

**MAIL CODE 401-02B**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**DIVISION OF WATER QUALITY**  
**BUREAU OF SURFACE WATER AND PRETREATMENT PERMITTING**  
**P.O. BOX 420, 401 E. STATE ST.**  
**TRENTON, NEW JERSEY 08625-0420**

**SIU DETERMINATION REQUEST**

*Use of this form (and supplements, if available) is optional for requesting a determination if your facility is a Significant Indirect User. 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.*

**I. GENERAL INFORMATION**

A. Facility Name: \_\_\_\_\_

B. Facility Mailing Address: \_\_\_\_\_ C. Facility Street Address: \_\_\_\_\_

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

D. Facility Contact: \_\_\_\_\_  
 Title or Position: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_

**II. PRODUCT OR SERVICE INFORMATION**

Narrative description of the primary manufacturing or service activity at the facility (Include SIC code(s)):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Year current operations began (estimate if not known): \_\_\_\_\_

**III. WASTEWATER DISCHARGE INFORMATION**

A. Is the facility connected / discharging to a public sewage treatment system / Publicly Owned Treatment Works (POTW), or is such a connection / discharge proposed?

Yes \_\_\_ No \_\_\_ Proposed \_\_\_ (If no, skip to Section IV., following)

POTW Name\*: \_\_\_\_\_

B. List wastewater discharges	Indicate gallons per day** for each discharge method:					
	<u>Sewage System</u>	<u>Storm Sewer</u>	<u>Surface Water</u>	<u>Ground Water</u>	<u>Septic System</u>	<u>Waste Hauler</u>
1. Process wastewater ***: _____	_____	_____	_____	_____	_____	_____
2. Sanitary: _____	_____	_____	_____	_____	_____	_____
3. Contaminated Stormwater: _____	_____	_____	_____	_____	_____	_____
4. Contaminated Ground Water: _____	_____	_____	_____	_____	_____	_____
5. Other (list source): _____	_____	_____	_____	_____	_____	_____

\* From sewer bill if any – or attach photocopy

\*\* Estimate if unknown

\*\*\* Include all wastewater except cooling and stormwater and sanitary wastewater like that discharged from a residence.

C. Attach any analytical data that you might have on the wastewater discharged or proposed to be discharged to public sewer from the facility.

Not available

Attached

Estimated

D. Does the existing / proposed discharge to a POTW include wastewaters subject to a Federal Categorical Pretreatment Standard (40 CFR Chapter I Subchapter N)?

\_\_\_ Yes (if available, complete supplemental questionnaire(s))

No

To Be Determined

**IV. OTHER PERMITS/REGISTRATIONS**

1. \_\_\_ NJPDES: ( \_\_\_ SIU \_\_\_ DSW \_\_\_ DGW) Permit # NJ00 \_\_\_\_\_

2. \_\_\_ Air Pollution: Site ID Number \_\_\_\_\_

3. \_\_\_ RCRA: ( \_\_\_ Gen \_\_\_ Trans \_\_\_ TSD) EPA ID #: \_\_\_\_\_

4. \_\_\_ Underground Storage Tanks: UST # \_\_\_\_\_

5. \_\_\_ Other: \_\_\_\_\_

**V. WASTEWATER TREATMENT INFORMATION**

Does your facility store, treat, recycle or reclaim wastewater? Yes \_\_\_ No. \_\_\_

If yes, please give a brief description of the system equipment.

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

**VI. SIGNATURE**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

**ATTACH CATEGORICAL APPLICABILITY REQUEST / SUPPLEMENTS IF APPLICABLE .  
PLEASE RETURN THIS FORM, AND ANY ATTACHMENTS, TO:**

Mail Code 401-02B  
Division of Water Quality  
Bureau of Surface Water and Pretreatment Permitting  
401 E. State St., PO Box 420  
Trenton, NJ 08625-0420

**NOTICE: FALSE STATEMENTS, REPRESENTATIONS, OR CERTIFICATIONS IN ANY APPLICATION, RECORD, OR DOCUMENT ARE SUBJECT TO FINES AND PENALTIES PURSUANT TO THE WATER POLLUTION CONTROL ACT (N.J.S.A 58:10A-10F 2 AND 3)**