Date Received:_____

Mount Holly Municipal Utilities Authority
37 Washington Street PO BOX 486
Mount Holly NJ 08060-0486
609-267-0015 (office) 609-267-1110 (plant)

____New Industrial Facility
____New Commercial Facility
____Renewal of Industrial Permit/Agreement
____Amendment or Revision of Commercial or Industrial User Permit/Agreement
____Transfer of Ownership of Commercial or Industrial User Permit/Agreement
____Existing Discharge ____Proposed Discharge Anticipated Date of 1st Discharge_____

Section 1 - Facility Contacts

1. Property Owner _____
   Mailing Address _____
   City _____ State _____ Zip_____
2. Facility Name _____
3. Facility Parent Company Name _____
4. Facility Street Address _____
   City _____ State _____ Zip_____
5. Block(s) _____ Lot(s) _____ Gross square footage _____
6. Facility Mailing Address _____
   City _____ State _____ Zip_____
7. Facility Contact
   Name: _____ Title: _____
   Phone: _____ Fax: _____ E-Mail: _____
8. Designated Signatory Authority (must be V.P. or higher for corporations)
   Name: _____ Title: _____
   Phone: _____ Fax: _____ E-Mail: _____
   Mailing Address (if different from 6, above) _____
   City _____ State _____ Zip_____
9. Alternate Person to Contact Concerning Information Provided in Application
   Name: _____ Title: _____
   Phone: _____ Fax: _____ E-Mail: _____
10. Billing Address (if different from 6, above) _____
    City _____ State _____ Zip_____
11. Estimated Number of Units to be Incorporated in This Facility: _____ EDUs

NOTE: Any connection fee calculated from the information contained in this application represents only the activities and flows noted herein. Additional flow may require an additional connection fee.

Section 2 - Facility Product/Service Information

1. Fill out Table 1 in its entirety. If you have any questions whether your facility falls under any of the categorical industries listed in Table 1, then contact the MHMUA Industrial Pretreatment Coordinator at 609-267-1110 or visit http://www.epa.gov/docs/epacfr40/chapt-I.info/subch-N.htm for information on specific categorical industrial definitions in the Code of Federal Regulations (CFR).

TABLE 1

Industrial Category	40 CFR Chapter	Facility falls under this CFR Chapter (Yes / No)	Percent of total production
Dairy Products Processing	405		
Grain Mills	406		
Canned and Preserved Fruits and Vegetables Processing	407		
Canned and Preserved Seafood Processing	408		
Sugar Processing	409		
Textile Mills	410		
Cement Manufacturing	411		
Feedlots	412		
Electroplating	413		
Organic Chemicals, Plastics, and Synthetic Fibers	414		
Inorganic Chemicals Manufacturing	415		
Soap and Detergent Manufacturing	417		
Fertilizer Manufacturing	418		
Petroleum Refining	419		
Iron and Steel Manufacturing	420		
Nonferrous Metals Manufacturing	421		
Phosphate Manufacturing	422		
Steam Electric Power Generating	423		
Ferroalloy Manufacturing	424		
Leather Tanning and Finishing	425		
Glass Manufacturing	426		
Asbestos Manufacturing	427		
Rubber Manufacturing	428		
Timber Products Processing	429		
Pulp, Paper, and Paperboard	430		
Meat Products	432		
Metal Finishing	433		
Coal Mining	434		
Oil and Gas Extraction	435		
Mineral Mining and Processing	436		
Centralized waste treatment	437		
Pharmaceutical Manufacturing	439		
Ore Mining and Dressing	440		
Transportation Equipment Cleaning	442		
Paving and Roofing Materials (Tars and Asphalt)	443		
Waste Combustors	444		
Landfills	445		
Paint Formulating	446		
Ink Formulating	447		
Gum and Wood Chemicals Manufacturing	454		
Pesticide Chemicals	455		
Explosives Manufacturing	457		
Carbon Black Manufacturing	458		
Photographic	459		
Hospital	460		
Battery Manufacturing	461		
Plastics Molding and Forming	463		
Metal Molding and Casting	464		
Coil Coating	465		
Porcelain Enameling	466		
Aluminum Forming	467		
Copper Forming	468		
Electrical and Electronic Components	469		
Nonferrous Metals Forming and Metal Powders	471		

2. Principle Raw materials Used _____

_____

_____

3. Principle Products Produced _____

_____

_____

4. Primary SIC _____ Secondary SICs _____, _____, _____, _____
   (see http://www.osha.gov/oshstats/sicser.html if you are unsure of your SIC code)
5. Narrative description of all operations at this facility. Manufacturing facilities should include all unit processes, chemicals used and products produced. Attach additional sheets as necessary.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

NOTE: Facilities subject to certain Federal Categorical Pretreatment Standards will be required to provide detailed information concerning total and average production.

Section 3 - Plant Operational Characteristics

1. Indicate the average number of employees for each shift in the table below:

	Start/Stop Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift 1	/							
Shift 2	/							
Shift 3	/							

Please note any alternate shift start/stop times _____

2. Please indicate typical days per month of operation _____
3. Circle the normal months of operation Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
4. Circle the normal months of discharge Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
5. If the facility has normal shut down periods (i.e. vacation, maintenance) please describe, otherwise indicate "None" _____

_____

6. Describe any facility washdown activities, including all solvents, degreasers and cleaning agents used or indicate "None" if there are no such activities _____

7. Describe any supply water conditioning/treatment _____

8. Describe any water recycling _____

9. Describe any raw materials/chemical reclamation _____

Section 4 - Chemical Storage, Usage & Disposal

1. Indicate all chemicals stored and/or used (or attach listing with the information below):

Chemical or Product Name	Typical Quantity Stored	Storage Method & Location	Use (include rate of usage)	Disposal

2. Attach MSDSs for all chemicals that are disposed via wastewater to MHMUA.

3. If there are any floor drains in any process or chemical storage areas, please complete the following table (indicate None if there are no floor drains):

Floor Drain Location	Discharges To (sewer, holding tank, etc.)

circle one

4. Do you have a Spill Prevention Control and Countermeasure Plan prepared for the facility? Yes No
5. Do you have a Toxic Organics Management Plan prepared for the facility? Yes No
6. Do you have a Slug Control Plan prepared for the facility? Yes No

Section 5 - Water Consumption & Loss

1. Attach a drawing showing connections to water supplies, internal water flows, and connections to the public sewer system.
2. Indicate raw water consumption. If a source is not metered, indicate method used to determine flow.

Source	Size of meter	Account/Well #s	Annual Consumption
Potable Supplier			
Private Contract			
Surface Water			
Private Well			
Other:			

3. Indicate water usage. Calculate the average and maximum values based on the most recent 12 month period. Report all values in gallons.

Use	Average Daily	Max. Daily	Average Monthly	Max. Monthly
Sanitary				
Process				
Plant/equipment washdown				
Cooling water				
Boiler feed				
Irrigation				
Air pollution control device(s)				
Other:				
Other:				
Total				

4. For the usage noted as process in item 5.3, above, please provide a brief description of each discrete process and estimate usage in gallons.

Process Description	Continuous Or Batch?	Average Daily	Max. Daily
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

5. Indicate water discharge/losses. Calculate the average and maximum values based on the most recent 12 month period. Report all values in gallons.

Use	Average Daily	Max. Daily	Average Monthly	Max. Monthly
Municipal Sanitary Sewer System				
Storm Drain, Ground				
Waste Haulers				
Evaporation				
Contained In Product				
Other:				
Total				

6. For each process noted as **batch** in item 5.4, above, please use the table below to describe the number of batches discharged for a given time frame (i.e. per hour, shift, two days, week, etc.). Reference the process number from item 5.4.

Process Number	# of Batches	Time Frame	Gallons per batch	Length of time to discharge	Categorical? (circle one)
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure

7. For each process noted as **continuous** in item 5.4, above, please use the table below to describe the discharge characteristics. Report all values in gallons. Reference the process number from item 5.4.

Process Number	Average Daily	Max. Daily	Average Monthly	Max. Monthly	Categorical? (circle one)
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure
					Y N Unsure

8. For each process listed in item 5.4, above, draw a diagram of the flow of materials, products, water and wastewater from the start of the activity to its completion, showing all unit processes.

Section 6 - Wastewater Treatment

1. Does your facility perform any form of treatment on the wastewater (or proposed wastewater) discharged to MHMUA? ___Yes ___No If no, skip to number 7.
2. Briefly describe the wastewater treatment performed (including pH adjustment) _____

   _____

   _____

   _____

   _____

   _____
3. Attach drawings of wastewater treatment system. Include design flow rate, capacity, size and operating procedures for each unit of the treatment system. Also include for each unit, the volume and disposal method for liquid and solid by-products.
4. Do you have operation & maintenance manuals for the treatment system? ___Yes ___No
5. Do you have operation & maintenance records for the treatment system? ___Yes ___No
6. List any treatment works approval numbers this facility has received _____
7. If your facility has a licensed operator: Name _____ Classification _____Number _____
8. Complete pages 9 through 11 by placing a check mark in the appropriate column for each compound listed. All entries of "known absent" or "known present" must be supported by analytical data (attach lab report).

Parameter	Suspected Absent	Known Absent	Suspected Present	Known Present
Total Antimony				
Total Arsenic				
Total Beryllium				
Total Cadmium				
Total Chromium				
Total Copper				
Total Lead				
Total Mercury				
Total Molybdenum				
Total Nickel				
Total Selenium				
Total Silver				
Total Thallium				
Total Zinc				
Total Cyanide				
Total Petroleum Hydrocarbons				
Phenolics				
Acrolein				
Acrylonitrile				
Benzene				
Bromoform				
Bromodichloromethane				
Bromomethane				
(Methyl Bromide)				
Carbon tetrachloride				
Chlorobenzene				
Chloroethane				
2-Chloroethylvinyl ether				
Chloroform				
Chloromethane				
(Methyl Chloride)				
Dibromochloromethane				
1,2-Dichlorobenzene				
1,3-Dichlorobenzene				
1,4-Dichlorobenzene				
Dichlorodifluoromethane				
1,1-Dichloroethane				
1,2-Dichloroethane				
1,1-Dichloroethene				
trans-1,2-Dichloroethene				
1,2-Dichloropropane				
cis-1,3-Dichloropropene				
trans-1,2-Dichloropropene				
Ethylbenzene				
Methylene Chloride				
Methyl-tert-butyl-ether (MTBE) 1,1,2,2-Tetrachloroethane				
Tetrachloroethene				
Toluene				
1,1,1-Trichloroethane				
1,1,2-Trichloroethane				
Trichloroethene				
Trichlorofluoromethane				
Vinyl Chloride				
Xylene (Total)				

Parameter	Suspected Absent	Known Absent	Suspected Present	Known Present
2-Chlorophenol				
2,4-Dichlorophenol				
2,4-Dimethylphenol				
4,6-Dinitro-o-cresol				
2,4-Dinitrophenol				
2-Nitrophenol				
4-Nitrophenol				
p-Chloro-m-cresol				
Pentachlorophenol				
Phenol				
2,4,6-Trichlorophenol				
Acenaphthene				
Acenaphthylene				
Anthracene				
Benzidine				
Benzo(a)anthracene				
Benzo(a)pyrene				
3,4-Benzofluoranthene				
Benzo(k)fluoranthene				
Benzo(g.h.i)perylene				
bis(2-Chloroethoxy)methane				
bis(2-Chloroethyl)ether				
Diethyl phthalate				
Dimethyl phthalate				
Di-n-butyl phthalate				
2,4-Dinitrotoluene				
2,6-Dinitrotoluene				
Di-n-octyl phthalate				
1,2-Diphenylhydrazine				
Fluoranthene				
Fluorene				
Hexachlorobenzene				
Hexachlorobutadiene				
bis(2-Chloroisopropyl)ether				
bis(2-Ethylhexyl)phthalate				
4-Bromophenyl phenyl ether				
Butyl benzyl phthalate				
2-Chloronaphthalene				
4-Chlorophenyl phenyl ether				
Chrysene				
Dibenzo(a,h)anthracene				
1,2-Dichlorobenzene				
1,3-Dichlorobenzene				
1,4-Dichlorobenzene				
3,3-Dichlorobenzidine				
Hexachlorocyclopentadiene				
Hexachloroethane				
Indeno(1,2,3-c,d)pyrene				
Isophorone				
Naphthalene				
Nitrobenzene				
N-Nitrosodimethylamine				
N-Nitrosodi-n-propylamine				
N-Nitrosodiphenylamine				

Parameter	Suspected Absent	Known Absent	Suspected Present	Known Present
Phenanthrene				
Pyrene				
1,2,4-Trichlorobenzene				
2,3,7,8-Tetrachlorodibenzo-p-dioxin				
Aldrin				
alpha-BHC				
beta-BHC0				
gamma-BHC (Lindane)				
delta-BHC				
Chlordane				
4,4'-DDT				
4,4'-DDE				
4,4'-DDD				
Dieldrin				
alpha-Endosulfan				
beta-Endosulfan				
Endosulfan sulfate				
Endrin				
Endrin aldehyde				
Heptachlor				
Heptachlor Epoxide				
PCB-1242				
PCB-1254				
PCB-1221				
PCB-1232				
PCB-1248				
PCB-1260				
PCB-1016				
Toxaphene				

9. For all entries of "known present" above, indicate annual usage and discharge to MHMUA in the following table. Report all values in pounds. Attach additional sheets as necessary.

Parameter	Annual Usage	Annual Loss to Sewer

Section 7 - Environmental Permits Held

1. Indicate all environment permits held by this facility (or attach list). Include permits issued by other sewerage authorities or municipal utility authorities.

Permit? Y/N	Permit Type	Permit #	Regulated Activity or Equipment
	Solid Waste Facility		
	Discharge to Surface Water		
	Discharge to Ground Water		
	Significant Indirect User		
	Air Pollution Control		
	Air Pollution Control		
	Air Pollution Control		
	Air Pollution Control		
	Small Quantity Generator		
	Other:		
	Other:		
	Other:		
	Other:		

2. For the most recent five years, indicate all enforcement actions *initiated* for violations of permits listed above or environmental statutes and regulations. Also list any administrative or judicial orders related to environmental matters (or attach list).

3. Indicate any changes anticipated at your facility during the next three years which may affect the quantity or quality of wastewater discharged:

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

_____
Name of Organization

By:_____
Person Signing

State of _____SS.

County of _____

_____ Being duly sworn, deposes and says that

he is _____ of the above

_____ and that the answers to the foregoing

questions and all statements therein contained and attached hereto are true and correct

Sworn to before me this _____ day of _____20___.

ACTION BY THE MOUNT HOLLY MUNICIPAL UTILITIES AUTHORITY

AUTHORITY APPROVAL

Final: _____ Gallons _____ E.D.U. _____ Gross Square Feet

Interim: _____ Gallons _____ E.D.U. _____ Gross Square Feet

_____

_____

_____

Date: _____ Signature: _____
Executive Director

Date applicant notified of MHMUA Action: _____