

SOUTH MONMOUTH REGIONAL SEWERAGE AUTHORITY
1235 18th Avenue
Belmar, New Jersey 07719
Phone: 732 681-0611 Fax: 732 280-9332

Exhibit F - Application for Water Treatment Plant Discharge

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: _____