

INDUSTRIAL USER APPLICATION FORM - GENERAL INFORMATION

1. COMPANY NAME: _____

2. LOCATION: _____ ZIP CODE: _____

3. MAILING ADDRESS: _____ ZIP CODE: _____

4. NAME OF CONTACT OFFICIAL: _____

TITLE: _____ PHONE NUMBER: (____) _____

5. ADDRESS: _____ ZIP CODE: _____

6. NUMBER OF EMPLOYEES: FULL TIME: _____ PART TIME: _____

7. NUMBER OF WORK DAYS PER WEEK: _____ NUMBER OF SHIFTS PER DAY: _____

IS PRODUCTION SEASONAL? ____ Yes ____ No.

If yes, please explain: _____

9. TYPE OF FACILITY: PRIVATE PUBLIC STATE FEDERAL

OTHER - specify: _____

10. OPERATIONAL STATUS OF FACILITY: IN OPERATION CLOSED

UNDER CONSTRUCTION PROPOSED

11. IF PROPERTY IS OWNED, INDICATE LOT AND BLOCK NUMBER: LOT: _____ BLOCK: _____

12. IF PROPERTY IS RENTED, INDICATE NAME AND ADDRESS OF LANDLORD:

PRODUCT AND / OR SERVICE INFORMATION

SECTION A

13. BRIEF DESCRIPTION OF MANUFACTURING OR OTHER ACTIVITY: _____

14. PRINCIPAL RAW MATERIALS USED: _____

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15. PRINCIPAL PRODUCTS OR SERVICES: _____

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WATER DATA

SECTION B

1. RAW WATER SOURCE(S):	<input type="checkbox"/>	Municipal or Private Water Co.	<u>IS IT METERED?</u>
			___ YES ___ NO
	<input type="checkbox"/>	Private Well	___ YES ___ NO
	<input type="checkbox"/>	Surface Water (River)	___ YES ___ NO
	<input type="checkbox"/>	Other: _____	___ YES ___ NO

2. WATER Received: YEAR 20_____

(Report Volume in Gallons)

PURCHASED

WELL

RIVER

TOTAL

EXHIBIT L

1st Quarter _____
 2nd Quarter _____
 3rd Quarter _____
 4th Quarter _____
 20____ GRAND TOTAL: _____

NOTE: cu. ft. X 7.48 = gallons

3. WATER DISTRIBUTION: YEAR 20_____

(Report Volume in Gallons)

USE (List totals in gallons per year)

- a. holding or septage tank _____
- b. separate storm sewer, river, or ditch _____
- c. contained in product _____
- d. evaporation _____
- e. waste haulers _____

Name, address and registration number of waste hauler used: _____

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4. IS THE VOLUME IN 3 ABOVE MEASURED? _____ HOW? _____

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PROPOSED SEWER LINES

SECTIONED C

1.

OUTLET NUMBER	PIPE SIZE (INCHES)	DAILY FLOW (GALLONS)	CONTAINS INDUSTRIAL WASTE YES OR NO
1			
2			
3			
4			

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

EXHIBIT L

ATTACH A PLOT OF THE PROPERTY SHOWING:

- a. All existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- b. Sample point(s);
- c. Details of the connection(s) to the municipal (or BRSA) sewer, including the distance and direction of each connection from the nearest street intersection.

OPERATIONAL CHARACTERISTICS

SECTION D

1. DISCHARGE OF INDUSTRIAL WASTE IS: CONTINUOUS OR INTERMITTENT

2. DISCHARGE OF INDUSTRIAL WASTE OCCURS BETWEEN THE FOLLOWING HOURS: _____

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3. INDUSTRIAL WASTE WOULD BE DISCHARGED:

- a. Only to the sanitary (or combined) sewer
- b. To both the sanitary (or combined) sewer and a separate storm sewer, river, or ditch
- c. NJPDES / NPDES Permit No.: _____

4. DESCRIBE SEASONAL VARIATIONS, IF ANY, GIVING DATES, VOLUMES, RATES, HOURS, ETC.. INCLUDE VARIATIONS IN PRODUCTION LINES WHICH AFFECT WASTE CHARACTERISTICS:

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5. DESCRIBE ANY PRETREATMENT PROCESS IN USE: _____

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ANALYSIS OF INDUSTRIAL WASTE

SECTION E

1. Analysis listed below must be based on a composite sample of industrial waste from the outlets listed in Section B Question No. 1 (see instructions for proportioning samples from more than one outlet)

ANALYTICAL DATA: Concentration values are to be in mg/l (ppm) unless specified otherwise.

<u>PARAMETER TO BE ANALYZED</u>	<u>CONCENTRATION mg/l</u>
Biochemical Oxygen Demand (BOD5)	_____
Chemical Oxygen Demand (COD)	_____
Total Suspended Solids (TSS)	_____
Oil & grease of animal/vegetable and petroleum original	_____
Hexachloroethane	_____
1,2,4 - Thiclorobenzene	_____
Chloromethane	_____
Bromomethane	_____
Dichlorodifluoromethane	_____
<u>PARAMETER TO BE ANALYZED</u>	<u>CONCENTRATION mg/l</u>

Vinyl Chloride	_____
Chloroethane	_____
Methylene Chloride	_____
Trichlorofluoromethane	_____
1,1 Dichloroethane	_____
Trans - 1,2 Dichloroethylene	_____
Chloroform	_____
1,1,1 Trichloroethane	_____
Carbon Tetrachloride	_____
1,2 Dichloropropane	_____
Trans - 1,3 Dichloropropene	_____
Trichloroethylene	_____
Tetrachloroethylene	_____
Toluene	_____
Chlorobenzene	_____
Ethylbenzene	_____
Cis - 1,2 Dichloroethylene	_____
Carbon Disulfide	_____
Ethylene Dichloride	_____
Formaldehyde	_____
Heptachlor	_____
Hexachlor - 1,3 - Butadiene	_____
Methyl Ethyl Ketone	_____
Trichloroethylene	_____
Vinylidene Chloride	_____
Mercury	_____
Beryllium	_____
Zinc	_____
Sulfates	_____
Cyanide	_____
Nickel	_____
Arsenic	_____

EXHIBIT L

Thallium	_____
TTO	_____
Phenols	_____
Selenium	_____
Chromium	_____
THS	_____
Antimony	_____
Silver	_____
Copper	_____
Total phosphorous	_____
Cadmium	_____
Lead	_____
Excess inert suspended solids	_____
Benzo (a) Pyrene	_____
1,3 - Dichlorobenzene	_____
1,2 - DichloroBenzene	_____
1,4 - Dichlorobenzene	_____
Benzene	_____
1,2 1,4 Dichlorobenzene	_____
Sulpher Dioxide	_____
Pesticides	_____
Total Organic Carbon (TOC)	_____
Ammonia Nitrogen	_____
Total Solids	_____
pH *	_____
<u>PARAMETER TO BE ANALYZED</u>	<u>CONCENTRATION mg/l</u>
Temperature **	_____

* Report in Standard Units

** Report in degree Celsius

2. SAMPLES COLLECTED BY: _____

DATE: _____

3. SAMPLES ANALYZED BY: _____

DATE: _____

PRODUCTS MANUFACTURED WHEN SAMPLE WAS COLLECTED:

CERTIFICATION BY THE FACILITY:

"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,

EXHIBIT L

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. “

Signature of Authorized Representative (*)

Print name & title of the Authorized Representative

Date

- (*) The authorized representative shall be either owner or corporate officer of at least the level of Vice President or other properly designated company official. In case, a company official is designated as an authorized representative to deal with the Authority, a letter/copy of authorization shall be included with the questionnaire.