – SEWER INFORMATION

Briefly describe the location of monitoring/sampling points and discharge points to the POTW (the point at which wastewater enters a sewer not owned by the applicant) for each outfall included in the SID permit application [Narrative description is required]

Outfall Number: _____

Monitoring/Sampling point: _____

Discharge point: _____

Outfall Number: _____

Monitoring/Sampling point: _____

Discharge point: _____

SECTION E – WASTEWATER DISCHARGE INFORMATION

Facilities that checked activities in question 1 of Section B and are considered Categorical Industrial Users should skip to question 2 of this section.

1. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Using the process flow schematic (Figure 1, pg 16), enter the description that corresponds to each process. **(The flow schematic should include all treatment units as well as monitoring and discharge points)**[New facilities should provide estimates for each discharge.]

Process Description	Last 12 Months (gals/day)	Highest Flow Year of Last 5 (gals/day)	Discharge Type (batch, continuous, intermittent)
	Highest Month Avg. Flow	Monthly Avg. Flow	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

- a. Number of batch discharges: _____ per day
- b. Average discharge per batch: _____ (GPD)
- c. Time of batch discharges _____ at _____
(days of week) (hours of day)
- d. Flow rate: _____ gallons/minute
- e. Percent of total discharge: _____

2d.

Non categorical Process Description	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow	Discharge Type (batch, continuous, intermittent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

- a. Number of batch discharges: _____ per day
- b. Average discharge per batch: _____ (GPD)
- c. Time of batch discharges _____ at _____
(days of week) (hours of day)
- d. Flow rate: _____ gallons/minute
- e. Percent of total discharge: _____

2e.

Non-Process Discharges (e.g. non-contact cooling water)	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Has a Baseline Monitoring Report (BMR) been submitted in accordance with 335-6-5-.05(3)? Yes _____ No _____

Each existing categorical industrial user is required to submit a BMR within 180 days after the effective date of the standard. New sources are required to submit with this application or at least 90 days prior to commencement of discharge, a BMR excluding certification and compliance schedules.

4. Categorical Users subject to Total Toxic Organic (TTO) Requirements, please provide the following TTO information:

- a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA? Yes _____ No _____
- b. Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information? Yes _____ No _____
- c. If TTO monitoring was not included in the BMR, was alternate oil and grease monitoring included? Yes _____ No _____
(Must be allowed by the applicable guideline)
- d. Has a Toxic Organics Management Plan (TOMP) been developed? Yes _____ No _____
(If yes, please attach a copy if not previously submitted to the Department.)

5. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Flow Metering	Yes	___	No	___	N/A	___
pH Sampling Equipment	Yes	___	No	___	N/A	___

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

6. Are any process changes or expansions planned during the next three 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 no, skip Question 7)

7. Briefly describe these changes and their anticipated effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

SECTION F – CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data (collected within the last 12 months) on all pollutants that are known or suspected to be present or are regulated by applicable Federal Effluent Guidelines and/or in the facility's existing SID Permit specific to each process. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For monitoring results at or below detection, the detection level should be reported. For pollutants known not to be present a (0) should be placed in the column for the maximum and average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure the methods used conform to 40 CFR Part 136; if they do not, indicate the method used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams. In the absence of effluent data from similar facilities, the facility may estimate the quantity expected. For pollutants expected not to be present a (0) should be placed in the column for maximum and average reported values.

Pollutant (Outfall Number)	Detection Level Used	Maximum Daily Value Conc.	Maximum Daily Value Mass	Average of Analyses Conc.	Average of Analyses Mass	Number of Analyses	Units Conc.	Units Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benidine								
Carbon Tetrachloride								
Chlorobenzene								
1,2,4-Trichlorobenzene								
Hexachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloroethane								
Hexachloroethane								
1,1-Dichloroethane								
1,1,2-Trichloroethane								
1,1,2,2-Tetrachloroethane								
Chloroethane								
Bis(2-chloroethyl)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								

Pollutant	Detection Level Used	Maximum Daily Value	Maximum Daily Value	Average of Analyses	Average of Analyses	Number of Analyses	Units	Units
		Conc.	Mass	Conc.	Mass		Conc.	Mass
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhydrazine (as Azobenzene)								
Ethylbenzene								
Fluoranthene								
4-Chlorophenyl phenyl ether								
4-Bromophenyl phenyl ether								
Bis(2-chloroisopropyl)ether								
Bis(2-chloroethoxy) methane								
Methylene chloride								
Methyl chloride								
Methyl bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
2-Nitrophenol								
4-Nitrophenol								
2,4-Dinitrophenol								
4,6-Dinitro-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis(2-ethylhexyl)phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								

Pollutant	Detection Level Used	Maximum Daily Value	Maximum Daily Value	Average of Analyses	Average of Analyses	Number of Analyses	Units	Units
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Diethyl phthalate								
Dimethyl phthalate								
Benzo(a)anthracene								
Benzo(a)pyrene								
3,4-Benzofluoranthene								
Benzo(k)fluoranthene								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo(ghi)perylene								
Fluorene								
Phenanthrene								
Dibenzo(a,h)anthracene								
Ideno(1,2,3-cd)pyrene								
Pyrene								
Tetrachloroethylene								
Toluene								
Trichloroethylene								
Vinyl Chloride								
Aldrin								
Dieldrin								
Chlordane								
4,4'-DDT								
4,4'-DDE								
4,4'-DDD								
alpha-endosulfan								
Beta-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachloro epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								

Pollutant	Detection Level Used	Maximum Daily Value	Maximum Daily Value	Average of Analyses	Average of Analyses	Number of Analyses	Units	Units
		Conc.	Mass	Conc.	Mass		Conc.	Mass
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								
2,3,7,8-TCDD								
Asbestos								
pH								
Biochemical Oxygen Demand (5-day)								
Chemical Oxygen Demand								
Chlorides, Total								
Chlorine, Total Residual								
Flouride								
Magnesium, Total								
Ammonia (as N)								
Oil and Grease								
Total Suspended Solids								
Total Organic Carbon								
Kjeldahl N								
Nitrate + Nitrite (as N)								
Total Organic N								
Phosphorous (as P)								
Sulfate (SO ₄)								
Sulfide(S)								
Sulfite (SO ₃)								
Temperature (Winter)								
Temperature (Summer)								
Color, ADMI								

Pollutant	Detection Level Used	Maximum Daily Value	Maximum Daily Value	Average of Analyses	Average of Analyses	Number of Analyses	Units	Units
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Antimony, Total								
Arsenic, Total								
Barium, Total								
Beryllium, Total								
Cadmium, Total								
Chromium, Total								
Copper, Total								
Cyanide, Total								
Lead, Total								
Mercury, Total								
Nickel, Total								
Selenium, Total								
Silver, Total								
Thallium, Total								
Zinc, Total								

SECTION G – TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility? Yes ____ No ____
2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years? Yes____ No ____
If yes, please describe: _____
3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

<input type="checkbox"/> Air flotation <input type="checkbox"/> Centrifuge <input type="checkbox"/> Chemical precipitation <input type="checkbox"/> Chlorination <input type="checkbox"/> Cyclone <input type="checkbox"/> Filtration <input type="checkbox"/> Flow equalization <input type="checkbox"/> Grease or oil separation, type: _____ <input type="checkbox"/> Grease trap <input type="checkbox"/> Grinding filter <input type="checkbox"/> Grit removal <input type="checkbox"/> Ion exchange <input type="checkbox"/> Neutralization, pH correction	<input type="checkbox"/> Ozonation <input type="checkbox"/> Reverse osmosis <input type="checkbox"/> Screen <input type="checkbox"/> Sedimentation <input type="checkbox"/> Septic tank <input type="checkbox"/> Solvent separation <input type="checkbox"/> Spill protection <input type="checkbox"/> Sump <input type="checkbox"/> Biological treatment, type: _____ <input type="checkbox"/> Rainwater diversion or storage <input type="checkbox"/> Other chemical treatment, type: _____ <input type="checkbox"/> Other physical treatment, type: _____ <input type="checkbox"/> Other, type: _____
--	--
4. Attach a process flow diagram for the proposed or existing treatment system. Include process equipment, by-products, by-product disposal method, and waste and by-product volumes. (reference Figure 1)

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

Indicate whether the facility discharge is:

- Continuous through the year, or
 Seasonal – Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____

SECTION I- NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?
 ____ Yes, please describe below ____ No, skip the remainder of Section I.

<u>Waste Generated</u>	<u>Quantity (lbs/day)</u>	<u>Disposal Method*</u>

* Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site. If any wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

2. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

b. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-5-.14 "signatories to permit applications and reports" (see below).

"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."

"I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."

Signature of Responsible Official: _____ Date Signed: _____

Name of Responsible Official: _____
(Please Type or Print)

Title of Responsible Official: _____

Mailing Address: _____

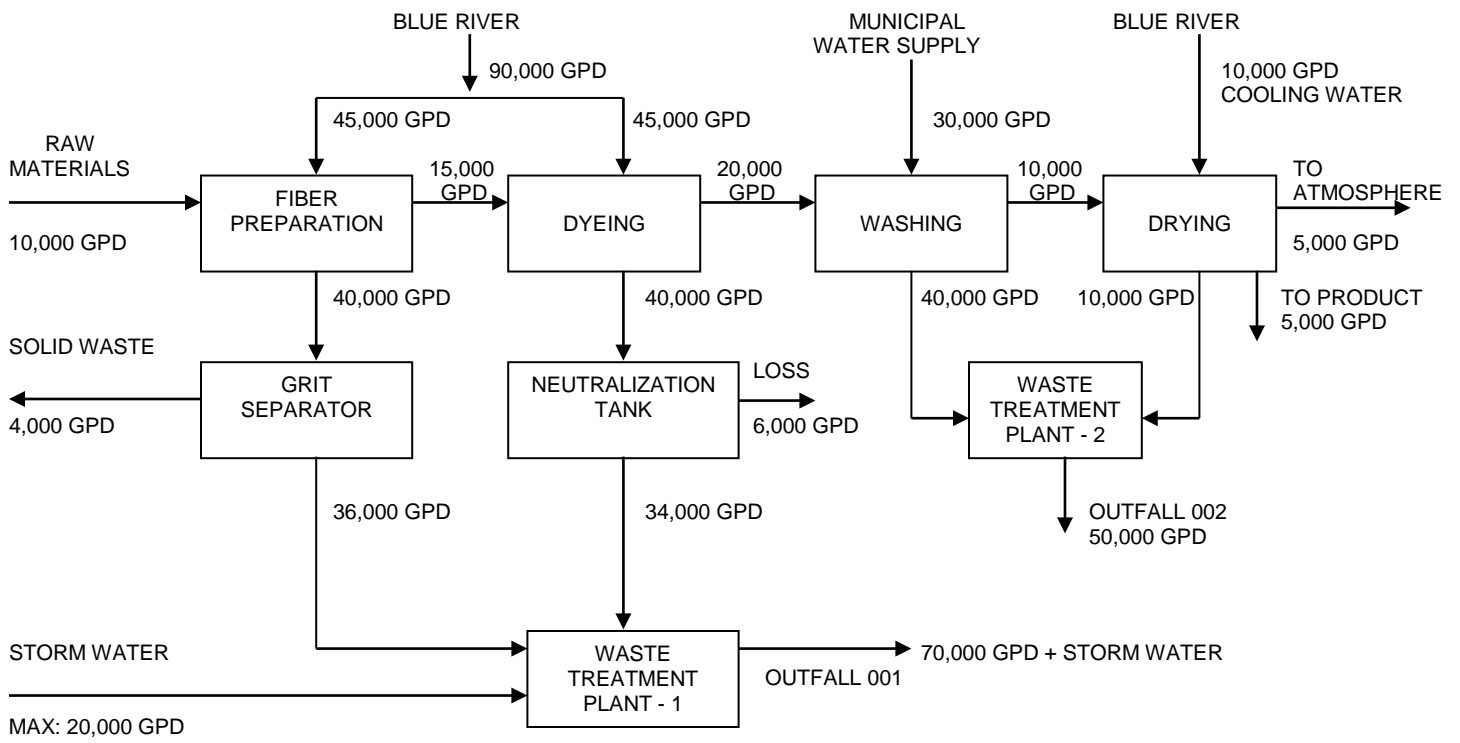
Area Code & Phone Number: _____

Email Address: _____

335-6-5-.14 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.

- (1) The application for a SID permit shall be signed by a responsible official, a request for variance from categorical pretreatment standards, and a category determination request shall be signed by a responsible official, as indicated below:
 - (a) In the case of a corporation, by a principal executive officer of at least the level of vice president;
 - (b) In the case of a partnership, by a general partner;
 - (c) In the case of a sole proprietorship, by the proprietor; or
 - (d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.

FIGURE 1



SCHEMATIC OF WATER FLOW
BROWN MILLS INC
CITY, COUNTY, STATE