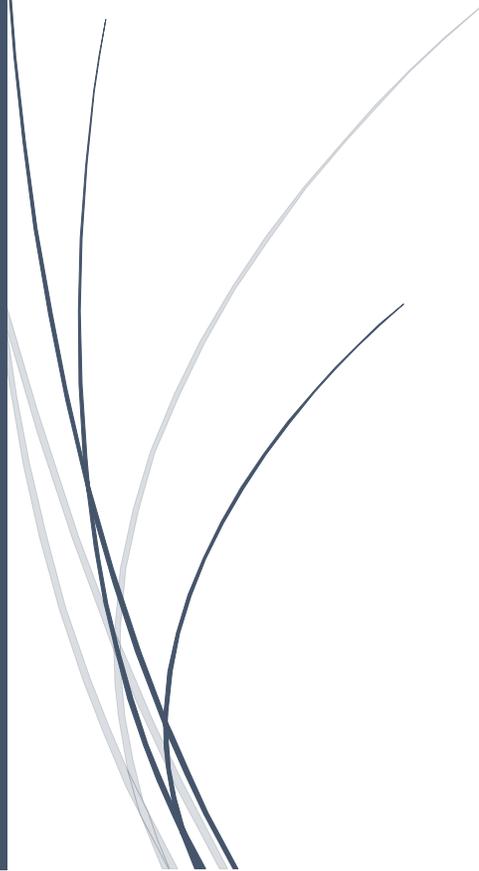


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MIDDLESEX COUNTY UTILITIES AUTHORITY
TEMPORARY DISCHARGE APPROVAL APPLICATION
GROUNDWATER REMEDIATION CONTROL



MIDDLESEX COUNTY UTILITIES AUTHORITY
2571 MAIN STREET EXTENSION | P.O. BOX 159
SAYREVILLE, NEW JERSEY 08872
INDUSTRIAL PRETREATMENT PROGRAM

The following information **MUST** be provided.

REQUESTED PERMIT ACTION: NEW RENEWAL MODIFICATION
TDA PERMIT NO. _____

SECTION 1. APPLICANT|RESPONSIBLE PARTY

COMPANY NAME: _____
MAILING ADDRESS: _____
CITY|STATE|ZIP CODE: _____

SITE IDENTIFICATION

SITE NAME: _____
SITE ADDRESS: _____
CITY|STATE|ZIP CODE: _____
OWNER: _____ OPERATOR: _____
TELEPHONE: _____

SITE DESCRIPTION

PRIMARY CONTACT

NAME: _____
TITLE: _____
EMAIL: _____ MOBILE NO: _____
WORK NO: _____ EXTENSION: _____

APPLICANT|RESPONSIBLE PARTY AUTHORIZED REPRESENTATIVE

NAME: _____
TITLE: _____
EMAIL: _____ MOBILE NO: _____
WORK NO: _____ EXTENSION: _____

FACILITY OPERATIONS

OPEN _____

CLOSED _____

UNDER CONSTRUCTION _____

PROPOSED _____

DATE BEGAN _____

DATE ENDED _____

DATE PROPOSED TO BEGIN _____

If the facility employs (past or present) a process in any of the following industrial categories or business activities listed below, place an (X) beside the category or business [(X) all that apply]:

- | | |
|---|---|
| _____ ALUMINUM FORMING | _____ MEAT & POULTRY PRODUCTS |
| _____ ASBESTOS MANUFACTURING | _____ METAL FINISHING |
| _____ BATTERY MANUFACTURING | _____ METAL PRODUCTS & MACHINERY |
| _____ CAN MAKING | _____ MINERAL MINING & PROCESSING |
| _____ CANNED FRUIT VEGETABLE PROCESSING | _____ NONFERROUS METALS FORMING |
| _____ CANNED PRESERVED SEAFOOD | _____ NONFERROUS METALS MANUFACTURING |
| _____ CARBON BLACK MANUFACTURING | _____ OIL & GAS EXTRACTION |
| _____ CEMENT MANUFACTURING | _____ ORE MINING |
| _____ CENTRALIZED WASTE TREATMENT | _____ ORGANIC CHEMICALS MANUFACTURING |
| _____ COAL MINING | _____ PAINT & INK FORMULATING |
| _____ COIL COATING | _____ PAVING & ROOFING MANUFACTURING |
| _____ CONCENTRATED ANIMAL FEEDING OPERATIONS | _____ PESTICIDES CHEMICAL FORMULATING PACKAGING |
| _____ CONCENTRATION AQUATIC ANIMAL PRODUCTION | _____ PETROLEUM REFINING |
| _____ COPPER FORMING | _____ PHARMACEUTICAL MANUFACTURING |
| _____ DAIRY PRODUCT PROCESSING OR MANUFACTURING | _____ PHOSPHATE MANUFACTURING |
| _____ ELECTRIC ELECTRONIC COMPONENTS MFG. | _____ PHOTOGRAPHIC PROCESSING |
| _____ ELECTROPLATING | _____ PLASTIC SYNTHETIC MATERIALS MANUFACTURING |
| _____ EXPLOSIVES MANUFACTURING | _____ PORCELAIN ENAMELING |
| _____ FERTILIZER MANUFACTURING | _____ PRINTED CIRCUIT BOARD MANUFACTURING |
| _____ FERROALLOY MANUFACTURING | _____ PULP PAPER FIBERBOARD MANUFACTURING |
| _____ FOUNDRIES (METAL MOLDING & CASTING) | _____ RUBBER MANUFACTURING |
| _____ GLASS MANUFACTURING | _____ SOAP DETERGENT MANUFACTURING |
| _____ GRAIN MILLS | _____ STEAM ELECTRIC POWER MANUFACTURING |
| _____ GUM WOOD CHEMICALS MANUFACTURING | _____ SUGAR PROCESSING |
| _____ HOSPITAL | _____ TEXTILE MILLS |
| _____ INK FORMULATION | _____ TIMBER PRODUCTS |
| _____ INORGANIC CHEMICALS | _____ TRANSPORTATION EQUIPMENT CLEANING |
| _____ IRON AND STEEL | _____ WASTE TREATMENT COMBUSTION |
| _____ LANDFILL | _____ WATER TREATMENT PLANT |
| _____ LEATHER TANNING & FINISHING | _____ OTHER (DESCRIBE): _____ |

SECTION 2. DISCHARGE INFORMATION

DESCRIPTION OF PROJECT AND NEED FOR TEMPORARY DISCHARGE APPROVAL (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NJDEP CASE NUMBER

NAME _____

DIVISION _____

BUREAU _____

ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE _____

DURATION OF PROPOSED DISCHARGE

_____ DAYS _____ WEEK(S) _____ MONTH(S) _____ YEAR(S)

A TEMPORARY DISCHARGE APPROVAL SHALL HAVE A TERM OF (1) ONE YEAR, RENEWABLE EACH YEAR UPON APPLICATION TO AND THE APPROVAL OF THE MCUA, SUBJECT TO A LIFE OF (5) FIVE YEARS. AFTER A TEMPORARY DISCHARGE REACHES ITS MAXIMUM LIFE OF (5) FIVE YEARS, IT SHALL EXPIRE AND THE DISCHARGE SHALL CEASE, UNLESS THE MCUA, IN ITS DISCRETION, DETERMINES TO ISSUE A NEW TEMPORARY DISCHARGE APPROVAL.

VOLUME OF PROPOSED DISCHARGE

_____ GALLONS PER MINUTE (GPM)

_____ GALLONS PER DAY (GPD)

_____ TOTAL GALLONS (ONE YEAR DURATION)

Pretreatment devices or processes used for treating wastewater and/or sludge at this facility. Place an (X) beside all that apply and **provide a schematic of the treatment system:**

- | | |
|---|---|
| <input type="checkbox"/> AIR STRIPPING | <input type="checkbox"/> pH NEUTRALIZATION |
| <input type="checkbox"/> BIOLOGICAL TREATMENT | <input type="checkbox"/> OIL/WATER SEPARATION |
| <input type="checkbox"/> CARBON ADSORPTION (granular, liquid) | <input type="checkbox"/> OZONATION |
| <input type="checkbox"/> CENTRIFUGE | <input type="checkbox"/> RAINWATER DIVERSION |
| <input type="checkbox"/> CHEMICAL PRECIPITATION | <input type="checkbox"/> REVERSE OSMOSIS |
| <input type="checkbox"/> CHLORINATION | <input type="checkbox"/> SCREENING |
| <input type="checkbox"/> CYCLONE | <input type="checkbox"/> SEDIMENTATION |
| <input type="checkbox"/> DISSOLVED AIR FLOTATION | <input type="checkbox"/> SEPTIC TANK |
| <input type="checkbox"/> FILTRATION | <input type="checkbox"/> SOLVENT SEPARATION |
| <input type="checkbox"/> FLOW EQUALIZATION FRAC TANK STORAGE | <input type="checkbox"/> SPILL PREVENTION |
| <input type="checkbox"/> GREASE TRAP | <input type="checkbox"/> SUMP |
| <input type="checkbox"/> GRIT REMOVAL | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> ION EXCHANGE | <input type="checkbox"/> NO PRETREATMENT |

SECTION 3. PROPOSED DISCHARGE CONSTITUENT CONCENTRATIONS

WASTEWATER ANALYSES

If any wastewater analyses have been performed on the wastewater discharge(s) from the site, attach a copy of the most recent data to this survey. Be sure to include the date of analysis, name of the laboratory performing the analysis, location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary), type of sample taken (e.g., composite, grab), and chain of custody form.

MCUA PARAMETERS, PRIORITY POLLUTANTS AND OTHER COMPOUNDS

Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Believed Absent", or "Believed Present" in the proposed discharge. If the effluent concentration is known or can be estimated, please fill in the appropriate space next to the chemical or fill in with an "E" and explain the estimation process.

1. MCUA PARAMETERS

POLLUTANT	PLACE AN (X)		KNOWN OR SUSPECTED CONCENTRATION	UNITS (mg/l or ug/l)
	BELIEVED PRESENT	BELIEVED ABSENT		
BIOCHEMICAL OXYGEN DEMAND (BOD)				
CHEMICAL OXYGEN DEMAND (COD)				
TOTAL SUSPENDED SOLIDS (TSS)				
AMMONIA (as N)				
pH (S.U.)				
OIL & GREASE (HEM)				
PETROLEUM HYDROCARBONS (SGT)				
FLASHPOINT (°C)				
BROMIDE				
CHLORINE, TOTAL RESIDUAL				
FECAL COLIFORM				
FLUORIDE				
NITRATE-NITRITE (as N)				
PHOSPHOROUS (as P), TOTAL				
RADIOACTIVITY				
SULFATE (as SO ₄)				
SULFIDE (as S)				
SULFITE (as SO ₃)				
SURFACTANTS (MBAS)				
ALUMINUM, TOTAL				
BARIUM, TOTAL				
COBALT, TOTAL				
GOLD, TOTAL				
IRON, TOTAL				
MAGNESIUM, TOTAL				
MANGANESE, TOTAL				
MOLYBDENUM, TOTAL				
PLATINUM, TOTAL				
PALADIUM, TOTAL				
TIN, TOTAL				
TITANIUM, TOTAL				

2. PRIORITY POLLUTANTS:

POLLUTANT	PLACE AN (X)		KNOWN OR SUSPECTED CONCENTRATION	UNITS (mg/l or ug/l)
	BELIEVED PRESENT	BELIEVED ABSENT		
METALS, CYANIDE AND TOTAL PHENOL				
ANTIMONY, TOTAL				
ARSENIC, TOTAL				
BERYLLIUM, TOTAL				
CADMIUM, TOTAL				
CHROMIUM, TOTAL				
COPPER, TOTAL				
LEAD, TOTAL				
MERCURY, TOTAL				
NICKEL, TOTAL				
SELENIUM, TOTAL				
SILVER, TOTAL				
THALLIUM, TOTAL				
ZINC, TOTAL				
CYANIDE, TOTAL				
CYANIDE, AMENDABLE TO CHLORINATION				
PHENOL, TOTAL				
VOLATILE COMPOUNDS				
ACROLEIN				
ACRYLONITRILE				
BENZENE				
BROMOFORM				
CARBON TETRACHLORIDE				
CHLOROBENZENE				
CHLORODIBROMOMETHANE				
CHLOROETHANE				
2 – CHLOROETHYLVINYL ETHER				
CHLOROFORM				
DICHLOROBROMOMETHANE				
1,2 – DICHLOROBENZENE				
1,3 – DICHLOROBENZENE				
1,4 – DICHLOROBENZENE				
1,1 – DICHLOROETHANE				
1,2 – DICHLOROETHANE				
1,1 – DICHLORETHYLENE				
1,2 – DICHLOROPROPANE				
1,3 – DICHLOROPROPYLENE				
ETHYLBENZENE				
METHYL BROMIDE				
METHYL CHLORIDE				
METHYLENE CHLORIDE				

POLLUTANT	PLACE AN (X)		KNOWN OR SUSPECTED CONCENTRATION	UNITS (mg/l or ug/l)
	BELIEVED PRESENT	BELIEVED ABSENT		
VOLATILE COMPOUNDS Continued				
1,1,2,2 – TRICHLOROETHANE				
TETRACHLOROETHYLENE				
TOLUENE				
1,2 – TRANS-DICHLOROETHYLENE				
1,1,1 – TRICHLOROETHANE				
1,1,2 – TRICHLOROETHANE				
TRICHLOROETHYLENE				
VINYL CHLORIDE				
ACID EXTRACTABLE COMPOUNDS				
2 – CHLOROPHENOL				
2,4 – DICHLOROPHENOL				
2,4 – DIMETHYLPHENOL				
2,4 – DINITRO-O-CRESOL				
2,4 – DINITROPHENOL				
2 – NITROPHENOL				
4 – NITROPHENOL				
P-CHLORO-M-CRESOL				
PENTACHLOROPHENOL				
PHENOL (Single Compound)				
2,4,6 – TRICHLOROPHENOL				
BASE NEUTRAL COMPOUNDS				
ACENAPHTHENE				
ACENAPHTHYLENE				
ANTHRACENE				
BENZIDINE				
BENZO (A) ANTHRACENE				
BENZO (A) PYRENE				
3,4 – BENZOFLUORANTHENE				
BENZO (GHI) PERYLENE				
BENZO (K) FLUORANTHENE				
BIS (2-CHLOROETHOXY) METHANE				
BIS (2-CHLOROETHYL) ETHER				
BIS (2-CHLOROISOPROPYL) ETHER				
BIS (2-ETHYLHEXYL) PHTHALATE				
4 – BROMOPHENYL PHENYL ETHER				
BUTYL BENZYL PHTHALATE				
2 – CHLORONAPHTHALENE				
4 – CHLOROPHENYL PHENYL ETHER				
CHRYSENE				
DIBENZO (AH) ANTHRACENE				

POLLUTANT	PLACE AN (X)		KNOWN OR SUSPECTED CONCENTRATION	UNITS (mg/l or ug/l)
	BELIEVED PRESENT	BELIEVED ABSENT		
BASE NEUTRAL COMPOUNDS Continued				
DIETHYL PHTHALATE				
DIMETHYL PHTHALATE				
DI-N-BUTYL PHTHALATE				
2,4 – DINITROTOLUENE				
2,6 – DINITROTOLUENE				
DI-N-OCTYL PHTHALATE				
1,2 – DIPHENYLHYDRAZINE				
FLUORANTHENE				
FLUORENE				
HEXACHLOROBENZENE				
HEXACHLOROBUTADIENE				
HEXACHLOROCYCLOPENTADIENE				
HEXACHLOROETHANE				
INDENO (1,2,3-CD) PYRENE				
ISOPHORONE				
NAPHTHALENE				
NITROBENZENE				
N – NITROSODIMETHYLAMINE				
N – NITROSODI-N-PROPYLAMINE				
N – NITROSODIPHENYLAMINE				
PHENANTHRENE				
PYRENE				
1,2,4 – TRICHLOROBENZENE				
PESTICIDE COMPOUNDS				
ALDRIN				
ALPHA-BHC				
BETA-BHC				
DELTA-BHC				
GAMMA-BHC				
CHLORDANE				
4,4' – DDT				
4,4' – DDE				
4,4' – DDD				
ENDRIN ALDEHYDE				
DIELDRIN				
ENDOSULFAN I				
ENDOSULFAN II				
ENDOSULFAN SULFATE				
ENDRIN				
HEPTACHLOR				
HEPTACHLOR EPOXIDE				

POLLUTANT	PLACE AN (X)		KNOWN OR SUSPECTED CONCENTRATION	UNITS (mg/l or ug/l)
	BELIEVED PRESENT	BELIEVED ABSENT		
PCB COMPOUNDS				
PCB – 1016				
PCB – 1242				
PCB – 1254				
PCB – 1221				
PCB – 1232				
PCB – 1248				
PCB – 1260				
TOXAPHENE				
DIOXIN – SCREENING ONLY				
2,3,7,8-TETRACHLORODIBENZO-P- DIOXIN				

3. OTHER COMPOUNDS:

POLLUTANT	PLACE AN (X)		KNOWN OR SUSPECTED CONCENTRATION	UNITS (mg/l or ug/l)
	BELIEVED PRESENT	BELIEVED ABSENT		
OTHER COMPOUNDS				
ACETONE				
ETHYL ACETATE				
ISOPROPYL ACETATE				
N – AMYL ACETATE				
N – BUTYL ACETATE				
4 – METHYL-2-PENTANONE				
ISOBUTYRALDEHYDE				
METHYL FORMATE				
ISOPROPYL ETHER				
TETRAHYDROFURAN				
XYLENES				
N – HEPTANE				
N – HEXANE				
O – DICHLOROBENZENE				
DIETHYLAMINE				
TRIETHYLAMINE				
METHYL TERT BUTYL ETHER (MTBE)				
O – CRESOL				
P – CRESOL				
TERTIARY BUTYL ALCOHOL (TBA)				
PERFLUOROHEXANOIC ACID (PFHxA)				
PERFLUOROHEPTANOIC ACID (PFHpA)				
PERFLUUROOCTANOIC ACID (PFOA)				
PERFLUORONONANOIC ACID (PFNA)				
PERFLUORODECANOIC ACID (PFDA)				

SECTION 4. SITE PLAN INFORMATION|FLOW MONITORING EQUIPMENT

PLEASE PROVIDE A SITE PLAN INDICATING ALL ACTIVITIES CONTRIBUTING TO THE PROPOSED DISCHARGE, THE MONITORING POINT(S), FLOW METER INSTALLATION LOCATION AND CONNECTION TO THE WASTEWATER COLLECTION SYSTEM. IN ADDITION, PROVIDE THE MANUFACTURER SPECIFICATIONS FOR THE FLOW MONITORING EQUIPMENT TO BE USED FOR THIS TEMPORARY DISCHARGE.

SECTION 5. CERTIFICATION

THIS IS TO BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT|RESPONSIBLE PARTY AFTER COMPLETION AND REVIEW OF THE INFORMATION IN THIS TEMPORARY DISCHARGE APPLICATION

AUTHORIZED REPRESENTATIVE STATEMENT

I have personally examined and am familiar with the information submitted in this application and all attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment, for purposely, knowingly, recklessly, or negligently submitting false information.

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

EMAIL THE COMPLETED APPLICATION AND ALL OTHER CORRESPONDENCES TO:
IPP@mcua.com

SIGNATORY REQUIREMENTS FOR APPLICANT | RESPONSIBLE PARTY

The Temporary Discharge Approval application shall be signed as follows:

(1). By a responsible corporate officer if the Applicant/Responsible Party is a corporation. For the purpose of this paragraph, a responsible corporate officer means (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principle business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for Control Document requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2). By a general partner or proprietor if the Applicant/Responsible Party is a partnership or sole proprietorship, respectively.

(3). By a duly authorized representative of the individual designated in paragraph (1)(1) or (1)(2) of this section if:

(i). The authorization is made in writing by the individual described in paragraph (1)(1) or (1)(2);

(ii). the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and

(iii). the written authorization is submitted to the Middlesex County Utilities Authority.

(4). If an authorization under paragraph (1)(3) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph (1)(3) of this section must be submitted to the Middlesex County Utilities Authority prior to or together with any reports to be signed by an authorized representative.