

MAIL CODE 401-02B
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY
BUREAU OF PRETREATMENT AND RESIDUAL
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 Pretreatment and Residuals
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)