

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
401-02B
DIVISION OF WATER QUALITY
BUREAU OF PRETREATMENT AND RESIDUALS
PO BOX 420
TRENTON, NEW JERSEY 08625-0420

REQUEST FOR DETERMINATION OF CATEGORICAL APPLICABILITY

Use of this form (and category-specify supplements, if available) is optional for requesting a determination of applicability of a Categorical Standard to your facility. Please attach a flow diagram indicating processes and wastewater flows in your facility. If additional information is necessary to make a determination, the Department will request it.

1) Identifying Information:

a) Facility Name: _____ SIC Code: _____

b) Facility Street Address: _____

Contact Person: _____ Telephone Number: _____

2) Description of Operations

a) Narrative description of the primary manufacturing or service activity at the facility (Note if Batch, Continuous, Seasonal):

b) Raw Materials Used:

c) Principal Products Produced:

d) List potentially regulated processes occurring at this facility if different from a) above.

e) Average rate of production from potentially regulated processes

f) Describe, if any, treatment performed on wastewater prior to discharge into sanitary sewers / domestic treatment works

i Wastewater treatment

ii Residuals handling
