NONRESIDENTIAL SEWER USE APPLICATION

BY APPLICANT:

1. Applicant:_____
_____
Property Owner (if different):
_____
2. Street:_____
3. Town:_____
4. Post Office Box:_____
5. Tax Block:_____ **Lot:**_____
6. Telephone No. _____
7. Contact Person (Name/Title):
_____
8. Described Business:_____
_____
_____

BY SEWER AUTHORITY:

Subsystem:_____
Permit No.:_____
Attachments:_____
Reviewed by/date:_____
Approved by/date:_____
Entered by/date:_____
Comments:_____
_____
_____
_____
_____

9. Will a garbage grinder with a motor of ¾ horsepower or greater, be installed? _____ Will a grease trap be installed? _____ If yes, please state volume: _____ gallons.

10. Will any liquid product, process, or waste be present on the premises in quantities greater than 1,000 gallons? _____ If yes, please identify:_____
_____

11. Will discharge consist only of Domestic Wastewater?* _____ If no, please complete and submit Form D, Supplemental Non-domestic Sewer Use Information.

The Authority will utilize the information furnished in this application in forming its opinion as to allow or restrict by issuance of a permit, or prohibit the proposed discharge.

In consideration of the filing of this application, the undersigned agrees:

1. **To furnish any additional information relating to the use of the Public Sewerage System for which this application is made as may be requested by the Authority.**
2. **To accept and abide by all provisions of the Rules and Regulations of the Authority, and of all amendments that may be adopted in the future. (Available for inspection and/or purchase at the Authority offices).**
3. **To operate and maintain any waste pretreatment facilities, as may be required as a condition of the acceptance into the Public Sewerage System of the wastes involved, in an efficient manner at all times, and at no expense to the Authority.**
4. **To allow the Authority access to the facilities and records at reasonable times and to cooperate at all times with the Authority in their inspecting, sampling, and study of the discharge and any facilities provided for pre-treatment.**
5. **To notify the Authority immediately in the event of any accident, or other occurrence that occasionally discharges to the Public Sewerage System of any wastewater or substances prohibited or not covered by this permit.**

The signature presented below shall certify that to the best knowledge and belief of the Applicant, or duly Authorized Representative of the Applicant, the information furnished in this application is true, complete and accurate.**

(Print or type name and position below signature) _____
(signature)
_____
_____
(date)

****"Domestic Wastewater" is the liquid waste or liquid borne waste: (1) resulting from preparation, cooking and handling of food and/or (2) consisting of human excrement and similar wastes from sanitary conveniences.**

****"Authorized Representative" means: (1) a principal executive officer of at least the level of vice president, if the applicant is a corporation; (2) a general partner or proprietor if the applicant is a partnership or proprietorship, respectively; (3) a duly authorized representative of the individual designated above if such representative is responsible for the overall operation of the facilities from which the discharge will originate**

SUPPLEMENTAL NON-DOMESTIC SEWER USE INFORMATION

By Applicant

1. **Name:**_____
   Products and average production:
   _____
   _____
   _____
2. **Type of Operation:**
   Continuous:_____ **Batch:**_____
   Scheduled Shutdown:_____
   If yes, when:_____
3. **SIC Code**_____
4. **Description of Non-domestic Wastewater Discharge:**_____
   _____

By Authority

Parameters exceeding 5% of Plant Capacity:_____
_____
Subject to USEPA Categorical Pretreatment Std. for _____
(40 CFR_____**)**
NJDEP Significant Industrial User:
_____
Self Monitoring:_____
Reviewed By/Date:_____
Approved By/Date:_____
Entered By/Date:_____
Permit No.:_____
Effective Date:_____
Expiration Date:_____

5. **Describe any waste treatment processes or devices provided prior to discharge:**_____
_____
_____
6. **Attach schematic diagram indicating discharge points and any waste treatment facilities.**
7. **Wastewater discharge from each process stream and other sources:**

Stream	Average Daily (gpd)	Maximum Daily (gpd)	Peak (gpm)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. **Discharges are (measured, estimated). If estimated, why?**_____
   _____
   How:_____
9. **Based upon knowledge of materials and operations used at the facility, could the discharge contain any pollutant regulated by Article V of the Authority Rules and Regulations?**_____
10. **If yes, please attach a list of such pollutants and the concentrations of each representative of normal work cycles and expected discharge. Indicate the time, date, and methods of analysis. Estimated values may be supplied for new facilities. Confirmation testing may be required in this instance.**

Certificate of Compliance/Noncompliance**

To the best of my knowledge and belief, that the prohibitions and restrictions of Article V of the Authority's rules and regulations (are/are not) being met on a consistent basis.

_____
(Signature)

(Print or type name and capacity below signature)

_____
(Date)

Certification by Applicant*

The information and certifications contained in or attached to this application and familiar to me and to the best of my knowledge and belief, they are true, complete, and accurate.

_____
(Signature)

(Print or type name and position below signature)

_____
(Date)

***Same as Form C.**
****By qualified professional familiar with the discharge and the Authority Rules and Regulations.**