

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): _____

By Authority

Subsystem: _____
 Permit No.: _____
 Attachments: _____
 Reviewed By/Date: _____ / _____
 Approved By/Date: _____ / _____
 Entered By/Date: _____ / _____
 Comments: _____

8. Describe Business: _____
9. Will a garbage grinder with a motor of 3/4 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 Nondomestic 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 pretreatment.
5. To notify the Authority immediately in the event of any accident, or other occurrence that occasions 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 the 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.

<p style="text-align: center;">By Applicant</p> <hr/> <p>1. Name: _____</p> <p>2. Products and average production: _____ _____</p> <p>3. Type of Operation: _____ Continuous: _____ Batch: _____ Scheduled Shutdown: _____ If yes, when: _____</p> <p>3a. SIC Code _____</p>	<p style="text-align: center;">By Authority</p> <hr/> <p>Parameters exceeding 5% of Plant Capacity: _____</p> <p>Subject to USEPA Categorical Pre-treatment Std. for: _____ (40 CFR _____) NJDEP Significant Industrial User: _____</p> <p>Self Monitoring: _____ Reviewed By/Date: _____ / _____ Approved By/Date: _____ / _____ Entered By/Date: _____ / _____ Permit No.: _____ Effective Date: _____ Expiration Date: _____</p>
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4. Describe any waste treatment processes or devices provided prior to discharge: _____
5. Attach schematic diagram indicating discharge points and any waste treatment facilities .

6. Wastewater discharge from each process stream and other sources:

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

7. Discharges are (measured, estimated). If estimated, why? _____
 How: _____
8. 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? _____
9. 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.

Certification 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.

(Print or type name and capacity below signature)

(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.

(Print or type name and position below signature)

(Signature)

(Date)

*Same as Form C.

**By qualified professional familiar with the discharge and the Authority Rules and Regulations.