THE CAMDEN COUNTY MUNICIPAL UTILITIES AUTHORITY
1645 Ferry Avenue • Camden, NJ 08104
Phone (856) 541-3700 • Fax (856) 964-1829
www.ccmua.org

INDUSTRIAL USER PRETREATMENT APPLICATION

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confide ntial treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

Please complete this questionnaire as thorough and accurate as possible. If you do not understand any of the questions contained in this form, please contact the Industrial Pretreatment Department for assistance at (856) 541-5200, extension 2324.

SECTION A.- GENERAL INFORMATION

1. Company Name: _____
2. Parent Company, if different from question #1(All parent companies must be provided):_____

_____

Please note: In accordance with Section 4.7, TRANSFER OF PERMITS, of the Authority's Sewer Use Ordinance ("SUO"), Industrial Discharge Permits are not transferable. The Permitted Industrial User shall notify the Executive Director, or his designee, not later than sixty (60) days before any proposed changed in ownership. The new owner is responsible for obtaining a permit by completing the appropriate application form as noted in Section 4.4 of the SUO

3. Premise Address: _____ Zip Code: _____

_____

4. Mailing Address: _____ Zip Code: _____
5. Name and Title of Authorized Representative (as defined in Section 1.2 of the Authority's Sewer Use Ordinance):
   Name and Title: _____ Telephone No.:( ) _____
6. Facility Representative to Contact Concerning Information Provided Herein (if different from question number 5. above):
   Name and Title: _____ Telephone No.:( )_____
7. Company Owner: _____ Address and Phone #: _____
   Property Owner: _____ Address and Phone #: _____
8. Check One: ☐ Existing Discharge If *existing* discharge, state what year present operations began at this facility:

   _____

   ☐ Proposed Discharge If *proposed* discharge, state anticipated date of discharge commencement:

   _____

SECTION B. - PRODUCT OR SERVICE INFORMATION

1. Narrative description of the primary manufacturing or service activity at premise address and the applicable Standard Industrial Classification Codes(s) (SIC No.): _____

   _____ SIC No(s) _____

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2. Principal Raw Material Used: _____

_____

3. Principal Products Produced: _____

_____

SECTION B. - PRODUCT OR SERVICE INFORMATION (Cont'd)

4. Check all additional activities and indicate SIC No(s)., if known, at your premise:

	SIC Number		SIC Number
☐ Electroplating	(_____)	☐ Photographic Processing	(_____)
☐ Flammables, Explosives	(_____)	☐ Plastics Processing	(_____)
☐ Food Preparation Service	(_____)	☐ Printing	(_____)
☐ Laboratory	(_____)	☐ Repair Shop, Garage	(_____)
☐ Laundry, Cleaning	(_____)	☐ Research	(_____)
☐ Machine Shop	(_____)	☐ Rubber Processing	(_____)
☐ Medical Care	(_____)	☐ Steam/Power Generation	(_____)
☐ Painting, Finishing	(_____)	☐ Warehousing	(_____)
☐ Paint or Ink Formulation	(_____)	☐ Other (Specify)	(_____)
		_____	(_____)
		_____	(_____)
		_____	(_____)
		_____	(_____)
		_____	(_____)

SECTION C. - PLANT OPERATIONAL CHARACTERISTICS

1. Are major processes batch or continuous? _____

Average number of batches per 24 hour day: _____

2. Are your processes subject to seasonal variation? _____

If yes, explain and indicate the month(s) or peak operation and products: _____

_____

3. Shift Information:

   a. Number of shifts per work day: _____ b. Number of work days per week: _____

   c. Average number of employees per shift: 1st _____ 2nd _____ 3rd _____ Total _____

   d. Shift start times: 1st _____ 2nd _____ 3rd _____

4. Describe any water recycling or material reclaiming processes utilized: _____

5. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? ☐ YES ☐ NO

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Explain: _____

_____

_____

6. Describe plant wash down and list all solvents, degreasers and cleaning agents used: _____

_____

_____

SECTION D. - WATER CONSUMPTION AND LOSS

1. Raw water sources(s):
   - ☐ Municipal Water Division
   - ☐ County Water Company
   - ☐ Private Contract
   - ☐ Private Well
   - ☐ Surface Water
   - ☐ Other _____

2. Water bill addressee: _____

3. Water service account numbers: _____

4. List past twelve months water usage from water bills:

   a. 1st 6 month period, 19_____, _____ Ccf b. 2nd 6 month period, 19_____, _____Ccf

   c. Volume from other source(s): _____ gallons per day.

   Name of other source(s): _____

5. List water consumption within the plant:

Type	Estimated Average Volume (gallons per day)	Type	Estimated Average Volume (gallons per day)
a. cooling water		e. plant and equipment wash down	
b. boiler feed		f. irrigation and lawn watering	
c. process		g. other (specify): _____	
d. sanitary		h. total of a. through g.	

6. List average volume of discharge or water losses to:

Other	Estimated Average Discharge (gallons per day)	Outlet	Estimated Average Discharge (gallons per day)
a. municipal sewer		d. evaporation	
b. watercourse, storm drain, ground		e. contained in product	
c. waste haulers		f. total of a. through e.	

7. List average water usage and average wastewater discharge for SIC process itemized in Section B (attach additional sheets if needed):

Brief Process Description	SIC Number	Average Water Consumption (gallons per day)	Estimated Average Discharge (gallons per day)
a.			
b.			
c.			
d.			
e.			

8. Describe any water treatment or conditioning processes utilized

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SCHEMATIC OF WATER FLOW

Attach sketch showing entrance of water services from municipal system, and sizes, sewer connection to municipal system, sizes, proposed location for installing control manhole, or locate existing manhole, for sampling, observation, etc.

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SECTION E. - SEWER INFORMATION

1. Attach a scaled drawing of your plant site showing the location of all sewers. Also show location of possible sampling point for these sewers and sampling points for regulated SIC processes. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.

2. List plant sewers shown in item 1, size and flow; assign sequential reference number to each sewer starting with No 1.(if more than 3, attach additional connection information on another sheet):

Reference Number	Sewer Size (inches)	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (gpd)
1.			
2.			
3.			

SECTION F. - WASTEWATER INFORMATION

1. Does this facility discharge any wastewater other than from restrooms, cafeterias, or non-contaminated cooling water?

☐ Yes If this answer to this question is "yes", complete the remainder of the questionnaire.

☐ No If the answer to this question is "no", you have completed the questionnaire.

2. Please indicate the quantities discharged from the activities indicated below in the units of gallons per day.(Refer to Section D, items 5, 6, 7 and 8). The questions are to be given for each sewer receiving the discharge. Place an asterisk on any outfall discharging to a storm drain or surface course and give the NPDES outfall Number and NPDES Permit Number.

Type Process (from D-7)	Discharge Quantity by Sewer Referenced in E -2: 1	2	3				Type (Refer to D-5,6 &7)
a.							
b.							
c.							
Sanitary.....							
Boiler.....							
Cooling.....							
Plant & Equipment Wash down.....							
Regeneration Waste (from D-8).....							
Other (Specify):_____							
Total(Refer to E-2).....							
*NPDES Outfall Number...							
*NPDES Permit Number...							

3. Is any form of wastewater pretreatment utilized at this facility? ☐ Yes ☐ No

If "Yes," briefly describe:_____

4. If any wastewater analyses have been performed on the wastewater discharges from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and location(s) from which the sample(s) were taken (attach sketches, plans, etc., as necessary).

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SECTION F. - WASTEWATER INFORMATION (Cont'd)

COMPANY NAME:_____

PREMISE ADDRESS:_____

5. Priority Pollutant Information: Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Absent," "Known to be Absent," "Suspected to be Present," or "Known to be Present" in your manufacturing or service activity or generated as a by- product. Some compounds are known by other names(*). Be sure to list these compounds in F-6.

ITEM NO.	CHEMICAL COMPOUND	SUSPECTED ABSENT	KNOWN ABSENT	SUSPECTED PRESENT	KNOWN PRESENT	ITEM NO.	CHEMICAL COMPOUND	SUSPECTED ABSENT	KNOWN ABSENT	SUSPECTED PRESENT	KNOWN PRESENT
1.	asbestos (fibrous)	☐	☐	☐	☐	47.	chloroethane*	☐	☐	☐	☐
2.	cyanide(total)	☐	☐	☐	☐	48	2-chloroethylvinyl ether	☐	☐	☐	☐
						49.	chloroform*	☐	☐	☐	☐
3.	antimony(total)	☐	☐	☐	☐	50.	chloromethane*	☐	☐	☐	☐
4.	arsenic(total)	☐	☐	☐	☐	51.	2-chloronaphthalene	☐	☐	☐	☐
5.	beryllium(total)	☐	☐	☐	☐	52.	2-chlorophenol	☐	☐	☐	☐
6.	cadmium(total)	☐	☐	☐	☐	53.	4-chlorophenylphenyl ether	☐	☐	☐	☐
7.	chromium(total)	☐	☐	☐	☐	54.	chrysene*	☐	☐	☐	☐
8.	copper(total)	☐	☐	☐	☐	55.	4,4' . DDD*	☐	☐	☐	☐
9.	lead(total)	☐	☐	☐	☐	56.	4,4' . DDE*	☐	☐	☐	☐
10.	mercury(total)	☐	☐	☐	☐	57.	4,4' . DDT*	☐	☐	☐	☐
11.	nickel(total)	☐	☐	☐	☐	58.	dibenzo (a, h) anthracene*	☐	☐	☐	☐
12.	selenium(total)	☐	☐	☐	☐	59.	dibromochloromethane*	☐	☐	☐	☐
13.	silver(total)	☐	☐	☐	☐	60.	1,2-dichlorobenzene*	☐	☐	☐	☐
14.	thallium(total)	☐	☐	☐	☐	61.	1,3-dichlorobenzene*	☐	☐	☐	☐
15.	zinc(total)	☐	☐	☐	☐	62.	1,4-dichlorobenzene*	☐	☐	☐	☐
						63.	3,3'-dichlorobenzidine	☐	☐	☐	☐
16.	acenaphthene	☐	☐	☐	☐	64.	dichlorodifluoromethane*	☐	☐	☐	☐
17.	acenaphthylene	☐	☐	☐	☐	65.	1,1-dichloroethane*	☐	☐	☐	☐
18.	acrolein	☐	☐	☐	☐	66.	1,2-dichloroethane*	☐	☐	☐	☐
19.	acrylonitrile	☐	☐	☐	☐	67.	1,1-dichloroethene*	☐	☐	☐	☐
20.	aldrin	☐	☐	☐	☐	68.	trans-1,2-dichloroethene*	☐	☐	☐	☐
21.	anthracene	☐	☐	☐	☐	69.	2,4-dichlorophenol	☐	☐	☐	☐
22.	benzene	☐	☐	☐	☐	70.	1,2-dichloropropane*	☐	☐	☐	☐
23.	benzidine	☐	☐	☐	☐	71.	(cis & trans)				
24.	benzo (a) anthracene*	☐	☐	☐	☐		1,3-dichloropropene*	☐	☐	☐	☐
25.	benzo (a) pyrene*	☐	☐	☐	☐	72.	dieldrin	☐	☐	☐	☐
26.	benzo (b) fluoranthene	☐	☐	☐	☐	73.	diethl phthlate*	☐	☐	☐	☐
27.	benzo (g,h,i) perylene*	☐	☐	☐	☐	74.	2,4-dimetylphenol*	☐	☐	☐	☐
28.	benzo (k) fluoranthene*	☐	☐	☐	☐	75.	dimethyl phthalate	☐	☐	☐	☐
29.	a-BHC (alpha)	☐	☐	☐	☐	76.	di-n-butyl phthalate	☐	☐	☐	☐
30.	b-BHC (beta)	☐	☐	☐	☐	77.	di-n-octyl phthalate*	☐	☐	☐	☐
31.	d-BHC (delta)	☐	☐	☐	☐	78.	4,6-dinitro-2-methylphenol*	☐	☐	☐	☐
32.	g-BHC (gamma)	☐	☐	☐	☐	79.	2,4-dinitrophenol	☐	☐	☐	☐
33.	bis (2-chloroethyl) ether*	☐	☐	☐	☐	80.	2,4-dinitrotoluene	☐	☐	☐	☐
34.	bis (2-chloroethoxy)methane*	☐	☐	☐	☐	81.	2,6-dinitrotoluene	☐	☐	☐	☐
35.	bis (2-chloroisopropyl) ether*	☐	☐	☐	☐	82.	1,2-diphenylhydrazine*	☐	☐	☐	☐
36.	bis (chloromethyl) ether*	☐	☐	☐	☐	83.	endosulfan I*	☐	☐	☐	☐
37.	bis (2-ethylhexyl) phthalate*	☐	☐	☐	☐	84.	endosulfan II*	☐	☐	☐	☐
38.	bromodichloromethane*	☐	☐	☐	☐	85.	endosulfan sulfate	☐	☐	☐	☐
39.	bromoform*	☐	☐	☐	☐	86.	endrin	☐	☐	☐	☐
40.	bromomethane*	☐	☐	☐	☐	87.	endrin aldehyde	☐	☐	☐	☐
41.	4-bromophlenylphenyl ether	☐	☐	☐	☐	88.	ethylbenzene	☐	☐	☐	☐
42.	butylbenzyl phthalate	☐	☐	☐	☐	89.	fluoranthene	☐	☐	☐	☐
43.	carbon tetrachloride*	☐	☐	☐	☐	90.	fluorene*	☐	☐	☐	☐
44.	chlordane	☐	☐	☐	☐	91.	heptachlor	☐	☐	☐	☐
45.	4-chloro-3-methylphenol*	☐	☐	☐	☐	92.	heptachlor epoxide	☐	☐	☐	☐
46.	chlorobenzene	☐	☐	☐	☐	93.	hexachlorobenzene*	☐	☐	☐	☐

5. Priority Pollutant Information: Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Absent," "Known to be Absent," "Suspected to be Present," or "Known to be Present" in your manufacturing or service activity or generated as a by-product. Some compounds are known by other names(*). Be sure to list these compounds in F-6.

ITEM NO.	CHEMICAL COMPOUND	SUSPECTED ABSENT	KNOWN ABSENT	SUSPECTED PRESENT	KNOWN PRESENT	ITEM NO.	CHEMICAL COMPOUND	SUSPECTED ABSENT	KNOWN ABSENT	SUSPECTED PRESENT	KNOWN PRESENT
94.	hexachlorobutadiene	☐	☐	☐	☐	112.	PCB- 1254*	☐	☐	☐	☐
95.	hexachlorocyclopentadiene*	☐	☐	☐	☐	113.	PCB- 1280*	☐	☐	☐	☐
96.	hexachloroethane*	☐	☐	☐	☐	114.	pentachlorophenol	☐	☐	☐	☐
97.	indeno (1,2,3-cd) pyrene*	☐	☐	☐	☐	115.	phenanthrene	☐	☐	☐	☐
98.	isophorone*	☐	☐	☐	☐	116.	phenol	☐	☐	☐	☐
99.	methylene chloride*	☐	☐	☐	☐	117.	pyrene	☐	☐	☐	☐
100.	naphthalene	☐	☐	☐	☐	118.	2,3,7,8-tetrachlorodibenzo-p-dioxin	☐	☐	☐	☐
101.	nitrobenzene	☐	☐	☐	☐	119.	1,1,2,2-tetrachloroethane*	☐	☐	☐	☐
102.	2-nitrophenol*	☐	☐	☐	☐	120.	tetrachloroethene*	☐	☐	☐	☐
103.	4-nitrophenol*	☐	☐	☐	☐	121.	toluene*	☐	☐	☐	☐
104.	N-nitrosodimethylamine*	☐	☐	☐	☐	122.	toxaphene	☐	☐	☐	☐
105.	N-nitrosodi-n-propylamine*	☐	☐	☐	☐	123.	1,2,4-trichlorobenzene	☐	☐	☐	☐
106.	N-nitrosodiphenylamine*	☐	☐	☐	☐	124.	1,1,1-trichloroethane*	☐	☐	☐	☐
107.	PCB-1016*	☐	☐	☐	☐	125.	1,1,2-trichloroethane*	☐	☐	☐	☐
108.	PCB-1221*	☐	☐	☐	☐	126.	trichloroethene*	☐	☐	☐	☐
109.	PCB-1232*	☐	☐	☐	☐	127.	trichlorofluoromethane*	☐	☐	☐	☐
110.	PCB-1242*	☐	☐	☐	☐	128.	2,4,6-trichlorophenol	☐	☐	☐	☐
111.	PCB-1248*	☐	☐	☐	☐	129.	vinyl chloride*	☐	☐	☐	☐

6. For chemical compounds in F-5 which are indicated to be "Known Present", please list and provide the following data for each: (attach additional sheets if needed.)

ITEM NO.	CHEMICAL COMPOUND	ANNUAL USAGE (LBS)	ESTIMATED LOSS TO SEWER (LBS/YEAR)		ITEM NO.	CHEMICAL COMPOUND	ANNUAL USAGE (LBS)	ESTIMATED LOSS TO SEWER (LBS/YEAR)

Please note: In accordance with Section 4.8, <u>CHANGE IN CONDITIONS</u>, of the Authority's SUO, A Permitted Industrial User proposing to make any change in its discharge volume or quality, shall apply for a permit modification at least ninety (90) days before making any changes.

I have personally examined and am familiar with the information submitted in this document and attachments. 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. Base on my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowingly submitting false information. I certify that the names of all legal parent companies have been provided.

_____

Name of Organization

By: _____

Company Owner

_____

Date