



*"Protecting Public Health and the Environment"*

## PASSAIC VALLEY SEWERAGE COMMISSION

### APPLICATION FOR LETTER OF AUTHORIZATION AND / OR AGREEMENT TO DISCHARGE HAULED GROUNDWATER, CONSTRUCTION WATER OR STORM WATER.

#### SECTION A

Name of Company / or Property applying for discharge:

\_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Wastewater Source / Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Person to contact concerning information provided in this application:

Name of Contact Official: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Email Address: \_\_\_\_\_

If consultant is being used for this discharge provide:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing - Person or Company responsible for payment:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Email Address: \_\_\_\_\_

I. Does Company have **NJPDES** Permit? (Yes ---- No); If yes, list all: (include whether the Permit is for a discharge to surface water or to groundwater):

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II. Does the facility have an existing sewer connection? (Yes ---- No)

If the answer to I. and/or II. was yes, why is application being made to haul the wastewater to PVSC? \_\_\_\_\_

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## **SECTION B**

### **Description of Operation:**

1. What type of operation resulted in the contamination: \_\_\_\_\_

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2. Describe current activity of site, and what are the expected contaminants: \_\_\_\_\_

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3. If waste is generated as part of a remediation activity, is this under the preview of a government agency? (USEPA Superfund, NJDEP etc.) \_\_\_\_\_

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4. What is the anticipated duration of discharge? \_\_\_\_\_

5. What is the total amount of volume expected to be discharged? \_\_\_\_\_

6. What is the estimated average daily flow (in gallons)? \_\_\_\_\_

7. Describe any pretreatment expected to be used to treat the waste stream: \_\_\_\_\_

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8. Provide a description of the final collection point: \_\_\_\_\_

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9. Does this waste contain substances in concentrations that would cause it to be regulated by the Toxic Substances Control Act (TSCA), including PCB's? Yes – No If yes, please explain \_\_\_\_\_

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10. Is the waste subject to the requirements of the Resource Conservation and Recovery Act or Industrial Site Recovery Act? (Yes--No) If yes NJDEP# \_\_\_\_\_  
 Please explain? \_\_\_\_\_  
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### SECTION C

1. Analysis of wastewater expected to be discharged. If wastewater will be pretreated, analyze sample after pretreatment.

Parameter	Result	Limit (Mg/L)
(Cu) Copper	mg/l	3.60 mg/l
(Pd) Lead	mg/l	1.00 mg/l
(Ni) Nickel	mg/l	3.90 mg/l
(Zn) Zinc	mg/l	4.20 mg/l
(Hg) Mercury (report to 0.XXX)	mg/l	0.08 mg/l
(pH) Standards Units		
(SGT-HEM) Silica Gel Treated- Hexane Extractible Materials	mg/l	100 mg/l
(COD) Chemical Oxygen Demand	mg/l	
* (VOC) Volatile Organic Compounds	Attach list	
Where applicable, any other known contaminant		

Note: Analysis of discharge parameters shall be performed by a laboratory that has been certified by the State of New Jersey. Company is required to submit all certified lab analyses. Analysis sheets for VOC must identify all analytes individually and must be reported to the method detection levels. PVSC reserves the right to require additional analyses if it deems it necessary.

2. Date samples taken: \_\_\_\_\_

3. Name of Laboratory certified by NJDEP to conduct all required analysis:

\_\_\_\_\_  
 \_\_\_\_\_

\* If required by PVSC upon review of information provided

## SECTION D

### CERTIFICATION:

I certify under penalty of law that this document and 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, complete and accurate. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

I further certify that:

The analytical data presented herein or attached hereto were derived from testing a representative sample of the liquid waste collected in accordance with 40 CFR 261.2(c) or equivalent rules. The liquid waste is not a "hazardous waste" as defined by Federal regulation and/or State regulation.

The liquid waste meets all applicable Federal categorical pretreatment standards.

The liquid waste does not contain regulated radioactive materials or regulated concentrations of PCB's.

All relevant information about the liquid waste regarding known or suspected hazards in the possession of the Generator has been disclosed.

If any changes occur in the character of the liquid waste, the Generator shall notify PVSC in writing prior to providing the material for disposal.

Name of signing official: \_\_\_\_\_

Print Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Application must be signed by one of the following:

- a) Principal Officer of Corporation
- b) President or Owner of Company
- c) General Partner if a Partnership
- d) Plant Manager or Authorized Representative