

POLLUTION PREVENTION PLAN SUMMARY

(Based on Pollution Prevention Plan On Site)

PLEASE TYPE OR PRINT CLEARLY THE ENTIRE FORM .

MAILING ADDRESS

Indicate any changes to above information.

FACILITY LOCATION

Indicate any changes to above information

FACID: _____

FEIN: _____

Base Year

- ☐ New
☐ Update

Section A: Facility-Level Administrative Information

(This section needs to be filled out only ONCE)

1. Company's Phone Number and Fax Number:

() _____

Phone Number

() _____

Fax Number

2. Highest Ranking Corporate Official at Facility: (Print)

Last Name

First Name

b. _____

M.I.

Position/Title

3. If your facility has an approved NJRTK Research & Development

Laboratory exemption pursuant to N.J.A.C. 7:1G, enter the approval number here. _____

4. Facility Planning information:

a. How many processes, including grouped processes, are there at this facility? a.

b. How many processes or grouped processes are targeted? b.

c. What is the facility's basis for targeting? (U)se/(N)PO/(R)eleases c.
Enter U, N or R

5. Does your facility's Pollution Prevention Plan Summary contain (Y)es or (N)o a.
information which you are claiming confidential?

If "Yes", mark which type of copy this is: (C)onfidential or (P)reliminary Public Copy b.

6. Union representative at Facility, (if applicable), (Print)

a. _____

Last Name

First Name

M.I.

b. () _____

Phone Number

c. _____

Name of Union/ Local #

7. Certification by owner/operator of this facility that a plan has been prepared and is on site:

I certify under penalty of law that a Pollution Prevention Plan has been prepared for this industrial facility and that the Plan is available at the facility for inspection by the Department. I further certify that the information submitted in the Pollution Prevention Plan Summary is true, accurate, and complete to the best of my knowledge.

Signature

Position/Title

() _____

Phone Number

Print or Type Name: _____

Date: (MM/DD/YYYY) _____

NOTE: N.J.A.C. 7:1K-5.1(b)3iii requires the submission of a list of permits issued by the Department as part of a Pollution Prevention Plan Summary. Because the Department currently has such permit information on file, pursuant to specific permitting programs, it is not requiring a separate submission of this list in an effort to streamline reporting. However, the Department reserves the right to require submission of this permit list by any facility.

- a. USE reduction goals are the difference between the fifth year planning year and base year total USE, assuming constant production. Total USE can be determined from quantities reported on the Release & Pollution Prevention Report (DEQ-114). Total USE represents the sum of Starting inventory, Produced On-Site, Brought On-Site, and Recycled Out-of-Process On Site and used On Site minus ending inventory. Nonproduct Output (NPO) reduction goals are the difference between the fifth planning year and base year total NPO, assuming constant production. Total NPO represents all material leaving production processes that is not product.
- b. To calculate the USE percentage reduction goal, divide 5 year USE reduction goals by the TOTAL USE of the BASE YEAR and multiply the quotient by 100. To calculate the NPO percentage reduction goal, divide 5 year NPO reduction goals by TOTAL NPO of the BASE YEAR and multiply quotient by 100. (See accompanying instructions.)

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FACID: _____

FEIN: _____

Facility Name: _____

The number of Section C's should correspond to Question 4a, Section A.

Section C: Process Description (Photocopy and use separate page for each process or grouped process at your facility.)

1. Process ID: Process code chosen by facility. Up to twelve characters or digits may be used. _____
(Must use same Process ID in Plan Summary and ALL future Release and Pollution Prevention Reports.)

2. Process Description: Fill (a) and (b) with one appropriate code from below.

a. Process Category: ☐ 1 = Chemical Manufacturing (Product or process is a chemical)
2 = Article Manufacturing (Chemicals are used in process, but product is an article)
3 = Storage and Handling (if separate from process)
4 = Treatment Operations

b. Mode of Operation ☐ (B)atch, (C)ontinuous, or (N)ot Applicable
Enter B, C, or N

c. Specific Descriptions

Most processes have one discrete step (for example, a "coating" process). Some may be defined to have more than one (e.g., "cleaning and then "coating"). For a one-step process, use one descriptor (See Appendix 3 of instructions). If there is a second step, use an additional descriptor for the second step. If your process category in 3a above is 4 (Treatment Operations), you may use the Waste Treatment Codes (See Appendix 4 of instructions.) Continue in this manner until all steps are described.

_____, _____, _____, _____, _____, _____, _____, _____, _____, _____

If "Other" or "Similar" is chosen, describe below.

d. Identify which hazardous substances are used, generated, or released in the process or grouped process.

Check box at right if additional hazardous substances are included and attach additional pages.

☐

CAS Number or Category Number

Hazardous Substance

(1) _____ -- _____ -- _____

(2) _____ -- _____ -- _____

(3) _____ -- _____ -- _____

(4) _____ -- _____ -- _____

(5) _____ -- _____ -- _____

(6) _____ -- _____ -- _____

3. Is this a targeted process? (Y)es or (N)o ☐

4. Is this a grouped process? (Y)es or (N)o ☐

Pollution Prevention Plan Summary

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Process ID: _____**Facility Name** _____

(Must use same Process ID in Plan Summary and ALL future Release and Pollution Prevention Reports.)

☐ Check here if additional hazardous substances are included and attach additional pages.**FACID:** _____**FEIN:** _____**Section D: Process-Level Information for Targeted Processes Only**

(Photocopy and use separate page for each targeted process or targeted grouped process. The number of Section D's should correspond to Question 4b, Section A.)

1. Five Year Reduction Goals for Hazardous Substances Used in Process or Grouped Process:

a. CAS Number	c. USE Range*	d. Technique (Use codes from Appendix 2 of instructions. If "Other," describe on additional sheets.)	Five Year Reduction Goal Per Unit of Product (Percent)		g. Estimated Date of Introduction (Month/Year)	h. Estimated Date of Completion (Month/Year)
b. Hazardous Substance			e. USE	f. NPO		
_____		_____	_____.%	_____.%	___/___	___/___
_____		_____	_____.%	_____.%	___/___	___/___
_____		_____	_____.%	_____.%	___/___	___/___
_____		_____	_____.%	_____.%	___/___	___/___
_____		_____	_____.%	_____.%	___/___	___/___
_____		_____	_____.%	_____.%	___/___	___/___
_____		_____	_____.%	_____.%	___/___	___/___
_____		_____	_____.%	_____.%	___/___	___/___

* Use Range: A = 0 to 4,999 lb.; B = 5,000 - 9,999 lb.; C = 10,000 - 24,999 lb.; D = 25,000 - 49,999 lb.; E = 50,000 lb. +

Optional: Do not fill out unless applicable under N.J.A.C. 7:1K-4.6**2. Raw Material Substitution Certification:** (See instructions for requirements. **NOTE:** all above information is still required)**a. Identify hazardous substance for which claim is being made:** _____**b. Explain why substitution is not feasible:** _____

c. Certification: I certify that Parts I and II of the Pollution Prevention Plan have been completed for the specific combination of hazardous substances and production processes for which this Raw Material Substitution Certification is being claimed and that through completion of the Pollution Prevention Plan, this industrial facility has determined that it is not technically feasible to reduce the input use of the hazardous substance below current levels by replacing the substance with a different raw material in the specific production process.

Signature_____
Print or Type Name_____
Position/Title