



Rockaway Valley Regional Sewerage Authority  
RD #1, 99 Greenbank Road Boonton, NJ 07005-9602  
(973) 263 – 1555 / Fax (973) 263 – 9068

## Application for INDUSTRIAL SEWER CONNECTION PERMIT (ISCP)

---

### SECTION A: GENERAL INFORMATION

**A.1 Company Name, mailing address and telephone number:**

Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_

**A.2 Address of Production or Manufacturing Facility (if different from above):**

Production Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_

**A.3 Municipality and Block/Lot Information:**

Municipality: \_\_\_\_\_  
Block and Lot: \_\_\_\_\_

**A.4 Name, Title, and Telephone No. of PERSON AUTHORIZED to represent this firm in official dealings with R.V.R.S.A.'s Industrial Pretreatment Program:**

Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
  
Secondary Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Tertiary Contact: \_\_\_\_\_  
Title: \_\_\_\_\_

**A.5 Is there a LICENSED OPERATOR for the pretreatment system?**

\_\_\_\_\_ Yes\*    \_\_\_\_\_ No    \_\_\_\_\_ N/A

\*If YES, name of operator(s): \_\_\_\_\_  
\_\_\_\_\_  
NJDEP Classification(s): \_\_\_\_\_  
\_\_\_\_\_



**A.6 Identify the TYPE of business conducted at the facility (auto repair, machine shop, electro-plating, warehousing, painting, printing, meat packing, food processing, etc.)**

---



---



---

**A.7 Provide a brief narrative description of manufacturing, production, or service activities your firm conducts:**

---



---



---

**A.8 Standard Industrial Classification Number(s) (SIC Code) for this facility:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**A.9 This facility generates the following type(s) of waste (CHECK all that apply):**

	<u>Average</u>	<u>Est.</u>	<u>Meas.</u>
1. ( ) Domestic Wastes/Restrooms, etc.	_____	( )	( )
2. ( ) Restaurant/Food Service Wastes	_____	( )	( )
3. ( ) Cooling Wastes, NON-contact	_____	( )	( )
4. ( ) Boiler/Tower Blowdown	_____	( )	( )
5. ( ) Cooling Waste, Contact	_____	( )	( )
6. ( ) Process Wastes	_____	( )	( )
7. ( ) Equipment/Facility Washroom	_____	( )	( )
8. ( ) Air Pollution Control Unit	_____	( )	( )
9. ( ) Stormwater Runoff to Sewer	_____	( )	( )
10. ( ) Other (describe): _____	_____	( )	( )
<b><u>TOTAL (A.7.1:A.7.10)</u></b>	_____	( )	( )

**A.10 Wastes are discharged to (please CHECK all that apply):**

	Average	Est.	Meas.
( ) Sanitary Sewer	_____	( )	( )
( ) Storm Sewer	_____	( )	( )
( ) Surface Water	_____	( )	( )
( ) Groundwater	_____	( )	( )
( ) Waste Hauler	_____	( )	( )
( ) Evaporation	_____	( )	( )
( ) Other (describe) _____	_____	( )	( )

**A.11 Is a SPILL PREVENTION CONTROL PLAN and/or COUNTERMEASURE PLAN prepared for this facility? \_\_\_\_\_ Yes\* \_\_\_\_\_ No**



- A.12 Is the facility subjected to FEDERAL CATEGORICAL PRETREATMENT STANDARDS? \_\_\_\_\_ Yes \_\_\_\_\_ No
- A.13 Does this facility have an existing NDPES or NJDPES Discharge Permit? \_\_\_\_\_ Yes\* \_\_\_\_\_ No
- A.14 Does this facility have an existing PRETREATMENT PERMIT from another 201 agency? \_\_\_\_\_ Yes\* \_\_\_\_\_ No
- A.15 Does this facility have any AIR POLLUTION PERMITS? \_\_\_\_\_ Yes\* \_\_\_\_\_ No
- A.16 Is this facility subject to RCRA? \_\_\_\_\_ Yes\* \_\_\_\_\_ No  
 \* If YES: \_\_\_\_\_ Generator \_\_\_\_\_ Storage \_\_\_\_\_ Treatment  
 ID #(s): \_\_\_\_\_

*\* If YES, on any of these question, you must submit a copy of the forms/paperwork along with the permit application.*

SECTION B: FACILITY CHARACTERISTICS:

- B.1 Year production began at this facility: \_\_\_\_\_
- B.2 Number of EMPLOYEE shifts worked per 24-hour day is: \_\_\_\_\_  
 Average number of employees per shift is: \_\_\_\_\_
- B.3 Starting time of each shift:  
 1<sup>st</sup>: \_\_\_\_\_ AM/PM 2<sup>nd</sup>: \_\_\_\_\_ AM/PM 3<sup>rd</sup>: \_\_\_\_\_ AM/PM
- B.4 Principal RAW MATERIALS used (included any TOXIC material):  
 \_\_\_\_\_  
 \_\_\_\_\_
- B.5 Principal PRODUCT produced (including any TOXIC material):  
 \_\_\_\_\_  
 \_\_\_\_\_
- B.6 Production process is:  
 ( ) Batch ( ) Continuous ( ) % Batch ( ) % Continuous
- B.7 Hours of process operation: \_\_\_\_\_ AM to \_\_\_\_\_ PM (Continuous)
- B.8 Is production subject to seasonal variation: \_\_\_\_\_ Yes\* \_\_\_\_\_ No  
 \*If YES, briefly describe seasonal production cycle:  
 \_\_\_\_\_



---

**B.9 List all additional activities and SPECIFIC processes occurring at this facility (e.g. Electroplating/Metal finishing, Identify specific processes, laboratory, research, etc.)**

---

---

---

---

---

**B.10 Are any process changes or expansion planned during the next three years?**

\_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If YES, attach a separate sheet to this form describing the nature of planned changes or expansions.

**B.11 Restaurant/Food Service Establishments: (if applicable)**

Hours of OPERATION: \_\_\_\_\_ AM to \_\_\_\_\_ PM

Seating Capacity: \_\_\_\_\_

Grease Traps? \_\_\_\_\_ Yes \_\_\_\_\_ NO

\*If YES, how many traps and where are their locations:

---

---

Description of Operation (Fast food, bakery, full kitchen, etc.)

---

---

---

\_\_\_\_\_ This section does NOT APPLY to this facility.

**B. 12 \*\* Attach schematic diagram or sketch indicating sampling point and waste treatment facilities (existing or proposed).\*\***

---

SECTION C: WASTEWATER INFORMATION:

**C.1 If this facility employs processes in any of the 48 Industrial Categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a CHECK beside the category or business activity. (Please CHECK all that apply to this facility):**

**48 Industrial Categories:**

1. ( ) Aluminum Forming
2. ( ) Asbestos
3. ( ) Battery Manufacturing
4. ( ) Builder Paper & Board Mill



### **48 Industrial Categories (continued):**

5. ( ) Canned & Preserved Fruits and Vegetables
6. ( ) Canned & Preserved Seafood Processing
7. ( ) Carbon Black Manufacturing
8. ( ) Cement Manufacturing
9. ( ) Coal Mining
10. ( ) Coil Coating
11. ( ) Copper Forming
12. ( ) Electric & Electronic Components
13. ( ) Electroplating
14. ( ) Explosives Manufacturing
15. ( ) Feedlots
16. ( ) Ferroalloy
17. ( ) Fertilizers
18. ( ) Glass
19. ( ) Grain Mills
20. ( ) Hospital
21. ( ) Ink
22. ( ) Inorganic Chemicals
23. ( ) Iron & Steel
24. ( ) Leather Tanning & Finishing
25. ( ) Meat Products
26. ( ) Metal Finishing
27. ( ) Metal Molding & Casting
28. ( ) Mineral Mining
29. ( ) Nonferrous Metals
30. ( ) Oil & Gas
31. ( ) Ore Mining
32. ( ) Organic Chemicals
33. ( ) Paint
34. ( ) Pesticides
35. ( ) Petroleum Refining
36. ( ) Pharmaceuticals
37. ( ) Phosphate Manufacturing
38. ( ) Photographic Supplies
39. ( ) Plastic & Synthetic Materials
40. ( ) Plastic Processing
41. ( ) Porcelain Enamel
42. ( ) Pulp & Paper
43. ( ) Rubber
44. ( ) Soaps & Detergents
45. ( ) Steam Electric
46. ( ) Sugar Processing
47. ( ) Textile Mills
48. ( ) Timber



**Other Business Activity:**

- (     ) Dairy Products
- (     ) Food/Edible Products Processor
- (     ) Beverage Bottler
- (     ) Restaurant/Food Service
- (     ) Car/Bus Washing
- (     ) Other: \_\_\_\_\_

**C.2 Pretreatment devices or processes used for treating wastewater or sludge (please CHECK as many as appropriate):**

- (     ) Air Flotation
- (     ) Biological Treatment (TYPE): \_\_\_\_\_
- (     ) Centrifuge
- (     ) Chemical Precipitation
- (     ) Chlorination
- (     ) Cyclone
- (     ) Filtration
- (     ) Flow Equalization
- (     ) Grease or Oil Separation
- (     ) Grease Trap
- (     ) Grit Removal
- (     ) Ion Exchange
- (     ) Neutralization, pH Correction
- (     ) Ozonation
- (     ) Reverse Osmosis
- (     ) Sand Filter
- (     ) Screen
- (     ) Sedimentation
- (     ) Septic Tank
- (     ) Silver Recovery
- (     ) Solvent Separation
- (     ) Spill Protection
- (     ) Sump
- (     ) Rainwater Diversion or Storage
- (     ) Other Chemical Treatment, (TYPE): \_\_\_\_\_
- (     ) Other (TYPE): \_\_\_\_\_
- (     ) NO PRETREATMENT PROVIDED

**C.3 If any wastewater analysis has been performed on the wastewater discharge(s) from this facility, YOU MUST attach a copy of the MOST recent data to this application. Be sure to include the date of the analysis, name of the laboratory performing the analysis, laboratory ID No., and location(s) from which sample(s) were taken (\*attach sketches, plans, etc. as necessary).**



SECTION D: OTHER WASTES

**D.1 Are any liquid wastes or sludges from this facility disposed of by means other than discharging to the local sewer system?** \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If YES, describe the other means in which liquid wastes/sludges are disposed of (outside hauler, etc.):

---

---

---

**D.2 Will any liquid product (process or waste) be present on the premises in quantities GREATER than 1,000 gallons?** \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If, YES, please identify all liquids (process or waste)

---

---

**D.3 These wastes may best be described as:**

Estimated Gallons or lbs/Year

- |   |       |
|---|-------|
| ( ) Acid/Alkenes                                    | _____ |
| ( ) Heavy Metal Sludge                              | _____ |
| ( ) Inks/Dyes                                       | _____ |
| ( ) Oil and/or Grease<br>(Restaurant/Food Services) | _____ |
| ( ) Organic Compounds                               | _____ |
| ( ) Paints  | _____ |
| ( ) Pesticides                                      | _____ |
| ( ) Plating Wastes                                  | _____ |
| ( ) Pretreatment Sludges                            | _____ |
| ( ) Solvents/Thinners                               | _____ |
| ( ) Other Hazardous Wastes (specify)                | _____ |
|   | _____ |
| ( ) Other Wastes (specify)                          | _____ |
|   | _____ |
| ( ) Not Applicable                                  | _____ |

**D.4 For the above CHECKED WASTES does your company practice:**

- ( ) On-Site Storage
- ( ) Off-Site Storage
- ( ) On-Site Disposal
- ( ) Off-Site Disposal
- ( ) Not Applicable

Briefly describe the method(s) of storage or disposal checked above:

---



Briefly describe the method(s) of storage or disposal checked above (continued):

---

---

\*Please provide outside contractor(s) name and information and also attach copies of current manifests.

**D.5 Submit a copy of the latest State of New Jersey Department of Environmental Protection (NJDEP) "Worker and Community RIGHT TO KNOW ACT" Emergency Services Information Survey (ESIS).**

---

**SECTION E: PRETREATMENT FACILITIES**

**E.1 Is any treatment performed on the wastewater prior to discharge to the public sewer?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe/Comments:

---

---

**E.2 Is a treatment PROPOSED to be utilized on the wastewater prior to discharge to the public sewer?** \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If YES, describe:

---

---

**E.3 Is this facility operating under a COMPLIANCE SCHEDULE to install treatment or otherwise attain compliance with applicable standards?**

\_\_\_\_\_ Yes \_\_\_\_\_ No\* \_\_\_\_\_ N/A

\*If NO, is facility in compliance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

---

---

**E.4 Is there a LICENSED OPERATOR for the pretreatment system?**

\_\_\_\_\_ Yes\* \_\_\_\_\_ No \_\_\_\_\_ N/A

\*If YES, name of operator(s):

---

NJDEP Classification(s):

---

---





SECTION F. TOXIC ORGANICS MANAGEMENT: (If Applicable)

**F.1 Are “CATEGORICAL ORGANICS” used at this facility?** See Attached List (CATEGORICAL ORGANICS) and compare to the Chemical Inventory at your facility. If Categorical Organics are used and/or located at this facility, please fill out the following information. If additional space is needed, please attach to application.

\_\_\_\_\_ Yes\* \_\_\_\_\_ No \_\_\_\_\_ N/A

\*If YES, describe:

Type	How Much	How Used
_____	_____	_____
_____	_____	_____
_____	_____	_____

**F.2 Are “NON-CATEGORICAL ORGANICS” used at this facility?** See Attached List (NON-CATEGORICAL ORGANICS) and compare to the Chemical Inventory at your facility. If Categorical Organics are used and/or located at this facility, please fill out the following information. If additional space is needed, please attach to application.

\_\_\_\_\_ Yes\* \_\_\_\_\_ No \_\_\_\_\_ N/A

\*If YES, describe:

Type	How Much	How Used
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

SECTION G: WATER SOURCE AND USE:

**G.1 Raw Water Sources:**

- \_\_\_\_\_ Public Water Supply (Specify: \_\_\_\_\_)
- \_\_\_\_\_ Private Well(s)
- \_\_\_\_\_ Surface Water (Specify: \_\_\_\_\_)

**G.2 Are Raw Water Sources METERED or are other means available for Flow Measurement?** Specify: \_\_\_\_\_

**G.3 Describe any water treatment or conditioning processed utilized:**

\_\_\_\_\_



**G.4 Average Daily Water Use (gpd):** \_\_\_\_\_

\* Please provide the latest copy of flow rate documentation (latest water bill and/or water/wastewater discharge meter log).

---

**SECTION H: ATTACHMENTS (Please Check):**

This facility must provide RVRSA with the following information with attachments to the application. Please check off each section that applies to your facility and submit information along with the application; if a statement does not apply to your facility, please write "N/A" in the proper space.

- H.1 \_\_\_\_\_ Description of nature of operations at this facility (please refer to Section **A.6 & A.7**)
- H.2 \_\_\_\_\_ Copy of current SPILL PREVENTION CONTROL PLAN and/or COUNTERMEASURE PLAN (please refer to Section **A.11**)
- H.3 \_\_\_\_\_ Copies of any NPDES/NJPDES Discharge Permits – if applicable (please refer to Section **A.13**)
- H.4 \_\_\_\_\_ Additional pretreatment permits – if applicable (**A.14**)
- H.5 \_\_\_\_\_ Copies of AIR POLLUTION PERMITS – if applicable (**A. 15**)
- H.6 \_\_\_\_\_ Description of process changes or expansion planned, write up – if applicable (**B.10**)
- H.7 \_\_\_\_\_ Process flow diagram and/or sketches with all sampling points marked Clearly (**B.12**)
- H.8 \_\_\_\_\_ Copies of latest certified laboratory results and chain-of-custody (**C.3**)
- H.9 \_\_\_\_\_ Copies of latest waste manifest (sludge, grease disposal, etc.) (**D.4**)
- H.10 \_\_\_\_\_ Latest copy of facilities Work Place Survey form "Worker and Community Right to Know Act" schedule. (**D.5**)
- H.11 \_\_\_\_\_ List and description of CATEGORICAL and/or NON-CATEGORICAL ORGANICS – if applicable (**F. 1 & F.2**)
- H.12 \_\_\_\_\_ Latest flow rate documentation (latest water bill and/or water/wastewater discharge meter log) (**G.4**)
- H.13 \_\_\_\_\_ Non-Compliance explanation – if applicable.

---

**SECTION I: CERTIFICATION**

This is to be signed by an AUTHORIZED OFFICIAL of your firm/facility after completion of this entire form and review of the information by the signing official. This authorized official will be the person responsible for the signing of this facility finalized Industrial Sewer Connection Permit (when approved). SIGNATURE MUST BE NOTARIZED AND CORPORATE SEAL AFFIXED.

I.1 Indicate either (a), (b), or (c) below:

(a) \_\_\_\_\_, I certify that pollutant discharges are in compliance with the categorical pretreatment standards (specified in "C.1.A" above) for the industry.



**SECTION I: CERTIFICATION (Continued):**

- (b) \_\_\_\_\_, pollutant discharges are not in compliance with appropriate categorical pretreatment standards. I have reviewed the need for additional operation and maintenance and/or pretreatment with a qualified professional and have attached a schedule by which these will be provided.
  
- (c) \_\_\_\_\_, I have reviewed the general categorical pretreatment standards, regulations and certify that, to the best of my knowledge and belief, the standard(s) is (are) not applicable to wastewater discharge from this facility.

**\*\*\* MAKE SURE EVERY SECTION OF THIS APPLICATION IS COMPLETED ON THIS FORM BEFORE SIGNING AND DATING THE FINAL SECTION. All incomplete forms will be sent back until fully completed properly.\*\*\***

1.2 *"I have personally examined and am familiar with the information submitted. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, complete and representative of normal work cycles and pollutant discharges to the RVRSA's sewerage treatment plant. I am aware that there are significant penalties for submitting false information, including the possibility of fines and/or imprisonment."*

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone No.

Sworn to and subscribed  
Before my on date aforesaid

\_\_\_\_\_

\_\_\_\_\_

---

**\*\*This Section BELOW for RVRSA use ONLY\*\***

**Application Fee(s):** Application Fee (\$750.00): \_\_\_\_\_ Annual Fee (\$2000.00): \_\_\_\_\_

**Classification:** Federal Categorical Standards: \_\_\_\_\_ Signification Industrial User (SIU): \_\_\_\_\_

User of Concern: \_\_\_\_\_

---

