FORM A
02/09

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

A

Reset Form

SUPPLEMENTAL APPLICATION FORM TO NJPDES-1 FOR DOMESTIC NJPDES/DSW PERMITS

Refer to Appropriate Completeness Checklist and Instructions. Provide All Applicable Information. Please Print or Type. (Attach additional sheets if necessary)

1. FACILITY NAME:	**2. NJPDES NO. (NEW APPLICANTS LEAVE BLANK)** NJ _____
3. THE PERMIT APPLICATION SHALL INCLUDE:	**a. LINE DRAWING** **b. USGS MAP**

4. PLANT OUTFALL LOCATION:

For each outfall from the treatment plant, list the latitude, longitude and the name of the receiving water.

OUTFALL NUMBER	LATITUDE (deg, min, sec)	LONGITUDE (deg, min, sec)	RECEIVING WATER (name)	USEPA REACH No.	WATERSHED MANAGEMENT AREA
				FOR DEPARTMENT USE ONLY	

5. DESCRIPTION OF RECEIVING WATERS (for each outfall):

a. Outfall number: ☐

b. The receiving waterbody is: tidal ☐ non-tidal ☐

c. For non-tidal waterbodies, provide USGS receiving waterbody flow values(s) in cubic feet per second (cfs):

MA1CD10 flow: _____ cfs

MA7CD10 flow: summer (May 1 through October 31) _____ cfs

winter (November 1 through April 30) _____ cfs

MA30CD10 flow: summer (May 1 through October 31) _____ cfs

winter (November 1 through April 30) _____ cfs

75th Percentile flow _____ cfs

d. Total hardness of receiving stream at critical low flow (if available) _____ mg/L of $CaCO_3$

6. DESCRIPTION OF OUTFALL (for each outfall):

a. Outfall Number: _____

For discharges to estuaries and ocean:

b. Distance from shore (if applicable) _____ feet

c. Depth below surface (if applicable) _____ feet

d. For *nontidal receiving waterbodies* provide the following information at the point of discharge during critical conditions (MA7CD10 flow):

Summer: width _____ depth _____ velocity _____ slope _____

Winter : width _____ depth _____ velocity _____ slope _____

e. Check one of the following:

☐ The outfall is totally submerged at all times. (for tidal and non tidal)

☐ The outfall is not submerged at any time. (for tidal and non tidal)

☐ The submergence of the outfall depends on the tidal stage (tidal only). Provide details on an additional sheet.

Attachment. **Yes** ☐ **No** ☐

Other:

Provide details on additional sheet. Attachment. **Yes** ☐ **No** ☐

Is outfall equipped with a diffuser? **Yes** ☐ **No** ☐

If **Yes,** **single port** ☐ **multi-port** ☐

f. Provide a diagram showing the outfall configuration and its position in the receiving waterbody during MA7CD10 flow (for non-tidal) or mean low flow and mean high tide (for tidal). Attachment: **Yes** ☐ **No** ☐

g. Does this outfall have either an intermittent or a periodic discharge? **Yes** ☐ **No** ☐

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____

Month in which the discharge occurs: _____

7. POPULATION:

List the municipalities or areas served (municipalities and incorporated service areas). Also list their populations or the total population served.

Name	Population Served

Total population served: 0

8. FLOW:

a. Design maximum daily influent flow rate _____(in MGD)

Effluent flow rate	Two Years Ago	Last Year	This Year
b. Monthly average flow rate (in MGD)			
c. Maximum daily flow rate (in MGD)			
Average estimated daily industrial flow rate (in MGD)			

9. COLLECTION SYSTEM:

Indicate the type(s) of collection system(s) flowing into this treatment plant. Also estimate the percent contribution (by miles) of each.

_____ Separate sanitary sewer _____%

_____ Combined storm and sanitary sewer (if applicable) _____%

Name	Type of collection system	Ownership

10. DISCHARGE OR DISPOSAL METHODS:

a. List how many of each of the following types of discharge points your treatment works uses:

i. Discharges of treated effluent _____

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____ _____

b. Does your treatment works discharge effluent to *basins, ponds, or other surface impoundments* that do not have outlets for discharge to surface waters of the State? **Yes** ☐ **No** ☐

c. Does your treatment works land-apply treated wastewater? **Yes** ☐ **No** ☐

d. Does your treatment works *discharge or transport* treated or untreated wastewater to another treatment works? **Yes** ☐ **No** ☐

Describe the mean(s) by which the wastewater from your treatment works is discharged or transported to the other treatment works (e.g., tank, truck, or pipe etc.).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____ Title: _____

Phone number: _____

Provide the average daily flow rate from your treatment works into the receiving facility. _____mgd.

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____ Title: _____

Phone number: _____

Provide the NJPDES permit number of the treatment works receiving this discharge. NJ_____

Provide the average daily flow rate from your treatment works into the receiving facility. _____ mgd.

e. Does your treatment works discharge or dispose of its wastewater in a manner not included in 10.a. - 10.d. above (e.g., *underground percolation, well injection*)? **Yes** ☐ **No** ☐

If yes, state the method(s) of disposal: _____

11. BENEFICIAL EFFLUENT REUSE:

a. Is your facility currently *beneficially reusing* the effluent from the wastewater treatment facility?

Yes ☐ **No** ☐

If the answer is **yes**, answer items 1 and 2 below: If the answer is **no**, answer item 3 below:

1. Please list all beneficial reuse applications in which the effluent is currently being utilized (such as, street cleaning/dust control and sewer jetting, non-contact cooling water etc.)

_____

_____

_____

_____

2. What is the total annual average flow rate to all the beneficial reuse applications from your facility?

_____ MGD

3. Would you be interested in beneficially reusing the effluent from the wastewater treatment facility?

   Yes ☐ **No** ☐

   If the answer is **yes**, answer items 4 and 5. If the answer is **No**, answer item 5 only.

4. Please list all the potential beneficial reuse opportunities in your service area.

   _____

   _____

5. Please identify potential obstacles for implementing the use of effluent in beneficial reuse applications.

   _____

   _____

12. INFLOW AND INFILTRATION: *(if applicable)*

Estimate average flow to the treatment plant from Inflow and Infiltration. _____ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

_____

_____

_____

_____

13. DESCRIPTION OF TREATMENT:

a. What is the highest level of treatment (if any) provided for the discharge from this outfall?

☐ Secondary ☐ Equivalent to secondary

☐ Advanced ☐ Other

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal _____ % Design N removal _____ %

Design TSS removal _____ % Other _____ %

Design Total P removal _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. _____

If disinfection is by chlorination, is dechlorination used for this outfall? **Yes** ☐ **No** ☐

d. Does the treatment plant have post aeration? **Yes** ☐ **No** ☐

Provide a narrative description of the treatment the wastewater receives or will receive:
(Also, indicate if the units are not made of impermeable materials such as, steel, concrete etc.)

_____

_____

_____

_____

_____

_____

_____

_____

14.ENFORCEMENT/CORRECTIVE ACTIONS:

Identify each AO, ACO, JCO, NOV, COMP (if known to the applicant), or other (OT) corrective or enforcement action(s) required by NJDEP, USEPA or any other governmental agency(ies), and provide a brief summary of the action.

DATE	ACTION	AGENCY	SUMMARY OF REQUIRED ACTION

15. IMPROVEMENTS:

Complete this table if you are required by federal, state or local authority to meet any implementation schedule for construction, upgrading or operation of the wastewater treatment equipment or practices, or any other environmental programs which may affect the discharges described in this application (i.e., permit conditions, administrative orders, etc.).

IDENTIFICATION OF CONDITIONS, AGREEMENTS, ETC.	AFFECTED OUTFALLS		DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	DSN	SOURCES		REQUIRED	PROJECTED

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16. EFFLUENT TESTING INFORMATION: Outfall Number: _____

EFFLUENT DATA – PART A

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE MONTHLY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum) (daily minimum)					
pH (Maximum) (daily maximum)					
Flow					
Temperature (Winter)					
Temperature (Summer)					

EFFLUENT DATA – PART B

POLLUTANT		AVERAGE WEEKLY DISCHARGE (OR DAILY MAXIMUM DISCHARGE FOR POLLUTANT WITH AN *)				AVERAGE MONTHLY DISCHARGE				Total Number of Samples	ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.												
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5											
	CBOD-5											
FECAL COLIFORM												
TOTAL SUSPENDED SOLIDS (TSS)												
AMMONIA (Total as N) *												
CHLORINE PRODUCED OXIDANTS (CPO) *												
DISSOLVED OXYGEN												
NITRATE (Total as N)												
OIL and GREASE *												
PHOSPHORUS (Total as P)												
TOTAL DISSOLVED SOLIDS (TDS)												
HARDNESS (mg/L of $CaCo_3$) (if applicable)												
Use these spaces (or a separate sheet) to provide information on other conventional or nonconventional compounds requested by the permit.												

EFFLUENT DATA – PART C

POLLUTANT CAS REGISTRY NUMBER	MAXIMUM DAILY DISCHARGE				AVERAGE MONTHLY DISCHARGE				Total Number of Samples	ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS.											
ANTIMONY 7440-36-0											
ARSENIC 7440-38-2											
BARIUM (fresh water discharge only) 7440-39-3											
CADMIUM 7440-43-9											
CHROMIUM 7440-47-3											
COPPER 7440-50-8											
LEAD 7439-92-1											
MANGANESE (saline water discharge only) 7439-96-5											
MERCURY 7439-97-6											
NICKEL 7440-02-0											
SELENIUM 7782-49-2											
SILVER 7440-22-4											
THALLIUM 7440-28-0											
ZINC 7440-66-6											
CYANIDE 57-12-5											
TOTAL PHENOLIC COMPOUNDS											
Use this space (or a separate sheet) to provide information on other metals requested by the permit.											

EFFLUENT DATA – PART C

POLLUTANT CAS REGISTRY NUMBER	MAXIMUM DAILY DISCHARGE				AVERAGE MONTHLY DISCHARGE				Total Number of Samples	ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN 107-02-08											
ACRYLONITRILE 107-13-1											
BENZENE 71-43-2											
BROMOFORM 75-25-2											
CARBON TETRACHLORIDE 56-23-5											
CHLOROBENZENE 108-90-7											
CHLORODIBROMO-METHANE 124-48-1											
CHLOROETHANE 75-00-3											
2-CHLORO-ETHYLVINYL ETHER 110-75-8											
CHLOROFORM 67-66-3											
DICHLOROBROMO-METHANE 75-27-4											
1,1-DICHLOROETHANE 75-34-3											
1,2-DICHLOROETHANE 107-06-2											
1,1-DICHLOROETHYLENE 75-35-4											
1,2-DICHLOROPROPANE 78-87-5											
1,3-DICHLORO-PROPYLENE 542-75-6											
ETHYLBENZENE 100-41-4											
METHYL BROMIDE 74-83-9											
TETRACHLORO-ETHYLENE 127-18-4											
TOLUENE 108-88-3											
TRANS-1,2-DICHLORO-ETHYLENE 156-60-5											

EFFLUENT DATA – PART C											
POLLUTANT CAS REGISTRY NUMBER	MAXIMUM DAILY DISCHARGE				AVERAGE MONTHLY DISCHARGE				Total Number of Samples	ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
1,1,1-TRICHLOROETHANE 71-55-6											
1,1,2-TRICHLOROETHANE 79-00-5											
TRICHLORETHYLENE 79-01-6											
VINYL CHLORIDE 75-01-4											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL 59-50-7											
2-CHLOROPHENOL 95-57-8											
2,4-DICHLOROPHENOL 120-83-2											
2,4-DIMETHYLPHENOL 105-67-9											
4,6-DINITRO-O-CRESOL 534-52-1											
2,4-DINITROPHENOL 51-28-5											
2-NITROPHENOL 88-75-5											
4-NITROPHENOL 100-02-7											
PENTACHLOROPHENOL 87-86-5											
PHENOL 108-95-2											
2,4,6-TRICHLOROPHENOL 88-06-2											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit.											

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EFFLUENT DATA – PART C

POLLUTANT CAS REGISTRY NUMBER	MAXIMUM DAILY DISCHARGE				AVERAGE MONTHLY DISCHARGE				Total Number of Samples	ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
ACENAPHTHENE 83-32-9											
ACENAPHTHYLENE 208-96-8											
ANTHRACENE 120-12-7											
BENZIDINE 92-87-5											
BENZO(A)ANTHRACENE 56-55-3											
BENZO(A)PYRENE 50-32-8											
3,4 BENZO-FLUORANTHENE 205-99-2											
BENZO(GHI)PERYLENE 191-24-2											
BENZO(K)FLUORANTHENE 207-08-9											
BIS (2-CHLOROETHOXY)-METHANE 111-91-1											
BIS (2-CHLOROETHYL)-ETHER 111-44-4											
BIS (2-CHLOROISO-PROPYL) ETHER 102-60-1											
BIS (2-ETHYLHEXYL) PHTHALATE 117-81-7											
4-BROMOPHENYL PHENYL ETHER 101-55-3											
BUTYL BENZYL PHTHALATE 85-68-7											
2-CHLORONAPHTHALENE 91-58-7											
4-CHLORPHENYL PHENYL ETHER 7005-72-3											
CHRYSENE 218-01-9											
DI-N-BUTYL PHTHALATE 84-74-2											
DI-N-OCTYL PHTHALATE 117-84-0											
DIBENZO(A,H) ANTHRACENE 53-70-3											
1,2-DICHLOROBENZENE 95-50-1											
1,3-DICHLOROBENZENE 541-73-1											
1,4-DICHLOROBENZENE 106-46-7											
3,3-DICHLOROBENZIDINE 91-94-1											

EFFLUENT DATA – PART C

POLLUTANT CAS REGISTRY NUMBER	MAXIMUM DAILY DISCHARGE				AVERAGE MONTHLY DISCHARGE				Total Number of Samples	ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
DIETHYL PHTHALATE 84-66-2											
DIMETHYL PHTHALATE 131-11-3											
2,4-DINITROTOLUENE 121-14-2											
2,6-DINITROTOLUENE 606-20-2											
1,2-DIPHENYLHYDRAZINE 122-66-7											
FLUORANTHENE 206-44-0											
FLUORENE 86-73-7											
HEXACHLOROBENZENE 118-74-1											
HEXACHLOROBUTADIENE 87-68-3											
HEXACHLOROCYCLO-PENTADIENE 77-47-4											
HEXACHLOROETHANE 67-72-1											
INDENO(1,2,3-CD)PYRENE 193-39-5											
ISOPHORONE 78-59-1											
NAPHTHALENE 91-20-3											
NITROBENZENE 98-95-3											
N-NITROSODI-N-PROPYLAMINE 621-64-7											
N-NITROSODI-METHYLAMINE 62-75-9											
N-NITROSODI-PHENYLAMINE 86-30-6											
PHENANTHRENE 85-01-8											
PYRENE 129-00-0											
1,2,4-TRICHLO-ROBENZENE 120-82-1											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit.											

EFFLUENT DATA – PART C

POLLUTANT CAS REGISTRY NUMBER	MAXIMUM DAILY DISCHARGE				AVERAGE MONTHLY DISCHARGE				Total Number of Samples	ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
PESTICIDE COMPOUNDS.											
ALDRIN (309-00-2)											
ALPHA-BHC(319-84-6)											
BETA-BHC(319-85-7)											
GAMMA-BHC(58-89-9)											
DELTA-BHC (319-86-8)											
CHLORDANE (57-74-9)											
4,4'-DDT (50-29-3)											
4,4'-DDE (72-55-9)											
DIELDRIN (60-57-1)											
ALPHA-ENDOSULFAN (115-29-7)											
BETA-ENDOSULFAN (115-29-7)											
ENDOSULFAN SULFATE (1031-07-8)											
ENDRIN (72-20-8)											
ENDRIN ALDEHYDE (7421-93-4)											
HEPTACHLOR (76-44-8)											
HEPTACHLOR EPOXIDE (1024-57-3)											
PCB-1242 (53469-21-9)											
PCB-1254 (11097-69-1)											
PCB-1221 (11104-28-2)											
PCB-1232 (11141-16-5)											
PCB-1248 (12672-29-6)											
PCB-1260 (11096-82-5)											
PCB-1016 (12674-11-2)											
TOXAPHENE (8001-35-2)											
Use this space (or a separate sheet) to provide information on other pesticide compounds requested by the permit.											

17. BIOLOGICAL TOXICITY TESTING DATA:

Number of whole effluent toxicity tests conducted in the past three years. ☐ Acute ☐ Chronic
List the whole effluent toxicity tests done in the past one year.

DATE OF TEST	TYPE OF TEST	RESULT OF TEST

18. CERTIFIED LABORATORY:

Complete the table below for all analyses reported in this application.

NAME OF CERTIFIED LAB.	TELEPHONE #	CERTIFICATION NUMBER	POLLUTANT(S)/CATEGORIES ANALYZED

19. INDUSTRIAL USER DISCHARGES:

All treatment works receiving discharges from significant indirect users must complete the following.

a. Pretreatment Program. Does your treatment works implement an NJDEP approved pretreatment program?

Yes ☐ **No** ☐

b. Number of Significant Indirect Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to your treatment works.

1. Number of non-categorical SIUs. _____
2. Number of CIUs. _____

20. COMBINED SEWER SYSTEMS:

If your treatment works has combined sewer overflow discharge points and are authorized under this individual permit complete the following. If not, go to the next item.

Complete the following for each CSO discharge point/outfall.

Outfall Number:

Check when overflow occurs and provide the following information:

Wet weather ☐ Dry weather ☐

1.	Number of CSO events in the last year.	Number of CSO events in the last year.
	Events (____ actual or ____ approx.)	Events (____ actual or ____ approx.)
2.	Average overflow duration per CSO event.	Average overflow duration per CSO event.
	Hours (____ actual or ____ approx.)	Hours (____ actual or ____ approx.)
3.	Average overflow volume per CSO event.	Average overflow volume per CSO event.
	Million gallons (____ actual or ____ approx.)	Million gallons (____ actual or ____ approx.)

Minimum rainfall that caused a CSO event in the last year.

_____ inches of rain fall

21. CERTIFICATION BY THE APPLICANT:

For _____
NAME OF APPLICANT/OPERATING ENTITY (Type or Print)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information."

NAME (TYPE OR PRINT)	TITLE (TYPE OR PRINT)	
SIGNATURE	DATE	PHONE