

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

**SUPPLEMENT TO DETERMINATION REQUEST
PHARMACEUTICALS CATEGORY**

Facility Name _____

1) Does your facility perform any of the following operations? _____
If yes, please circle the letter(s).

- A. Manufacture of pharmaceutical products by fermentation
- B. Manufacture of pharmaceutical products by Extraction
- C. Manufacture of pharmaceutical products by Chemical Synthesis
- D. Manufacture of pharmaceutical products by Mixing, Compounding and Formulating
- E. Pharmaceutical Research

2) Does your facility use, manufacture, or discharge any of the following substances (circle if applicable)?

- | | | |
|--------------------------------|-----------------------|------------------------|
| 1. Cyanide | 10. Methyl formate | 18. n-Heptane |
| 2. Ammonia | 11. Methyl Cellosolve | 19. Methylene Chloride |
| 3. Acetone | 12. Isopropyl ether | 20. Chloroform |
| 4. 4-Methyl-2-pentanone (MIBK) | 13. Tetrahydrofuran | 21. 1,2-Dichloroethane |
| 5. Isobutyraldehyde | 14. Benzene | 22. Chlorobenzene |
| 6. n-Amyl Acetate | 15. Toluene | 23. o-Dichlorobenzene |
| 7. n-Butyl Acetate | 16. Xylenes | 24. Diethyl amine |
| 8. Ethyl acetate | 17. n-Hexane | 25. Triethyl amine |
| 9. Isopropyl Acetate | | |

3) If your facility is conducting Pharmaceutical Research, but is not manufacturing, please complete the following:

Average number of days in which discharge of wastewaters from research activities is made to sanitary sewers / sewage treatment facilities:

per week: _____

per month: _____

per year: _____

Volume of wastewater per day of discharge: _____ gallons.

Research activities include (circle as applicable):

- A. Fermentation
- B. Extraction
- C. Chemical Synthesis
- D. Mixing, Compounding and Formulating