Reset Form

A

EFFLUENT DATA – PART C											
POLLUTANT CAS REGISTRY NUMBER	MAXIMUM DAILY DISCHARGE				AVERAGE MONTHLY DISCHARGE				Total Number of Samples	ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
ACENAPHTHENE 83-32-9											
ACENAPHTHYLENE 208-96-8											
ANTHRACENE 120-12-7											
BENZIDINE 92-87-5											
BENZO(A)ANTHRACENE 56-55-3											
BENZO(A)PYRENE 50-32-8											
3,4 BENZO-FLUORANTHENE 205-99-2											
BENZO(GHI)PERYLENE 191-24-2											
BENZO(K)FLUORANTHENE 207-08-9											
BIS (2-CHLOROETHOXY)-METHANE 111-91-1											
BIS (2-CHLOROETHYL)-ETHER 111-44-4											
BIS (2-CHLOROISO-PROPYL) ETHER 102-60-1											
BIS (2-ETHYLHEXYL) PHTHALATE 117-81-7											
4-BROMOPHENYL PHENYL ETHER 101-55-3											
BUTYL BENZYL PHTHALATE 85-68-7											
2-CHLORONAPHTHALENE 91-58-7											
4-CHLORPHENYL PHENYL ETHER 7005-72-3											
CHRYSENE 218-01-9											
DI-N-BUTYL PHTHALATE 84-74-2											
DI-N-OCTYL PHTHALATE 117-84-0											
DIBENZO(A,H) ANTHRACENE 53-70-3											
1,2-DICHLOROBENZENE 95-50-1											
1,3-DICHLOROBENZENE 541-73-1											
1,4-DICHLOROBENZENE 106-46-7											
3,3-DICHLOROBENZIDINE 91-94-1											

EFFLUENT DATA – PART C											
POLLUTANT CAS REGISTRY NUMBER	MAXIMUM DAILY DISCHARGE				AVERAGE MONTHLY DISCHARGE				Total Number of Samples	ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
DIETHYL PHTHALATE 84-66-2											
DIMETHYL PHTHALATE 131-11-3											
2,4-DINITROTOLUENE 121-14-2											
2,6-DINITROTOLUENE 606-20-2											
1,2-DIPHENYLHYDRAZINE 122-66-7											
FLUORANTHENE 206-44-0											
FLUORENE 86-73-7											
HEXACHLOROBENZENE 118-74-1											
HEXACHLOROBUTADIENE 87-68-3											
HEXACHLOROCYCLO-PENTADIENE 77-47-4											
HEXACHLOROETHANE 67-72-1											
INDENO(1,2,3-CD)PYRENE 193-39-5											
ISOPHORONE 78-59-1											
NAPHTHALENE 91-20-3											
NITROBENZENE 98-95-3											
N-NITROSODI-N-PROPYLAMINE 621-64-7											
N-NITROSODI-METHYLAMINE 62-75-9											
N-NITROSODI-PHENYLAMINE 86-30-6											
PHENANTHRENE 85-01-8											
PYRENE 129-00-0											
1,2,4-TRICHLO-ROBENZENE 120-82-1											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit.											

EFFLUENT DATA – PART C											
POLLUTANT CAS REGISTRY NUMBER	MAXIMUM DAILY DISCHARGE				AVERAGE MONTHLY DISCHARGE				Total Number of Samples	ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
PESTICIDE COMPOUNDS.											
ALDRIN (309-00-2)											
ALPHA-BHC(319-84-6)											
BETA-BHC(319-85-7)											
GAMMA-BHC(58-89-9)											
DELTA-BHC (319-86-8)											
CHLORDANE (57-74-9)											
4,4'-DDT (50-29-3)											
4,4'-DDE (72-55-9)											
DIELDRIN (60-57-1)											
ALPHA-ENDOSULFAN (115-29-7)											
BETA-ENDOSULFAN (115-29-7)											
ENDOSULFAN SULFATE (1031-07-8)											
ENDRIN (72-20-8)											
ENDRIN ALDEHYDE (7421-93-4)											
HEPTACHLOR (76-44-8)											
HEPTACHLOR EPOXIDE (1024-57-3)											
PCB-1242 (53469-21-9)											
PCB-1254 (11097-69-1)											
PCB-1221 (11104-28-2)											
PCB-1232 (11141-16-5)											
PCB-1248 (12672-29-6)											
PCB-1260 (11096-82-5)											
PCB-1016 (12674-11-2)											
TOXAPHENE (8001-35-2)											
Use this space (or a separate sheet) to provide information on other pesticide compounds requested by the permit.											

17. BIOLOGICAL TOXICITY TESTING DATA:

Number of whole effluent toxicity tests conducted in the past three years. ☐ Acute ☐ Chronic
List the whole effluent toxicity tests done in the past one year.

DATE OF TEST	TYPE OF TEST	RESULT OF TEST

18. CERTIFIED LABORATORY:

Complete the table below for all analyses reported in this application.

NAME OF CERTIFIED LAB.	TELEPHONE #	CERTIFICATION NUMBER	POLLUTANT(S)/CATEGORIES ANALYZED

19. INDUSTRIAL USER DISCHARGES:

All treatment works receiving discharges from significant indirect users must complete the following.

a. **Pretreatment Program.** Does your treatment works implement an NJDEP approved pretreatment program?

Yes ☐ **No** ☐

b. **Number of Significant Indirect Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to your treatment works.

1. Number of non-categorical SIUs. _____
2. Number of CIUs. _____

20. COMBINED SEWER SYSTEMS:

If your treatment works has combined sewer overflow discharge points and are authorized under this individual permit complete the following. If not, go to the next item.

Complete the following for each CSO discharge point/outfall.

Outfall Number:

Check when overflow occurs and provide the following information:

Wet weather ☐ Dry weather ☐

	Wet weather	Dry weather
1.	Number of CSO events in the last year. Events (____ actual or ____ approx.)	Number of CSO events in the last year. Events (____ actual or ____ approx.)
2.	Average overflow duration per CSO event. Hours (____ actual or ____ approx.)	Average overflow duration per CSO event. Hours (____ actual or ____ approx.)
3.	Average overflow volume per CSO event. Million gallons (____ actual or ____ approx.)	Average overflow volume per CSO event. Million gallons (____ actual or ____ approx.)

Minimum rainfall that caused a CSO event in the last year.

_____ inches of rain fall

21. CERTIFICATION BY THE APPLICANT:

For _____
NAME OF APPLICANT/OPERATING ENTITY (Type or Print)

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 on 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 (TYPE OR PRINT)	TITLE (TYPE OR PRINT)	
SIGNATURE	DATE	PHONE