



THE CAMDEN COUNTY MUNICIPAL UTILITIES AUTHORITY

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www.ccmua.org

INDUSTRIAL USER PRETREATMENT QUESTIONNAIRE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

Please complete this questionnaire as thorough and accurate as possible. If you do not understand any of the questions contained in this form, please contact Gayle E. Pagano for assistance at (856) 541-5200, extension 2302.

SECTION A.- GENERAL INFORMATION

1. Company Name: _____
2. Parent Company, if different from question #1(All parent companies must be provided): _____

*Please note: In accordance with Section 4.7, **TRANSFER OF PERMITS**, of the Authority's Sewer Use Ordinance ("SUO"), Industrial Discharge Permits are not transferable. The Permitted Industrial User shall notify the Executive Director, or his designee, not later than sixty (60) days before any proposed change in ownership. The new owner is responsible for obtaining a permit by completing the appropriate application form as noted in Section 4.4 of the SUO*

3. Premise Address: _____ Zip Code: _____

4. Mailing Address: _____ Zip Code: _____

5. Name and Title of Authorized Representative (as defined in Section 1.2 of the Authority's Sewer Use Ordinance):
Name and Title: _____ Telephone No.:() _____

6. Facility Representative to Contact Concerning Information Provided Herein (if different from question number 5. above):
Name and Title: _____ Telephone No.:() _____

7. Company Owner: _____ Address and Phone #: _____
Property Owner: _____ Address and Phone #: _____

8. Check One: Existing Discharge If proposed discharge, anticipated date of discharge commencement: _____
 Proposed Discharge _____



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SECTION B. - PRODUCT OR SERVICE INFORMATION

1. Narrative description of the primary manufacturing or service activity at premise address and the applicable Standard

Industrial Classification Codes(s) (SIC No.): _____
 _____ SIC No(s) _____

2. Principal Raw Material Used: _____

3. Principal Products Produced: _____

SECTION B. - PRODUCT OR SERVICE INFORMATION (Cont'd)

4. Check all additional activities and indicate SIC No(s), if known, at your premise:

	SIC Number		SIC Number
<input type="checkbox"/> Electroplating	(_____)	<input type="checkbox"/> Photographic Processing	(_____)
<input type="checkbox"/> Flammables, Explosives	(_____)	<input type="checkbox"/> Plastics Processing	(_____)
<input type="checkbox"/> Food Preparation Service	(_____)	<input type="checkbox"/> Printing	(_____)
<input type="checkbox"/> Laboratory	(_____)	<input type="checkbox"/> Repair Shop, Garage	(_____)
<input type="checkbox"/> Laundry, Cleaning	(_____)	<input type="checkbox"/> Research	(_____)
<input type="checkbox"/> Machine Shop	(_____)	<input type="checkbox"/> Rubber Processing	(_____)
<input type="checkbox"/> Medical Care	(_____)	<input type="checkbox"/> Steam/Power Generation	(_____)
<input type="checkbox"/> Painting, Finishing	(_____)	<input type="checkbox"/> Warehousing	(_____)
<input type="checkbox"/> Paint or Ink Formulation	(_____)	<input type="checkbox"/> Other (Specify)	(_____)
		_____	(_____)
		_____	(_____)
		_____	(_____)
		_____	(_____)
		_____	(_____)

SECTION C. - PLANT OPERATIONAL CHARACTERISTICS

1. Are major processes batch or continuous? _____

Average number of batches per 24 hour day: _____ 2.

Are your processes subject to seasonal variation? _____ If yes, explain and indicate the month(s) or peak operation and products: _____

3. Shift Information:

a. Number of shifts per work day: _____ b. Number of work days per week: _____

c. Average number of employees per shift: 1st _____ 2nd _____ 3rd _____ Total _____

d. Shift start times: 1st _____ 2nd _____ 3rd _____

4. Describe any water recycling or material reclaiming processes utilized: _____

5. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? YES NO

Explain: _____

6. Describe plant wash down and list all solvents, degreasers and cleaning agents used: _____

SECTION D. - WATER CONSUMPTION AND LOSS

1. Raw water sources(s):
 Municipal Water Division County Water Company
 Private Contract Private Well
 Surface Water Other _____

2. Water bill addressee: _____

3. Water service account numbers: _____

4. List past twelve months water usage from water bills:
 a. 1st 6 month period, 19_____, _____ Ccf b. 2nd 6 month period, 19_____, _____ Ccf
 c. Volume from other source(s): _____ gallons per day.
 Name of other source(s): _____

5. List water consumption within the plant:

Type	Estimated Average Volume (gallons per day)	Type	Estimated Average Volume (gallons per day)
a. cooling water	_____	e. plant and equipment wash down	_____
b. boiler feed	_____	f. irrigation and lawn watering	_____
c. process	_____	g. other (specify): _____	_____
d. sanitary	_____	h. total of a. through g.	_____

6. List average volume of discharge or water losses to:

Other	Estimated Average Discharge (gallons per day)	Outlet	Estimated Average Discharge (gallons per day)
a. municipal sewer	_____	d. evaporation	_____
b. watercourse, storm drain, ground	_____	e. contained in product	_____
c. waste haulers	_____	f. total of a. through e.	_____

7. List average water usage and average wastewater discharge for SIC process itemized in Section B (attach additional sheets if needed):

Brief Process Description	SIC Number	Average Water Consumption (gallons per day)	Estimated Average Discharge (gallons per day)
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

8. Describe any water treatment or conditioning processes utilized

SCHEMATIC OF WATER FLOW

Attach sketch showing entrance of water services from municipal system, and sizes, sewer connection to municipal system, sizes, proposed location for installing control manhole, or locate existing manhole, for sampling, observation, etc.

SECTION E. - SEWER INFORMATION

1. Attach a scaled drawing of your plant site showing the location of all sewers. Also show location of possible sampling point for these sewers and sampling points for regulated SIC processes. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.
2. List plant sewers shown in item 1, size and flow; assign sequential reference number to each sewer starting with No 1.(if more than 3, attach additional connection information on another sheet):

<u>Reference Number</u>	<u>Sewer Size (inches)</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (gpd)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SECTION F. - WASTEWATER INFORMATION

1. Does this facility discharge any wastewater other than from restrooms, cafeterias, or non-contaminated cooling water?
 - Yes If this answer to this question is "yes", complete the remainder of the questionnaire.
 - No If the answer to this question is "no", you have completed the questionnaire.
2. Please indicate the quantities discharged from the activities indicated below in the units of gallons per day.(Refer to Section D, items 5, 6, 7 and 8). The questions are to be given for each sewer receiving the discharge. Place an asterisk on any outfall discharging to a storm drain or surface course and give the NPDES outfall Number and NPDES Permit Number.

<u>Type</u>	<u>Discharge Quantity by Sewer Referenced in E -2</u>					<u>Type (Refer to D-5,6 &7)</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u> </u>	<u> </u>	
Process (from D-7)						
a.	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____
Sanitary.....	_____	_____	_____	_____	_____	_____
Boiler.....	_____	_____	_____	_____	_____	_____
Cooling.....	_____	_____	_____	_____	_____	_____
Plant & Equipment Wash down....	_____	_____	_____	_____	_____	_____
Regeneration Waste (from D-8)....	_____	_____	_____	_____	_____	_____
Other (Specify):_____	_____	_____	_____	_____	_____	_____
Total(Refer to E-2).....	_____	_____	_____	_____	_____	_____
*NPDES Outfall Number...	_____	_____	_____	_____	_____	_____
*NPDES Permit Number...	_____	_____	_____	_____	_____	_____

3. Is any form of wastewater pretreatment utilized at this facility?
 - Yes
 - No
 If "Yes," briefly describe: _____

4. If any wastewater analyses have been performed on the wastewater discharges from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and location(s) from which the sample(s) were taken (attach sketches, plans, etc., as necessary).

SECTION F. - WASTEWATER INFORMATION (Cont'd)

COMPANY NAME: _____

PREMISE ADDRESS: _____

5. Priority Pollutant Information: Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Absent," "Known to be Absent," "Suspected to be Present," or "Known to be Present" in your manufacturing or service activity or generated as a by-product. Some compounds are known by other names(*). Be sure to list these compounds in F-6.

ITEM NO.	CHEMICAL COMPOUND	S	K	S	K	ITEM NO.	CHEMICAL COMPOUND	S	K	S	K
		A	A	P	P			A	A	P	P
		U	N	U	N			U	N	U	N
		B	B	R	R			B	B	R	R
		S	S	E	E			S	S	E	E
		P	W	P	W			P	W	P	W
		E	N	E	N			E	N	E	N
		C	T	C	N			C	T	C	N
		T	T	T	T			T	T	T	T
		E		E				E		E	
		D		D				D		D	
1.	asbestos (fibrous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47.	chloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	cyanide(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48.	2-chloroethylvinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	antimony(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49.	chloroform*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	arsenic(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50.	chloromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	beryllium(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51.	2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	cadmium(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52.	2-chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	chromium(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53.	4-chlorophenylphenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	copper(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54.	chrysene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	lead(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55.	4,4' . DDD*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	mercury(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56.	4,4' . DDE*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	nickel(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57.	4,4' . DDT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	selenium(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58.	dibenzo (a, h) anthracene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	silver(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59.	dibromochlorom ethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	thallium(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60.	1,2-dichlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	zinc(total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61.	1,3-dichlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62.	1,4-dichlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63.	3,3'-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64.	dichlorodifluoromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65.	1,1-dichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66.	1,2-dichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67.	1,1-dichloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68.	trans-1,2-dichloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69.	2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	benzo (a) anthracene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70.	1,2-dichloropropane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	benzo (a) pyrene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71.	(cis & trans) 1,3-dichloro propene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	benzo (b) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72.	dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	benzo (g,h,i) perylene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73.	diethyl phthalate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	benzo (k) fluoranthene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74.	2,4-dimethylphenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	a-BHC (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75.	dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	b-BHC (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76.	di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	d-BHC (delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77.	di-n-octyl phthalate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	g-BHC (gamma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78.	4,6-dinitro-2-methylphenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	bis (2-chloroethyl) ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79.	2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	bis (2-chloroethoxy) methane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80.	2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	bis (2-chloroisopropyl) ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81.	2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	bis (chloromethyl) ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82.	1,2-diphenylhydrazine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	bis (2-ethylhexyl) phthalate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83.	endo sulfan I*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	bromodichloromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84.	endo sulfan II*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	bromoform*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85.	endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	bromomethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86.	endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	4-bromophenylphenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87.	endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	butylbenzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88.	ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	carbon tetrachloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89.	fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90.	fluorene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	4-chloro-3-methylphenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91.	heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92.	heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						93.	hexachlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have personally examined and am familiar with the information submitted in this document and attachments. 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. Base on my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowingly submitting false information. I certify that the names of all legal parent companies have been provided.

Name of Organization

By: _____
Company Owner

Important:

Before Submitting This Questionnaire, Please Complete This Questionnaire as Thorough And Accurate as Possible. All of The Questions Are Important And Should Be Completed to The Best of Your Knowledge. Take Extra Care to Ensure That All Sections Have Been Filled Out Properly And That The Last Page of The Form Is Carefully Understood And Signed. If You Do Not Understand Any of The Questions Contained in This Form, Please Contact Gayle E. Pagano for Assistance at (856) 541-5200, Extension 302.