

THE OCEAN COUNTY UTILITIES AUTHORITY
INDUSTRIAL PRETREATMENT PROGRAM



INDUSTRIAL DISCHARGE PERMIT
APPLICATION

501 HICKORY LANE
PO BOX P
BAYVILLE, NJ 08721
PHONE: 732-269-4500
FAX: 732-237-2193

WEBSITE: WWW.OCUA.COM

INDUSTRIAL DISCHARGE PERMIT APPLICATION FEE SCHEDULE

All non-domestic users who wish to discharge to the sanitary sewer or who receive an application must complete and return it through the Local Sewerage Authority and Regional Authority (if applicable) to the OCUA for review. Based on this review, the OCUA will determine whether or not your company's discharge requires a discharge permit, and inform you of that determination, and the permit fee. All current permittees applying for renewal of their existing permit or are requesting modifications (ie. flow increases), must also submit the applications through the Local Sewerage Authority and Regional Authority (if applicable) for review and approval. If you have any questions concerning the application or need assistance in completing it, feel free to contact the OCUA's Industrial Pretreatment Program Coordinator Mr. Richard Ingenito at (732) 269-4500 ext. 8339. Please answer all questions. If one does not apply, write N/A. Please include a narrative description with the application to better explain your circumstances. If this application is for the renewal of an existing permit, indicate your present Industrial Discharge Permit Number.

Industrial Discharge Permit Fee Schedule

New Surchargeable Industry	\$750.00
New Non-surchargeable Industry	\$250.00
Renewed Surchargeable	\$500.00
Renewed Non-surchargeable	\$100.00

Groundwater Remediation, Treatment Works Approval, Pretreatment System requires an additional review fee of \$250.00.

A surchargeable industry is an industry whose expected or experienced concentration of BOD₅ and or TSS is greater than 300 ppm in their wastewater discharge.

INDUSTRIAL DISCHARGE PERMIT APPLICATION INSTRUCTIONS

Section A: Contact Information

Item 1: Be sure to indicate the correct mailing address if it is different from the company street address.

Item 2: The contact official is the person who will have primary contact with the Authority.

Item 3: The authorized representative is that person who has signatory authority for any reports related to Authority business.

Section B: General Information

Self explanatory

Section C: Product or Service Information

Item 1: Self explanatory

Items 2 - 3: Report only the principle or significant raw materials and products.

Section D: Water Data

Item 1: Report the volume of raw water purchased or pumped from your own well, in gallons. Some water bills report consumption in hundreds of cubic feet. If this is the case with your company, multiply the figure by 100 to convert it to cubic feet, then multiply that number by 7.48 to convert cubic feet to gallons.

Items 2-3: Self explanatory

Item 4: The total gallons discharged should equal the grand total as reported in item 1. Please identify which volumes are estimates.

Item 5: Self explanatory

Section E: Nonindustrial / Nondomestic Discharges

Items 1–5: This section need only be completed if the discharge is not from a process. This section should only be completed if the discharge is from landfill leachate, contaminated groundwater, noncontact cooling water, etc. If you are unsure if your discharge would fit into this section, contact the Authority for clarification.

Section F: Characteristics of Wastewater

Items 1-2: Self explanatory

Water Treatment Plant Addendum

This item to be filled out only by water treatment plants upon initial permit request or permit renewal.

THE OCEAN COUNTY UTILITIES AUTHORITY
INDUSTRIAL DISCHARGE PERMIT APPLICATION

Date: _____

New Application: _____

Fee Paid: \$ _____

Renewal Application: _____

Permit Number: _____

Permit Modification: _____

SECTION A: CONTACT INFORMATION

PAGE 1

Company Name:

1. Facility Location

Business Mailing Address

Street address	Mailing Address
City, State, Zip Code	City, State, Zip Code

2. Contact Official

Name	Title
Mailing Address	Phone Number
City, State, Zip Code	
Email Address	

3. Authorized Representative

Name	Title
Mailing Address	Phone Number
City, State, Zip Code	
Email Address	

1. Standard Industrial Classification Code (SIC – 4 numbers): _____

2. Business Activity – Briefly describe the activities performed on the premises

3. *New Users Only*: Indicate date user desires to commence operations: _____

Existing Users: Indicate date user commenced operations: _____

4. Block and Lot Number: _____

5. If property is rented, indicate the name and address of the owner of the property:

6. Number of employees Full Time: _____ Part Time: _____

7. Number of work days per week: _____

Number of Shifts: _____ Length of shifts: _____ hours

8. Is production seasonal? If yes, explain: _____

9. Please attach a brief sketch or site plan showing the property, buildings, sanitary sewer and water lines, and where in the building the wastewater is generated.

1. If your facility employs processes in any of the industrial categories listed below and any of these processes generate wastewater or waste sludge, place a check to side of category (check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Metal Molding and Casting |
| <input type="checkbox"/> Builder's Paper and Board Mills | <input type="checkbox"/> Nonferrous Metals Forming and Metal Powders |
| <input type="checkbox"/> Carbon Black Manufacturing | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Organic Chemicals, Plastics & Synthetic Fibers |
| <input type="checkbox"/> Copper forming | <input type="checkbox"/> Paint Formulating |
| <input type="checkbox"/> Electrical and Electrical Components | <input type="checkbox"/> Paving & Roofing Materials (tars and asphalt) |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Pesticide Chemicals |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Pharmaceutical Manufacturing |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Grain Mill | <input type="checkbox"/> Pulp, Paper and Paperboard |
| <input type="checkbox"/> Ink Formulation | <input type="checkbox"/> Rubber Manufacturing |
| <input type="checkbox"/> Inorganic Chemicals Manufacturing | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Iron and Steel Manufacturing | <input type="checkbox"/> Steam Electric Power Generating |
| <input type="checkbox"/> Leather Tanning and Manufacturing | <input type="checkbox"/> Timber Products Processing |
| <input type="checkbox"/> Transportation Equipment Cleaning | |

2. Principal raw materials used (attach sheets if additional space is required):

2. Principal products or services:

1. Water Received/Purchased: Year 20_____ (Report the volume in Gallons)

Billing Period	Purchased	Well	Other	Total Gallons
1 st Quarter				
2 nd Quarter				
3 rd Quarter				
4 th Quarter				

Grand Total: _____

2. Name of Water Supplier: _____ Account No: _____

3. Is well water metered: _____ Is other water metered: _____

4. Water distribution: Enter the average amount of water discharged for the following items. Please enter in gallons per year. Note: the total amount for item #4 should equal the grand total for item #1.

Type of Discharge	Water Discharge (or loss)
Industrial / process	
Contact cooling water	
Non-contact cooling water	
Boiler/cooling tower blowdown	
Leachate	
Groundwater	
Sanitary / Domestic	
Contained in product	
Evaporation	
Irrigation (lawn sprinklers)	
Waste Hauler	
Other	
TOTAL:	

5. Is any of the wastewater pretreated prior to discharge to the sanitary sewer? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Filtration | <input type="checkbox"/> chlorination |
| <input type="checkbox"/> Grease trap | <input type="checkbox"/> chemical precipitation |
| <input type="checkbox"/> oil/water separator | <input type="checkbox"/> pH adjustment |
| <input type="checkbox"/> granular activated carbon | <input type="checkbox"/> aeration / clarification |
| <input type="checkbox"/> Other (describe) | |

1. Source / Type of Discharge: _____
2. Location on site: _____
3. How long do you anticipate this discharge to continue (1 week, 3 months, 1 year, 20 years, no end): _____
4. Is this water being pretreated prior to discharge to the sanitary sewer: _____
What type of treatment: _____
5. What is the anticipated volume / day, and rate you will be discharging: _____

SECTION F: CHARACTERISTICS OF WASTEWATER

1. Has a laboratory analysis ever been performed on your facility's wastewater? _____
(If so, attach laboratory reports)
2. Indicate the known or expected concentrations of the following pollutants in the wastewater discharge:

pH	_____	standard units
Total Suspended Solids	_____	mg/l
Biochemical Oxygen Demand	_____	mg/l
Chemical Oxygen Demand	_____	mg/l
Oil and Grease	_____	mg/l
3. Are any hazardous materials or compounds discharged to the sanitary sewer? If yes, please explain:

The information contained in this questionnaire is familiar to me, and to the best of my knowledge and belief, such information is true, complete, and accurate.

Name of Signing Official: _____

Title: _____ Signature: _____

Date: _____

Application Review

Local Sewerage Authority: _____ Date: _____

Regional Sewerage Authority: _____ Date: _____

**THE OCEAN COUNTY UTILITIES AUTHORITY
P.O. BOX P
BAYVILLE, NJ 08721**

Phone: (732) 269 - 4500 ext. 8339

Fax: (732) 237 - 2193

Website: WWW.OCUA.COM

**OCUA Discharge Permit Application
Water Treatment Plant Addendum**

1. Name of Facility: _____
2. Name of Licensed Operator: _____ Classification: _____
3. Source of raw water: _____
4. Type of Treatment to raw water: _____
Do you use: Settling Basin: _____ Filter: _____ Ion Exchange: _____
Decant Tank: _____ Chemicals or Compounds: _____ Please list: _____

5. Volume of Potable Water Produced per day:
Winter: _____ Summer: _____
6. Frequency and Schedule of Backwashing:
Winter: _____ Summer: _____

Volume of Backwash water (gallons per backwash cycle and cycles per day): _____

7. Frequency and volume (gpd) of discharges to the sanitary sewer:
Winter: _____ Summer: _____
Source of discharge (filter, decant tank, etc.): _____

8. Are there any other extra or annual cleanings that would be discharged to the sanitary sewer. Please explain: _____

9. Please supply any additional information you feel may be helpful: _____

10. Total Suspended Solids (ppm) of discharge: _____
Total Iron Content (ppm) of discharge: _____

Signature: _____ Date: _____

Name: _____ Title: _____