

**MIDDLESEX COUNTY UTILITIES AUTHORITY  
NON-DOMESTIC WASTEWATER DISCHARGE PERMIT  
APPLICATION  
GENERAL INSTRUCTION AND INFORMATION**

1. The Application form must be completed in its entirety.
2. The Middlesex County Utilities Authority (MCUA) has the authority to require the submission of information pursuant to the following statutes and regulations:
  - 2.1 “Pretreatment Standards for Sewerage”, N.J.S.A. 58:11-49 et seq.
  - 2.2 “Spill Compensation and Control Act”, N.J.S.A. 58:1-23.11 et seq.
  - 2.3 “Solid Waste Management Act”, N.J.S.A. 13-1E-1 et seq.
  - 2.4 “Sewerage Authorities Act”, N.J.S.A. 40-14A-1 et seq.
  - 2.5 “Municipal Utilities Act”, N.J.S.A. 40-14B-1 et seq.
  - 2.6 “New Jersey Pollutant Discharge Elimination System”, N.J.A.C. 7:14A-1.1 et seq.
  - 2.7 “New Jersey Water Pollution Control Act”, N.J.S.A. 58:10A-1 et seq.
3. If you do not know the formulation of trade name chemicals used in your plant operations, make reasonable inquiries of your supplier or the manufacturer to ascertain whether the material contains any toxic or hazardous substances. For example, Tri-Clene, a solvent, is a trade name for Trichloroethylene, a priority pollutant.
4. Please give your answer in terms of the units specified in the forms (i.e., tons per year, gallons per day, etc.). If sections do not pertain, mark as “N/A”- Not Applicable.
5. If information needed to complete a section is not readily available, provide a written explanation describing the nature of the operations involved and the reasons for not supplying data and a schedule for supplying the information.
6. Sampling is required for this application unless the MCUA gives permission for its exclusion of one or more compound.
7. CONFIDENTIAL BUSINESS INFORMATION

If any questions on this non-domestic wastewater discharge permit application require information, which is (or would lead a knowledgeable reader to deduce from it) a trade secret, proprietary business information or information related to national security, you may make a “confidentiality claim”. Information for which a confidentiality claim has been asserted will be treated by the Middlesex County Utilities Authority as entitled to confidential treatment as provided in Section 8 of the MCUA Rules and Regulations. The MCUA, however, believes it is unlikely that any of the information contained in this application is confidential, since information relative to discharges to surface waters and public sewer systems, to underground injection, and to residual waste disposal (i.e., effluent data) will not be interpreted as confidential information. All procedures pertaining to the handling, access to, and/or disclosure of confidential information shall be in accordance with Section 8 of the MCUA Rules and Regulations.

# 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. Applications with missing information will be returned **ADMINISTRATIVELY INCOMPLETE**. All completed applications and additional information requested herein shall be emailed to [IPP@mcua.com](mailto:IPP@mcua.com).

**PLEASE NOTE: NO HARD COPIES WILL BE ACCEPTED UNLESS SPECIFICALLY REQUEST BY THE MCUA-IPP STAFF**

REQUESTED PERMIT ACTION:     NEW                       RENEWAL                       MODIFICATION

### A. GENERAL INFORMATION

FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT COMPANY: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### AUTHORIZED REPRESENTATIVE: (SEE APPENDIX A)

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

WORK NO: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

#### PRIMARY FACILITY CONTACT:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

WORK NO: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

#### 24-HR EMERGENCY FACILITY CONTACT:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

## B. FACILITY OPERATIONS

If your facility employs a process in any of the following industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place an (X) beside the category or business [(X) all that apply]:

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

DISCHARGE STATUS:        \_\_\_\_\_ PROPOSING        \_\_\_\_\_ EXISTING        \_\_\_\_\_ MODIFYING

IF PROPOSING, DATE USER DESIRES TO COMMENCE OPERATION: \_\_\_\_\_

IF EXISTING OR MODIFYING, DATE USER DESIRES TO COMMENCE OPERATION: \_\_\_\_\_

GIVE A BRIEF DESCRIPTION OF ALL OPERATIONS AT THIS FACILITY INCLUDING PRIMARY PRODUCTS OR SERVICES (ATTACH ADDITIONAL SHEETS IF NECESSARY)

INDICATE APPLICABLE STANDARD INDUSTRIAL CLASSIFICATION CODE(S):

PRIMARY SIC CODE: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

SECONDARY SIC CODE: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

SECONDARY SIC CODE: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

SECONDARY SIC CODE: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

FACILITY DUNS NUMBER: \_\_\_\_\_

NUMBER OF EMPLOYEES

FULL TIME: \_\_\_\_\_

PART TIME: \_\_\_\_\_

**NOTE:** THE PERMIT APPLICATION **SHALL** INCLUDE THE FOLLOWING:

**FACILITY DIAGRAM** (on a letter sheet of paper indicating location of discharge point(s) and compass orientation)  
An example of a facility diagram can be found in **APPENDIX B**

**SITE PLAN | WATER BALANCE** (on a letter sheet of paper indicating sanitary lines with flow direction to each discharge point) An example of a site plan | water balance can be found in **APPENDIX C**

**C. WATER SUPPLY**

RAW WATER SOURCE(S)	IS IT METERED?		YEARLY AMOUNT	AVERAGE DAILY
	YES	NO	GALLONS	GALLONS PER DAY
PUBLIC SUPPLY				
PRIVATE WELL				
SURFACE WATER				
OTHER:				

IF ANY WATER SOURCE ABOVE IS **NOT** METERED, INDICATE BELOW THE METHOD FOR DETERMINING THE VOLUME(S)

WATER DISTRIBUTION:                      YEAR: \_\_\_\_\_

**NOTE:** RAW WATER & WATER DISTRIBUTION TOTALS SHOULD BE EQUAL

DISTRIBUTION SOURCE	GALLONS PER YEAR	GALLONS PER DAY
DOMESTIC USE (15 GPD x NO. OF EMPLOYEES)		
COOLING TOWER MAKE-UP WATER		
NON-CONTACT COOLING WATER (NCCW)		
BOILER MAKE-UP WATER		
EVAPORATION		
PROCESS WATER		
CONTAINED IN PRODUCT		
EQUIPMENT   FACILITY WASHDOWN		
AIR POLLUTION CONTROL UNITS		
WASTE HAULERS		
OTHER:		
<b>DISTRIBUTION TOTAL:</b>		

HOW WERE THE ABOVE VOLUMES OF FLOW MEASUREMENT DETERMINED?

**D. WASTEWATER DISCHARGE INFORMATION**

TYPE OF DISCHARGE:       CONTINUOUS       BATCH       INTERMITTENT

**IF CONTINUOUS OR INTERMITTENT:**

AVERAGE DAILY DISCHARGE: \_\_\_\_\_ GALLONS PER DAY

MAXIMUM DAILY DISCHARGE: \_\_\_\_\_ GALLONS PER DAY

**IF BATCH:**

AVERAGE NO. BATCHES/24

HRS: \_\_\_\_\_

AVERAGE BATCH VOLUME: \_\_\_\_\_ GALLONS

TOTAL VOLUME PER DAY: \_\_\_\_\_ GALLONS PER DAY

**NOTE:** DISCHARGE METHOD (IF **OTHER** THAN SANITARY SEWER – i.e., RE-INJECTION, SURFACE WATER, etc.)

DISCHARGE POINT(S):				DISCHARGE METHOD
WASTEWATER SOURCE	GPD	GPD	GPD	
DOMESTIC				SANITARY SEWER
COOLING TOWER BLOWDOWN				SANITARY SEWER
NCCW BLOWDOWN				SANITARY SEWER
BOILER BLOWDOWN				SANITARY SEWER
PROCESS WATER				SANITARY SEWER
EQUIPMENT   FACILITY WASHDOWN				SANITARY SEWER
AIR POLLUTION CONTROL UNITS				SANITARY SEWER
GROUNDWATER				SANITARY SEWER
STORMWATER				SANITARY SEWER
OTHER:				

IS THERE A SCHEDULED SHUTDOWN?       YES       NO

IF YES, INDICATE BELOW:

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

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                    | <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      |

**E. EFFLUENT STANDARDS**

DOES A PRETREATMENT STANDARD PROMULGATED UNDER SECTION 307 OF THE FEDERAL ACT APPLY TO ANY DISCHARGE THIS APPLICATION IS MADE FOR?

- YES  NO (GO TO ITEM F)

IF THE PRETREATMENT STANDARD ALLOWS FOR A TOXIC ORGANIC MANAGEMENT PLAN OR ANY OTHER TYPE OF CERTIFICATION STATEMENTS, SUBMIT THE PAPERWORK WITH THIS APPLICATION.

ARE THE LIMITATIONS IN APPLICABLE PRETREATMENT STANDARDS EXPRESSED IN TERMS OF PRODUCTION (OR OTHER MEASURES OF OPERATION)?

- YES (COMPLETE TABLE BELOW)  NO (GO TO ITEM F)

IF THERE IS AN APPLICABLE PRODUCTION BASED PRETREATMENT STANDARD, LIST THE PRODUCTION FOR THE PRECEDING FIVE YEARS FOR EACH DISCHARGE POINT LOCATION. FOR **NEW SOURCES** OR IF PRODUCTION IS LIKELY TO VARY, ESTIMATE PRODUCTION FOR THE NEXT FIVE YEARS OF OPERATION.

**PRODUCTION RATE TABLE**

YEAR	QUANTITY PER DAY	UNITS OF MEASURE	PRODUCT, OPERATION, MATERIAL	WASTEWATER FLOW (GPD)	DISCHARGE PT

## F. SAMPLING AND ANALYSIS OF WASTEWATER DISCHARGE

**SAMPLING:** The collection of samples for laboratory analyses should be supervised by personnel experienced in performing sampling of industrial wastewater. Any specific requirement contained in the applicable analytical methods should be followed for sample containers, sample preservation, holding times, the collection of duplicate samples, etc. The time of sampling should be representative of normal operations, to the extent feasible, with all processes that contribute wastewater during normal operations. Samples should be collected from the center of the User's wastestream, where turbulence is at a maximum, or a point adequate for the collection of a representative sample.

Grab and composite samples are defined as follows:

**GRAB SAMPLE:** A sample that is taken from a User's wastestream without regard to the flow in the wastestream and over a period of time not to exceed fifteen (15) minutes. Grab samples shall be collected during normal operations taking place at the User's facility.

**COMPOSITE SAMPLE:** A sample representative of the User's discharge within a given twenty-four (24) hour period of operation. Samples may be done either manually or automatically, and continuously or discretely. With not less than four (4) samples to be composited or a sufficient number of individual aliquots to comprise a representative sample for the waste characteristics being analyzed for. Time proportional composite sampling is authorized as an alternative to flow-proportional composite sampling techniques for this Non-Domestic Wastewater Discharge Permit application unless specifically referenced in an existing User's MCUA Control Document.

**ANALYSIS:** Sample analysis shall be performed by a laboratory certified in the State of New Jersey by the NJDEP. Test methods promulgated in 40 CFR Part 136 must be used. If none has been promulgated for a specific pollutant, an Authority approved method for measuring the level of that pollutant may be used if a description of the method or a reference to a published method is provided. The description should include the sample holding times, preservation techniques, and the quality control measures used for the analysis of the pollutant.

To determine if a pollutant is **present** or **absent** from the User's wastestream shall be based upon knowledge of the raw materials, maintenance chemicals, intermediate products, final products, by-products, and previous analyses, if any, of that wastestream.

All wastestreams are required to be analyzed for the parameters listed in **TABLE 1**. Unless specifically referenced in an existing User's MCUA Control Document, composite samples should be collected for all analyses except Oil and Grease, Petroleum Hydrocarbons and pH, which are grab samples.

### 1. TABLE 1

DISCHARGE POINT(S):						
POLLUTANT	RESULT	UNIT	RESULT	UNIT	RESULT	UNIT
BIOCHEMICAL OXYGEN DEMAND (BOD)		mg/l		mg/l		mg/l
CHEMICAL OXYGEN DEMAND (COD)		mg/l		mg/l		mg/l
TOTAL SUSPENDED SOLIDS (TSS)		mg/l		mg/l		mg/l
AMMONIA (as N)		mg/l		mg/l		mg/l
pH		S.U.		S.U.		S.U.
OIL & GREASE (HEM)		mg/l		mg/l		mg/l
PETROLEUM HYDROCARBONS (SGT)		mg/l		mg/l		mg/l



**2. TABLE 2**

Table 2 **must** be completed for **each** applicable discharge point. For each pollutant listed, the User must **place an (X)** in the appropriate column as to whether you believe the pollutant is **present** or **absent** in the wastestream at that discharge point. If you believe a pollutant to be present, you must provide the results of at least one (1) analysis for that pollutant. **Units shall be in mg/l except as noted.** Unless specifically referenced in an existing User’s MCUA Control Document, composite samples should be collected for all analyses except Chlorine, Total Residual, Fecal Coliform and Sulfide.

DISCHARGE POINT(S):												
	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS
POLLUTANT												
BROMIDE				mg/l				mg/l				mg/l
CHLORINE, TOTAL RESIDUAL				mg/l				mg/l				mg/l
FECAL COLIFORM				mg/l				mg/l				mg/l
FLUORIDE				mg/l				mg/l				mg/l
NITRATE-NITRITE (as N)				mg/l				mg/l				mg/l
PHOSPHOROUS (as P), TOTAL				mg/l				mg/l				mg/l
ALPHA, TOTAL				pCi/l				pCi/l				pCi/l
BETA, TOTAL				pCi/l				pCi/l				pCi/l
GAMMA, TOTAL				pCi/l				pCi/l				pCi/l
RADIUM, TOTAL				pCi/l				pCi/l				pCi/l
RADIUM 226, TOTAL				pCi/l				pCi/l				pCi/l
RADIUM 228, TOTAL				pCi/l				pCi/l				pCi/l
SULFATE (as SO <sub>4</sub> )				mg/l				mg/l				mg/l
SULFIDE (as S)				mg/l				mg/l				mg/l
SULFITE (as SO <sub>3</sub> )				mg/l				mg/l				mg/l
SURFACTANTS (MBAS)				mg/l				mg/l				mg/l
ALUMINUM, TOTAL				mg/l				mg/l				mg/l
BARIUM, TOTAL				mg/l				mg/l				mg/l
COBALT, TOTAL				mg/l				mg/l				mg/l
GOLD, TOTAL				mg/l				mg/l				mg/l
IRON, TOTAL				mg/l				mg/l				mg/l
MAGNESIUM, TOTAL				mg/l				mg/l				mg/l
MANGANESE, TOTAL				mg/l				mg/l				mg/l
MOLYBDENUM, TOTAL				mg/l				mg/l				mg/l
PLATINUM, TOTAL				mg/l				mg/l				mg/l
PALADIUM, TOTAL				mg/l				mg/l				mg/l
TIN, TOTAL				mg/l				mg/l				mg/l
TITANIUM, TOTAL				mg/l				mg/l				mg/l

### 3. TABLE 3

**PRIORITY POLLUTANTS:** The MCUA will perform sampling for the priority pollutants listed in Table 3 and any other applicable compounds listed in Table 4. For each pollutant you must **place an (X)** in the appropriate column of Table 3 as to whether you believe or do not believe the pollutant to be present in the wastestream at the discharge point. Complete the table for **each** discharge point. An independent laboratory licensed in the State of New Jersey and contracted by the MCUA shall perform the analyses for the pollutants listed in Table 3 and Table 4.

DISCHARGE POINT(S):												
	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS
POLLUTANT												
<b>METALS, CYANIDE, TOTAL PHENOL</b>												
ANTIMONY, TOTAL				mg/l				mg/l				mg/l
ARSENIC, TOTAL				mg/l				mg/l				mg/l
BERYLLIUM, TOTAL				mg/l				mg/l				mg/l
CADMIUM, TOTAL				mg/l				mg/l				mg/l
CHROMIUM, TOTAL				mg/l				mg/l				mg/l
COPPER, TOTAL				mg/l				mg/l				mg/l
LEAD, TOTAL				mg/l				mg/l				mg/l
MERCURY, TOTAL				mg/l				mg/l				mg/l
NICKEL, TOTAL				mg/l				mg/l				mg/l
SELENIUM, TOTAL				mg/l				mg/l				mg/l
SILVER, TOTAL				mg/l				mg/l				mg/l
THALLIUM, TOTAL				mg/l				mg/l				mg/l
ZINC, TOTAL				mg/l				mg/l				mg/l
CYANIDE, TOTAL				mg/l				mg/l				mg/l
CYANIDE, AMENDABLE TO CHLORINATION				mg/l				mg/l				mg/l
PHENOL, TOTAL				mg/l				mg/l				mg/l
<b>VOLATILE ORGANIC COMPOUNDS</b>												
ACROLEIN				mg/l				mg/l				mg/l
ACRYLONITRILE				mg/l				mg/l				mg/l
BENZENE				mg/l				mg/l				mg/l
BROMOFORM				mg/l				mg/l				mg/l
CARBON TETRACHLORIDE				mg/l				mg/l				mg/l
CHLOROBENZENE				mg/l				mg/l				mg/l
CHLORODIBROMOMETHANE				mg/l				mg/l				mg/l
CHLOROETHANE				mg/l				mg/l				mg/l
2 – CHLOROETHYLVINYL ETHER				mg/l				mg/l				mg/l
CHLOROFORM				mg/l				mg/l				mg/l
DICHLOROBROMOMETHANE				mg/l				mg/l				mg/l
1,2 – DICHLOROBENZENE				mg/l				mg/l				mg/l
1,3 – DICHLOROBENZENE				mg/l				mg/l				mg/l
1,4 – DICHLOROBENZENE				mg/l				mg/l				mg/l
1,1 – DICHLOROETHANE				mg/l				mg/l				mg/l
1,2 – DICHLOROETHANE				mg/l				mg/l				mg/l

DISCHARGE POINT(S):												
POLLUTANT	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS
<b>VOLATILE ORGANIC COMPOUNDS</b>												
1,1 – DICHLOROETHYLENE				mg/l				mg/l				mg/l
1,2 – DICHLOROPROPANE				mg/l				mg/l				mg/l
1,3 – DICHLOROPROPYLENE				mg/l				mg/l				mg/l
ETHYLBENZENE				mg/l				mg/l				mg/l
METHYL BROMIDE				mg/l				mg/l				mg/l
METHYL CHLORIDE				mg/l				mg/l				mg/l
METHYLENE CHLORIDE				mg/l				mg/l				mg/l
1,1,2,2 – TRICHLOROETHANE				mg/l				mg/l				mg/l
TETRACHLOROETHYLENE				mg/l				mg/l				mg/l
TOLUENE				mg/l				mg/l				mg/l
1,2 – TRANSDICHLOROETHYLENE				mg/l				mg/l				mg/l
1,1,1 – TRICHLOROETHANE				mg/l				mg/l				mg/l
1,1,2 – TRICHLOROETHANE				mg/l				mg/l				mg/l
TRICHLOROETHYLENE				mg/l				mg/l				mg/l
VINYL CHLORIDE				mg/l				mg/l				mg/l
<b>ACID EXTRACTABLE COMPOUNDS</b>												
2 – CHLOROPHENOL				mg/l				mg/l				mg/l
2,4 – DICHLOROPHENOL				mg/l				mg/l				mg/l
2,4 – DIMETHYLPHENOL				mg/l				mg/l				mg/l
2,4 – DINITRO-O-CRESOL				mg/l				mg/l				mg/l
2,4 – DINITROPHENOL				mg/l				mg/l				mg/l
2 – NITROPHENOL				mg/l				mg/l				mg/l
4 – NITROPHENOL				mg/l				mg/l				mg/l
P-CHLORO-M-CRESOL				mg/l				mg/l				mg/l
PENTACHLOROPHENOL				mg/l				mg/l				mg/l
PHENOL (Single Compound)				mg/l				mg/l				mg/l
2,4,6 – TRICHLOROPHENOL				mg/l				mg/l				mg/l
<b>BASE   NEUTRAL COMPOUNDS</b>												
ACENAPHTHENE				mg/l				mg/l				mg/l
ACENAPHTHYLENE				mg/l				mg/l				mg/l
ANTHRACENE				mg/l				mg/l				mg/l
BENZIDINE				mg/l				mg/l				mg/l
BENZO (A) ANTHRACENE				mg/l				mg/l				mg/l
BENZO (A) PYRENE				mg/l				mg/l				mg/l
3,4 – BENZOFUORANTHENE				mg/l				mg/l				mg/l
BENZO (GHI) PERYLENE				mg/l				mg/l				mg/l
BENZO (K) FLUORANTHENE				mg/l				mg/l				mg/l
BIS (2-CHLOROETHOXY) METHANE				mg/l				mg/l				mg/l
BIS (2-CHLOROETHYL) ETHER				mg/l				mg/l				mg/l
BIS (2-CHLOROISOPROPYL) ETHER				mg/l				mg/l				mg/l

DISCHARGE POINT(S):												
POLLUTANT	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS
<b>BASE   NEUTRAL COMPOUNDS</b>												
BIS (2-ETHYLHEXYL) PHTHALATE				mg/l				mg/l				mg/l
4 – BROMOPHENYL PHENYL ETHER				mg/l				mg/l				mg/l
BUTYL BENZYL PHTHALATE				mg/l				mg/l				mg/l
2 – CHLORONAPHTHALENE				mg/l				mg/l				mg/l
4 – CHLOROPHENYL PHENYL ETHER				mg/l				mg/l				mg/l
CHRYSENE				mg/l				mg/l				mg/l
DIBENZO (AH) ANTHRACENE				mg/l				mg/l				mg/l
DIETHYL PHTHALATE				mg/l				mg/l				mg/l
DIMETHYL PHTHALATE				mg/l				mg/l				mg/l
DI-N-BUTYL PHTHALATE				mg/l				mg/l				mg/l
2,4 – DINITROTOLUENE				mg/l				mg/l				mg/l
2,6 – DINITROTOLUENE				mg/l				mg/l				mg/l
DI-N-OCTYL PHTHALATE				mg/l				mg/l				mg/l
1,2 – DIPHENYLHYDRAZINE				mg/l				mg/l				mg/l
FLUORANTHENE				mg/l				mg/l				mg/l
FLUORENE				mg/l				mg/l				mg/l
HEXACHLOROBENZENE				mg/l				mg/l				mg/l
HEXACHLOROBUTADIENE				mg/l				mg/l				mg/l
HEXACHLOROCYCLOPENTADIENE				mg/l				mg/l				mg/l
HEXACHLOROETHANE				mg/l				mg/l				mg/l
INDENO (1,2,3-CD) PYRENE				mg/l				mg/l				mg/l
ISOPHORONE				mg/l				mg/l				mg/l
NAPHTHALENE				mg/l				mg/l				mg/l
NITROBENZENE				mg/l				mg/l				mg/l
N – NITROSODIMETHYLAMINE				mg/l				mg/l				mg/l
N – NITROSODI-N-PROPYLAMINE				mg/l				mg/l				mg/l
N – NITROSODIPHENYLAMINE				mg/l				mg/l				mg/l
PHENANTHRENE				mg/l				mg/l				mg/l
PYRENE				mg/l				mg/l				mg/l
1,2,4 – TRICHLOROBENZENE				mg/l				mg/l				mg/l
<b>PESTICIDE COMPOUNDS</b>												
ALDRIN				mg/l				mg/l				mg/l
ALPHA-BHC				mg/l				mg/l				mg/l
BETA-BHC				mg/l				mg/l				mg/l
DELTA-BHC				mg/l				mg/l				mg/l
GAMMA-BHC				mg/l				mg/l				mg/l
CHLORDANE				mg/l				mg/l				mg/l
4,4' – DDT				mg/l				mg/l				mg/l
4,4' – DDE				mg/l				mg/l				mg/l
4,4' – DDD				mg/l				mg/l				mg/l

DISCHARGE POINT(S):												
POLLUTANT	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS
<b>PESTICIDE COMPOUNDS</b>												
ENDRIN ALDEHYDE				mg/l				mg/l				mg/l
DIELDRIN				mg/l				mg/l				mg/l
ENDOSULFAN I				mg/l				mg/l				mg/l
ENDOSULFAN II				mg/l				mg/l				mg/l
ENDOSULFAN SULFATE				mg/l				mg/l				mg/l
ENDRIN				mg/l				mg/l				mg/l
HEPTACHLOR				mg/l				mg/l				mg/l
HEPTACHLOR EPOXIDE				mg/l				mg/l				mg/l
<b>PCB COMPOUNDS</b>												
PCB – 1016				mg/l				mg/l				mg/l
PCB – 1242				mg/l				mg/l				mg/l
PCB – 1254				mg/l				mg/l				mg/l
PCB – 1221				mg/l				mg/l				mg/l
PCB – 1232				mg/l				mg/l				mg/l
PCB – 1248				mg/l				mg/l				mg/l
PCB – 1260				mg/l				mg/l				mg/l
TOXAPHENE				mg/l				mg/l				mg/l
<b>DIOXIN – SCREENING ONLY</b>												
2,3,7,8-TETRACHLORODIBENZO-P- DIOXIN				mg/l				mg/l				mg/l

#### 4. TABLE 4

Table 4 **must** be completed for **each** applicable discharge point. For each compound listed, the User must **place an (X)** in the appropriate column as to whether you believe the compound is **present** or **absent** in the wastestream at that discharge point. If you believe a compound to be present, you must provide the results of at least one (1) analysis for that compound.

DISCHARGE POINT(S):												
POLLUTANT	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS	PRESENT	ABSENT	RESULT	UNITS
<b>OTHER COMPOUNDS</b>												
ACETONE				mg/l				mg/l				mg/l
ETHYL ACETATE				mg/l				mg/l				mg/l
ISOPROPYL ACETATE				mg/l				mg/l				mg/l
N – AMYL ACETATE				mg/l				mg/l				mg/l
N – BUTYL ACETATE				mg/l				mg/l				mg/l
4 – METHYL-2-PENTANONE				mg/l				mg/l				mg/l
ISOBUTYRALDEHYDE				mg/l				mg/l				mg/l
METHYL FORMATE				mg/l				mg/l				mg/l



**5. MONITORING WAIVER APPLICABILITY**

The monitoring waiver is for regulated pollutants which you believe to not be present in your process wastestream(s) and **only** applicable to **1.)** Categorical Industrial User’s (CIUs) who currently have this waiver incorporated in their existing MCUA Control Document requesting to have the waiver included in the next Control Document cycle or **2.)** CIUs who wish to request this monitoring waiver if they meet the criteria in accordance with 40 CFR Part 403.8(f)(2)(v) and 403.12(e).

IF THE MONITORING WAIVER HAS BEEN INCORPORATED IN THE CURRENT MCUA CONTROL DOCUMENT, ARE YOU REQUESTING TO HAVE THE WAIVER INCLUDED IN THE NEXT CONTROL DOCUMENT CYCLE?

YES  NO  N/A

IF YOU MEET THE CRITERIA IN ACCORDANCE WITH 40 CFR PART 403.8(f)(2)(v) AND 403.12(e), ARE YOU REQUESTING TO HAVE A MONITORING WAIVER INCORPORATED IN YOUR EXISTING MCUA CONTROL DOCUMENT?

IF YES, YOU MUST PROVIDE DATA FROM AT LEAST ONE SAMPLING OF YOUR FACILITY’S WASTEWATER PRIOR TO ANY TREATMENT PRESENT AT YOUR FACILITY THAT IS REPRESENTATIVE OF ALL WASTEWATER FROM ALL PROCESSES. THE REQUEST OF A MONITORING WAIVER MUST BE SIGNED IN ACCORDANCE WITH 40 CFR PART 403.12(I) AND INCLUDE THE CERTIFICATION STATEMENT IN 40 CFR PART 403.6(a)(2)(ii).

YES  NO  N/A

**G. PRIORITY POLLUTANTS | OTHER COMPOUNDS**

List each priority pollutant and/or other compounds, and its source (listed in Table 3 and Table 4), you are currently using or plan to use over the next five years, which is (or will be) utilized by itself or as a component of another substance. Include pollutants manufactured as intermediates, final products, or byproducts. If none are used, mark “N/A” – Not Applicable

POLLUTANT	SOURCE

**H. INCREASED LEVELS**

List any pollutant which you know or have reason to believe will exceed two times the value reported in Table 3 and/or Table 4, for a period of five years commencing with the date of application. If no increased levels are planned, mark “N/A” – Not Applicable

POLLUTANT	REASON

**I. CERTIFIED LABORATORY**

Complete for all analyses reported in this application.

CERTIFIED LABORATORY NAME	NJDEP LABORATORY ID NO.	POLLUTANT(S) ANALYZED

**J. SPILL PREVENTION**

DO YOU HAVE CHEMICAL STORAGE CONTAINERS, BINS OR PONDS AT YOUR FACILITY?

IF YES, PLEASE GIVE A DESCRIPTION OF THEIR LOCATION, CONTENTS, SIZE, TYPE, AND FREQUENCY AND METHOD OF CLEANING. ALSO INDICATE IN A DIAGRAM OR COMMENT BELOW ON THE PROXIMITY OF THESE CONTAINERS TO A SANITARY SEWER.

\_\_\_ YES

\_\_\_ NO

DO YOU HAVE FLOOR DRAINS IN YOUR MANUFACTURING OR CHEMICAL STORAGE AREA(S)? IF YES, IN THE SPACE BELOW, EXPLAIN WHERE THEY DISCHARGE TO?

\_\_\_ YES

\_\_\_ NO

IF YOU HAVE CHEMICAL STORAGE CONTAINERS, BINS, OR PONDS IN MANUFACTURING AREAS, COULD AN ACCIDENTAL SPILL LEAD TO A DISCHARGE TO [(X) ALL THAT APPLY]:

\_\_\_ ONSITE DISPOSAL SYSTEM

\_\_\_ SANITARY SEWER (e.g., VIA FLOOR DRAIN)

\_\_\_ STORM DRAIN

\_\_\_ TO GROUND

\_\_\_ OTHER, SPECIFY: \_\_\_\_\_

\_\_\_ NOT APPLICABLE

DO YOU HAVE AN ACCIDENTAL SPILL PREVENTION PLAN TO PREVENT SPILLS OF CHEMICALS OR SLUG DISCHARGES FROM ENTERING THE SANITARY SEWER?

\_\_\_ YES

\_\_\_ NO



**K. BEST MANAGEMENT PRACTICES**

IF APPLICABLE, DESCRIBE BELOW THE BEST MANAGEMENT PRACTICES (BMPs) EMPLOYED TO PREVENT POLLUTANTS FROM ENTERING A FACILITY'S WASTSTREAM OR REACHING A DISCHARGE POINT. BMPs ARE MANAGEMENT AND OPERATIONAL PROCEDURES SUCH AS SCHEDULES OF ACTIVITES, PROHIBITIONS OF PRACTICES, MAINTENANCE PROCEDURES, AND OTHER MANAGEMENT PRACTICES TO IMPLEMENT THE GENERAL AND SPECIFIC PROHIBITONS LISTED IN 40 CFR PART 403.5(a)(1) AND (b); AND THE MCUA RULES AND REGULATIONS.

DO YOU HAVE THE POTENTIAL FOR A SLUG DISCHARGE TO THE SANITARY SEWER? A SLUG DISCHARGE IS ANY DISCHARGE OF A NON-ROUTINE EPISODIC NATURE, INCLUDING BUT NOT LIMITED TO AN ACCIDENTAL SPILL OR A NON-CUSTOMARY BATCH DISCHARGE, WHICH HAS A REASONABLE POTENTIAL TO CAUSE INTERFERENCE OR PASS THROUGH, OR IN ANY OTHER WAY VIOLATE THE MCUA RULES AND REGULATIONS, LOCAL LIMITS OR PERMIT CONDITIONS IN ACCORDANCE WITH 40 CFR PART 403.8(f)(2)(v). **IF YES, PLEASE DESCRIBE THE TYPE OF POTENTIAL SLUG DISCHARGE, INCLUDING QUALITY AND CONTENT.**

YES

NO

PLEASE DESCRIBE CURRENT MECHANISMS FOR PREVENTION OF SLUG DISCHARGES.

PLEASE DESCRIBE WHERE AND HOW RAW MATERIALS ARE STORED

**L. AUTHORIZED SIGNATURES**

**COMPLIANCE CERTIFICATION:**

ARE ALL APPLICABLE FEDERAL, STATE, OR LOCAL PRETREATMENT STANDARDS AND REQUIREMENTS BEING MET ON A CONSISTENT BASIS? [MARK AN (X) THAT APPLIES]

- YES
- NO
- NOT DISCHARGING YET

**IF NO:**

WHAT ADDITIONAL OPERATIONS AND MAINTENANCE PROCEDURES ARE BEING CONSIDERED TO BRING THE FACILITY INTO COMPLIANCE? ALSO, LIST ADDITIONAL TREATMENT TECHNOLOGY OR PRACTICE BEING CONSIDERED IN ORDER TO BRING THE FACILITY INTO COMPLIANCE.

PROVIDE A SCHEDULE FOR BRINGING THE FACILITY INTO COMPLIANCE. SPECIFY MAJOR EVENTS PLANNED ALONG WITH REASONABLE COMPLETION DATES.

**NOTE:** IF THE MCUA ISSUES A CONTROL DOCUMENT OR A CONTROL DOCUMENT ISSUED BY THE MCUA IS CURRENTLY IN EFFECT, THE MCUA MAY ESTABLISH A SCHEDULE FOR COMPLIANCE DIFFERENT FROM THE ONE SUBMITTED BY THE FACILITY.

MILESTONE ACTIVITY	COMPLETION DATE

**AUTHORIZED REPRESENTATIVE STATEMENT**

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 information submitted. Based upon 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, 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: \_\_\_\_\_

## APPENDIX A

### 40 CFR PART 403.12(l). SIGNATORY REQUIREMENTS

The reports required by paragraphs (b), (d), and (e) of this section shall include the certification statement as set forth in 403.6(a)(2)(ii), and shall be signed as follows:

(1). By a responsible corporate officer, if the Industrial User submitting the reports required by paragraphs (b), (d) and (e) of this section 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 Industrial User submitting the reports required by paragraphs (b), (d) and (e) of this section is a partnership or sole proprietorship, respectively.

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

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

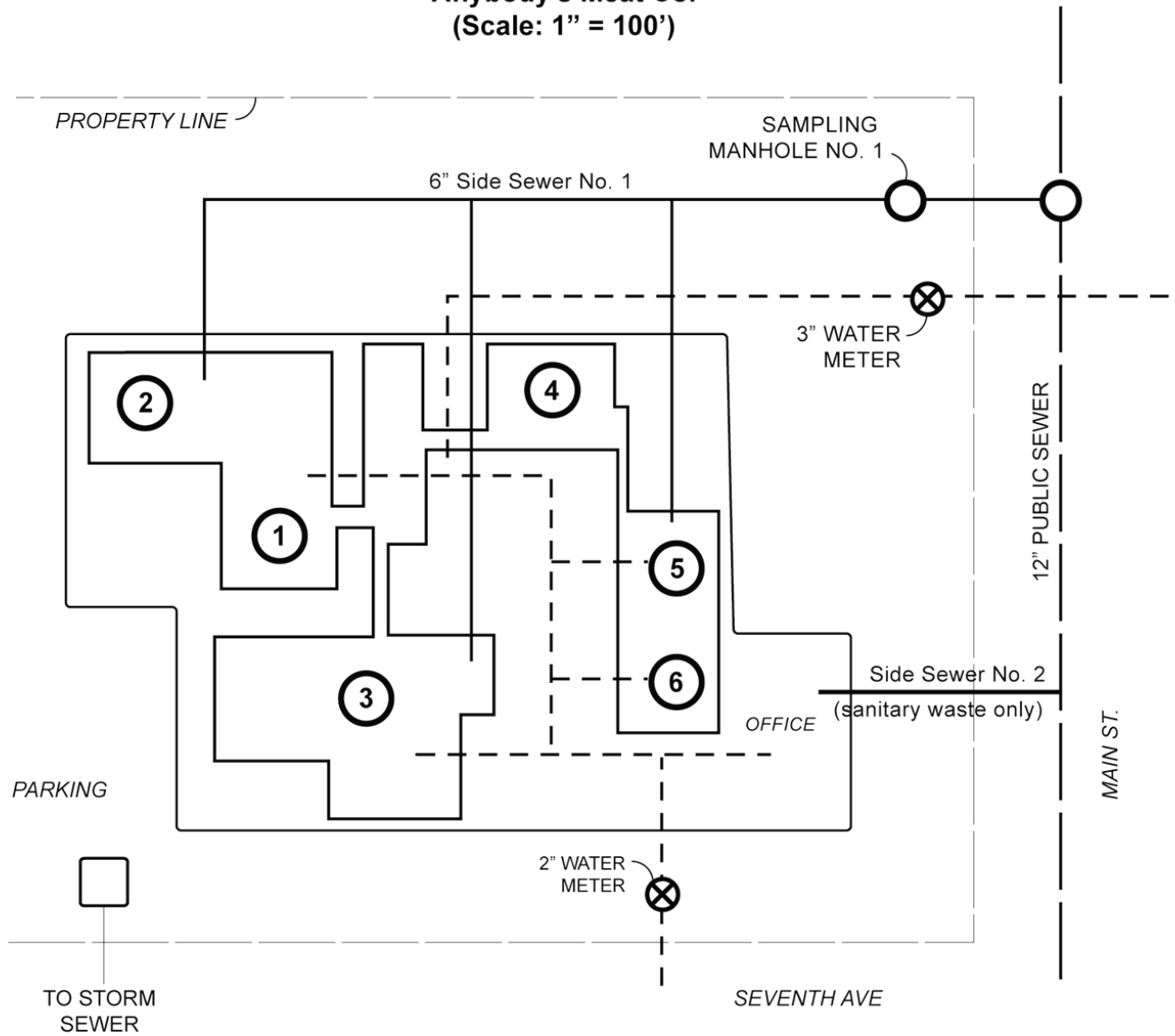
(ii). the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility,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

(iii). the written authorization is submitted to the Control Authority.

(4). If an authorization under paragraph (l)(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 (l)(3) of this section must be submitted to the Control Authority prior to or together with any reports to be signed by an authorized representative.

APPENDIX B

Anybody's Meat Co.  
(Scale: 1" = 100')



- |  |                |  |              |
|--|----------------|--|--------------|
|  | PROCESS NUMBER |  | SIDE SEWER   |
|  | MAN HOLE       |  | PUBLIC SEWER |
|  | WATER METER    |  | WATER LINE   |



APPENDIX C

