

TABLE II

Ewing-Lawrence Sewerage Authority  
Application for Discharge

1) BACKGROUND

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Township: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SIC for Discharging Facility: \_\_\_\_\_

Name of Parent Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Contact Personnel: \_\_\_\_\_

Title of Contact: \_\_\_\_\_

Phone Number and Extension: \_\_\_\_\_

FAX Number: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

2) FACILITY PROFILE

Describe the type of primary operations conducted by the discharger:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any secondary operations conducted by the discharging facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TABLE II

Facility Profile Cont'd:

Hours of production/operation: \_\_\_\_\_

---

---

---

Total Number of Employees: \_\_\_\_\_ Employees per shift: \_\_\_\_\_

Is there a shower/lockerroom on site: \_\_\_\_yes \_\_\_\_no

List the Environmental Permits held by the facility: \_\_\_\_\_

---

---

---

---

List Type of Waste Manifested Off-site: \_\_\_\_\_

---

---

---

---

Approximate Volume and Frequency of the Waste Manifested Off-site: \_\_\_\_\_

---

---

---

---

Please submit a chemical inventory listing the name of the chemical(s), approximate volume on site each month, and area stored at facility. (CD, hard disk, etc. are acceptable)

3) DISCHARGE CHARACTERISTICS

Total Volume of Discharge: \_\_\_\_\_ GPD

Total Volume of Process Discharge: \_\_\_\_\_ GPD

Total Volume of Sanitary Discharge: \_\_\_\_\_ GPD

Continuous, Batch, or Production (Circle One)

Water Source(s): Public \_\_\_\_\_ Private Well \_\_\_\_\_ Surface Water \_\_\_\_\_

Any Pretreatment currently used on the facility wastestream: \_\_\_\_yes \_\_\_\_no

If "Yes" please describe the type of Pretreatment utilized: \_\_\_\_\_

---

---

TABLE II

If "No", does the facility plan to install some type of pretreatment system:

\_\_\_\_yes\_\_\_\_no

If "Yes", please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) FACILITY SAMPLING

Does the facility combine process and sanitary wastewater prior to the access point:

\_\_\_\_yes\_\_\_\_no

Do all process lines lead to one point from the facility: \_\_\_\_yes\_\_\_\_no

Is there a single access point that encompasses all waste streams: \_\_\_\_yes\_\_\_\_no

Is the access point process wastewater only: \_\_\_\_yes\_\_\_\_no

Is there an access point that only contains process wastewater: \_\_\_\_yes\_\_\_\_no

Is the access point after or before any pretreatment: \_\_\_\_before\_\_\_\_after

Are there any bypass pipes after the access point(s): \_\_\_\_yes\_\_\_\_no

5) INSPECTION

After review of this application, the Ewing-Lawrence Sewerage Authority may conduct a site inspection and sampling. The purpose of this inspection is to verify the above information, determine if a NJDEP discharge permit is required, and the pollutants that may require monitoring.

6) CERTIFICATION

"I certify to my personal knowledge that all the above statements are true and accurate. I understand that a lack of full and accurate disclosure may result in a denial of permission to discharge to the Ewing-Lawrence Sewerage Authority treatment system. Further that if a falsehood should be discovered in the future, the Ewing-Lawrence Sewerage Authority may petition the NJDEP to revoke an issued permit and bring a legal action against this facility and the undersigned."

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date