

# SOUTH MONMOUTH REGIONAL SEWERAGE AUTHORITY

## Exhibit E – Discharge Permit Application

For SMRSA Use: <input type="checkbox"/> Non-Domestic <input type="checkbox"/> Industrial (incl. WTP) <input type="checkbox"/> Other
---

Date: \_\_\_\_\_

New Application: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Renewal Application: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Permit Modification: \_\_\_\_\_

**SECTION A: CONTACT INFORMATION**

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

**SECTION B: GENERAL INFORMATION**

**PAGE 2**

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.

**SECTION C: PRODUCT OR SERVICE INFORMATION**

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):

---

---

---

---

2. Principal products or services:

---

---

---

---

**SECTION D: WATER DATA****PAGE 4**

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

Billing Period	Purchased	Well	Other	Total Gallons
----------------	-----------	------	-------	---------------

1st Quarter

2nd Quarter

3rd Quarter

4th 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.

 Filtration Grease trap oil/water separator granular activated carbon Other (describe ) chlorination chemical precipitation pH adjustment aeration / clarification

**SECTION E: NONINDUSTRIAL/NONDOMESTIC DISCHARGE**

**PAGE 5**

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:

---

---

---

**SECTION G: CERTIFICATION**

**PAGE 6**

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 Municipality:

Date:

Regional Sewerage Authority:

Date:

**SOUTH MONMOUTH REGIONAL SEWERAGE AUTHORITY**

**1235 18<sup>TH</sup> AVENUE**

**BELMAR, NEW JERSEY 07719**

**Phone: 732-681-0611**

**Fax: 732-280-9332**

**[www.smrsa.org](http://www.smrsa.org)**

## **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 to SMRSA for review. Based on this review, SMRSA 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 for review and approval.

If you have any questions concerning the application or need assistance in completing it, feel free to contact SMRSA at (732) 681-0763 . 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 Discharge Permit Number.

There is an initial filing fee of \$100.00 for all applications for Discharge Permits. This initial fee will be credited against any subsequent review fees that are determined to be required. The initial fee will be waived for renewal applications provided no changes have occurred in the Permittee's discharge or classification as defined in Section 5.02 of the Authority's Rules and Regulations.

A review fee estimate will be determined by the Authority for each Discharge Permit application depending upon the nature of the proposed discharge. In addition to the initial filing fee, an amount equal to the estimated review fee shall be submitted via separate checks or by cash and shall be deposited by the Authority in an escrow account.

If, during the review process, it is determined that there are insufficient funds in the account to enable the Authority to perform the application review, the applicant will be provided with a notice of insufficient escrow or deposit balance, and will be given a reasonable time period to post a deposit to the account in an amount agreed upon between the Authority and the applicant. The amount will be based upon the estimated cost of the completion of the work on the application. If insufficient funds are available in the account, the review will not be continued and the application will be denied.

An itemized bill will be forwarded to the applicant upon completion of the review.

## **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