

THE OCEAN COUNTY UTILITIES AUTHORITY
INDUSTRIAL PRETREATMENT PROGRAM



INDUSTRIAL DISCHARGE PERMIT
APPLICATION

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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 Manager 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. 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).

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

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

3. 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: aaaaaa Is other water metered:"aaaaaa"

4. Water distribution: Enter the average amount of water discharged for the following items.
 Note: the total amount for item #4 should equal the grand total for item #1.

Type of Discharge	Water Discharge (or loss) Gallons Per Year	Water Discharge (or loss) Gallons Per Day
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.

- | | |
|---------------------------|--------------------------|
| Filtration | chlorination |
| Grease trap | chemical precipitation |
| oil/water separator | pH adjustment |
| granular activated carbon | aeration / clarification |

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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. Attach lab reports if available.

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: _____

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P.O. BOX P
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**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: _____