

Rahway Valley Sewerage Authority
1050 East Hazelwood Avenue
Rahway, NJ 07065

INDIRECT SEWER CONNECTION PERMIT APPLICATION

Note: Please read all attached instructions prior to completing this application. Please type or print.

SECTION A - GENERAL INFORMATION

1. Facility Name: _____
a. Operator Name: _____
b. Is the operator identified in line a., the owner of the facility?
Yes [] No []

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility. _____

2. Facility Address:
Street: _____
City: _____ State: _____ Zip Code: _____
3. Business Mailing Address:
Street or PO Box: _____
City: _____ State: _____ Zip Code: _____
4. Designated signatory authority of the facility:
[Attach similar information for each authorized representative]
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____
5. Designated facility contact:
Name: _____
Title: _____
Phone: _____

SECTION B - BUSINESS ACTIVITY

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 of business activity (check **all** that apply).

Industrial Categories*

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feed lots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastic Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products
- Transportation Equipment Cleaning

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

SECTION C- WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

	Is It Metered?	
	Yes	No
<input type="checkbox"/> Public Supply	_____	_____
<input type="checkbox"/> Private Well	_____	_____
<input type="checkbox"/> Surface Water	_____	_____
<input type="checkbox"/> Other (Specify): _____		

2. Name on the water bill: _____
 Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____

3. a) Water service account number: _____

b) Water received (report volume in gallons). Attach water bills. Please use the **latest** 4 quarters available.

	Year	Public Supply	Well	Surface	Other	Total
1 st Qtr	(20_____)	_____	_____	_____	_____	_____
2 nd Qtr	(20_____)	_____	_____	_____	_____	_____
3 rd Qtr	(20_____)	_____	_____	_____	_____	_____
4 th Qtr	(20_____)	_____	_____	_____	_____	_____

Grand Total _____

If water source is not metered, indicate below the method of determining the volume(s).

SECTION C (CONT'D)

4. List average water usage on premises:
[New facilities may estimate]

<u>Type</u>	<u>Indicate Average Water Usage (GPD)</u>	<u>Indicate Estimated (E) or Measured (M)</u>	<u>Discharge Location Sanitary (San) Storm (St)</u>
a. Contact cooling water	_____	_____	_____
b. Non-contact cooling water	_____	_____	_____
c. Boiler feed	_____	_____	_____
d. Process	_____	_____	_____
e. Sanitary	_____	_____	_____
f. Air pollution control	_____	_____	_____
g. Contained in product	_____	_____	_____
h. Plant and equipment washdown	_____	_____	_____
l. Irrigation and lawn watering	_____	_____	_____
j. Other	_____	_____	_____
k. Total of A-J	_____	_____	_____

SECTION D - SEWER INFORMATION

1. a. For and existing business:

Is the building presently connected to the public sanitary sewer system?

Yes

No: Have you applied for a sanitary sewer hookup? Yes No

b. For a new business:

(i). Will you be occupying an existing vacant building (such as in an industrial park)? Yes No

(ii). Have you applied for a building permit if a new facility will be constructed?
 Yes No

(iii). Will you be connected to the public sanitary sewer system? Yes No

2. List size, descriptive location, and flow of each facility sewer which connects to the sewer system. (Attach additional sheets if necessary).

<u>Sewer Size</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (GPD)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the sewer?

[] Yes If the answer to this question is "yes", complete the remainder of the application.

[] No If the answer to this question is "no", skip to Section I.

2. Provide the following information on wastewater flow rate. Please make photocopies of this page and complete for each of the discharge locations. (New facilities may estimate)

a. Hours/Day Discharged (e.g., 8 hours/day):

M_____ T_____ W_____ Th_____ F_____ Sat_____ Sun_____

b. Hours of Discharge (e.g., 9 am to 5 pm):

M_____ T_____ W_____ Th_____ F_____ Sat_____ Sun_____

c. Peak hourly flow rate (GPD) _____

d. Maximum daily flow rate (GPD) _____

e. Annual daily average (GPD) _____

3. 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 discharge _____ at _____
(days of week) (hours of day)

d. Flow rate _____ gallons/minute

e. Percent of total discharge _____

SECTION E (CONT'D)

4. Schematic Flow Diagram – For each major activity in which wastewater is or will be generated, draw a diagram of the **flow of materials, products, water, and wastewater** from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. If estimates are used for flow data this **must** be indicated. **Number each unit process** having wastewater discharge to the sewer. Use these numbers when showing the unit processes in the building layout in Section H. **This drawing must be certified by a State Registered Professional Engineer.**

SECTION E (CONT'D)

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimate for each discharge]. Please attach additional sheets if necessary.

<u>No.</u>	<u>Process Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge]. Please attach additional sheets if necessary.

<u>No.</u>	<u>Regulated Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Unregulated Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Dilution</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. For Categorical Users Subject To Total Toxic Organic (TTO) Requirements:

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. Has a toxic organics management plan (TOMP) been developed?

Yes, (Please attach a copy)
 No

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

Current:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

9. Are any process changes or expansions planned during the next three years that could alter wastewater volume or characteristics? Consider production processes as well as air or water pollution treatment process that may affect the discharge.

Yes
 No, (skip question 10)

SECTION E (CONT'D)

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

11. Are any materials or water reclamation systems in use or planned?

Yes
 No, (Skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data for each discharge point. **EACH discharge point** must be analyzed for all parameters listed in Tables 1 and 2 (see Appendix A). A description of each discharge point that requires sampling has been attached to your cover letter.

Analysis is to be performed by a laboratory certified in the State of New Jersey to perform wastewater analysis.

Please refer to the Instructions section for remaining instructions.
New dischargers should use the tables to indicate what pollutants will be present or are suspected to be present in proposed wastestreams.

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 change to an existing wastewater treatment) planned for this facility within the next three years?

- Yes, describe: _____
- No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

- Air Flootation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type: _____
- Grease trap
- Grinding filter
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type: _____
- Rainwater diversion or storage
- Other chemical treatment, type: _____
- Other physical treatment, type: _____
- Other, type: _____

SECTION G (CONT'D)

4. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products disposal method, waste and by-product volumes, and design and operating conditions.

6. Describe any change in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

7. Do you have a treatment operator? Yes No

(if Yes,) Name: _____
Title: _____
Phone: _____
Is this operator licensed Yes No
(if Yes,): license classification _____
license number _____

8. Do you have a manual on the correct operation of your treatment equipment?
 Yes No

9. Do you have a written maintenance schedule for your treatment equipment?
 Yes No

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

		[]	[]	[]	[]	[]	[]	
		Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Shifts per work day:		_____	_____	_____	_____	_____	_____	_____
Empl's per shift	1st	_____	_____	_____	_____	_____	_____	_____
	2nd	_____	_____	_____	_____	_____	_____	_____
	3rd	_____	_____	_____	_____	_____	_____	_____
Shift start and end times:	1st	_____	_____	_____	_____	_____	_____	_____
	2nd	_____	_____	_____	_____	_____	_____	_____
	3rd	_____	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity 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: _____

3. 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: _____
