

BASELINE REPORT

Please Return To: Susan Rosenwinkel, Bureau Chief
Mail Code 401-02B
Division of Water Quality
Bureau of Surface Water and Pretreatment Permitting
PO Box 420, 401 E. State St.
Trenton, New Jersey 08625-0420

INSTRUCTIONS: Baseline report requirements are found in the Federal regulations at 40 CFR 403.12(b). Use of this form is optional. If using it, please complete it in its entirety. If requested information is more readily available in another format, you may attach a copy in lieu of completing the relevant section. If a section does not apply to your facility or you are attaching information in an alternate form, please indicate this in the appropriate space on this form. Attach additional sheets of paper if more space or explanation is necessary. Remember to submit all diagrams and copies of laboratory data sheets with the report.

1) Identifying Information:

a) Facility Name: _____

b) Owner or Parent Company: _____

c) Facility Street Address: _____ Facility Mailing Address: _____

d) Year Present Operations Began at this Facility: _____

e) Authorized Representative: _____

Title or Position: _____

Telephone Number: _____

f) Facility Contact: _____

Title or Position: _____

Telephone Number: _____

2) Environmental Control Permits held by or for Facility

a) ___ NJPDES: (___ SIU ___ DSW ___ DGW) Permit # NJ00 _____

b) ___ Air Pollution: Site ID Number _____

c) ___ RCRA: (___ Gen ___ Trans ___ TSD) EPA ID #: _____

d) ___ Underground Storage Tanks: UST # _____

e) ___ Other: _____

3) 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) Standard Industrial Classification (SIC) Code(s) your facility reports under

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

f) Average rate of production from regulated processes

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

i Wastewater treatment

ii Residuals handling

h) Name of domestic treatment works (sewer plant) receiving your wastewater

- b) Samples of the regulated pollutants should be taken immediately downstream from pretreatment facilities if such exist or immediately downstream from the regulated process if no pretreatment exists. If other wastewaters are mixed with the regulated wastewater prior to pretreatment, the Combined Wastestream Formula (CWF) as stated in 403.6(e) must be used to determine compliance with the Pretreatment Standards. Sampling and analysis shall be performed in accordance with 40 CFR 136. Copies of laboratory data sheets must be submitted.
 - i) The samples must be representative of daily operations, expected pollutant discharge to the STP, and consist of the following:
 - (1) If the regulated pollutants consist of pH, cyanide, total phenols, oil & grease, sulfide, or volatile organics, a minimum of four grab (4) grab samples must be taken within a 24 hour period.
 - (2) For all other regulated pollutants, three (3) 24-hour composite samples must be obtained through flow proportional composite sampling techniques.
 - ii) The time, date, and place of the sampling and the sample type must be reported.
 - iii) A Certified Laboratory must perform the Analysis.

Laboratory Name: _____

Address: _____

New Jersey Certification Number: _____

- iv) Both a Daily Maximum and an Average concentration of the regulated pollutants must be reported.

6) Certification Statement

After adequate completion of this form, all the required attachments, and review of the information, the certification below must be signed by an authorized official of your firm.

Based on the above, the wastewater discharge to the sewage treatment plant:

___ Is in compliance ___ Is not in compliance

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 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 knowing violations.

Name (Please Print)

Title

Signature

Date

