Return to: NJDEP, Pollution Prevention and Right To Know, P.O. Box 443, Trenton, NJ 08625-0443

POLLUTION PREVENTION PLAN SUMMARY

(Based on the facility Pollution Prevention Plan)

PLEASE TYPE OR PRINT THE ENTIRE FORM CLEARLY

MAILING ADDRESS
Indicate any changes to above information.

FACILITY LOCATION
Indicate any changes to above information

FACID: _____
FEIN: _____

Base Year _____

SIC Code __ __ __ __

☐ **New** ☐ **Modification** ☐ **Renewal**

Section A: Facility-Level Administrative Information

(This section needs to be filled out only ONCE)

1. Company's Phone Number and Fax Number:

(_____)_____ _____
Phone Number Fax Number

2. Highest Ranking Corporate Official at Facility: (Print)

a. _____ _____ _____ b. _____
Last Name First Name M.I. Position/Title

3. If the facility has an approved URK Research & Development Laboratory exemption pursuant to N.J.A.C. 7:1K, enter the exemption approval number here. ___ ___ ___ ___ ___

4. Facility Planning information:

a. How many processes, including grouped processes, are there at this facility? . . . . . 4.a. _____

b. How many processes or grouped processes are targeted?. . . . . 4.b. _____

c. What is the facility's basis for targeting? (U)se/(N)PO/(R)eleases /(A)ll. . . . . 4.c. _____
Enter U, N, R or A

5. Does the facility's Pollution Prevention Plan Summary contain information which you are claiming confidential? (Y)es or (N)o . . . . . 5.a. _____

If "Yes", mark which type of copy this is: (C)onfidential or (P)reliminary Public Copy . . . . 5.b. _____

6. Union representative at Facility (if applicable) (Print)

a. _____ _____ _____ b. (_____)_____
Last Name First Name M.I. Phone Number

c. _____
Name of Union/ Local #

7. Certification by owner/operator of this facility that a plan has been prepared and is on site:

I certify under penalty of law that a Pollution Prevention Plan has been prepared for this industrial facility and that the Plan is available at the facility for inspection by the Department. I further certify that the information submitted in the Pollution Prevention Plan Summary is true, accurate, and complete to the best of my knowledge.

_____ _____ (_____)_____
Signature Position/Title Phone Number

Print or Type Name: _____ Date: (MM/DD/YYYY) _____

NOTE: N.J.A.C. 7:1K-5.1(b)3iii requires the submission of a list of permits issued by the Department as part of a Pollution Prevention Plan Summary. Because the Department currently has such permit information on file, pursuant to specific permitting programs, it is not requiring a separate submission of this list in an effort to streamline reporting. However, the Department reserves the right to require submission of this permit list by any facility.

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Pollution Prevention Plan Summary

(Based on the facility Pollution Prevention Plan)

FACID: ______________________________

FEIN: ______________________________

Facility Name: ____

Section B: Facility-Level Information (Photocopy and use separate page for additional hazardous substances.)

Five-year reduction goals for USE and NPO: *Assume constant production when calculating goals.*
Fill in both pounds and percent. Use the worksheets in the instructions for assistance. Reductions can be zero, but cannot be N/A or blank. Also, USE reduction (lbs.) should be ≥ NPO reduction (lbs.), (i.e. 3.a ≥ 3.b).

		3. Five-Year Reduction Goals			
1. CAS # or Category #	2. Hazardous Substance	3.a USE[a] lb.	3.b. NPO[a] lb	3.c %USE[b]	3.d. %NPO[b]
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
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__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %
__ __ __ __ __ __-__ __-__				_ _ _._ %	_ _ _._ %

☐ Check here if additional sheets are attached

a. USE reduction goals are the difference between the fifth year planning year and base year total USE, assuming constant production. Total USE can be determined from quantities reported on the Release & Pollution Prevention Report (RPPR). Total USE represents the sum of Quantity consumed, Quantity shipped as (or in) product, and NPO. Nonproduct Output (NPO) reduction goals are the difference between the fifth planning year and base year total NPO, assuming constant production. Total NPO represents all material leaving production processes that is not product.

b. To calculate the USE percentage reduction goal, divide 5-year USE reduction goals by the TOTAL USE of the BASE YEAR and multiply the quotient by 100. To calculate the NPO percentage reduction goal, divide 5-year NPO reduction goals by TOTAL NPO of the BASE YEAR and multiply quotient by 100. (See accompanying instructions.)

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Pollution Prevention Plan Summary

(Based on the facility Pollution Prevention Plan)

FACID: _____

FEIN: _____

Facility Name: _____

The number of Section C's should correspond to Question 4.a, Section A.

Section C: Process Description (Photocopy and use separate page for each process or grouped process at the facility.)

1. Process ID: Process code chosen by facility. Up to twelve characters or digits may be used. ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
(Must use same Process ID as in Pollution Prevention Plan and ALL future Release and Pollution Prevention Reports.)

2. Product SIC Code: Use 4 digit codes - list provided in Appendix 2 of instructions. ___ ___ ___ ___

3. Process Description: Fill (a) and (b) with one appropriate code from below.

a. Process Category: ☐
1 = Chemical Manufacturing (Product of process is a chemical)
2 = Article Manufacturing (Chemicals are used in process, but product is an article)
3 = Storage and Handling (if separate from process)
4 = Treatment Operations

b. Mode of Operation ☐
(B)atch, (C)ontinuous, or (N)ot Applicable
Enter B, C, or N

c. Specific Descriptions

Most processes have one discrete step (for example, a "coating" process). Some may be defined to have more than one (e.g., "cleaning" and then "coating"). For a one-step process, use one descriptor (see Appendix 3 of instructions). If there is a second step, use an additional descriptor for the second step. If your process category in 3.a. above is 4 (Treatment Operations), you may use the Waste Treatment Codes (see Appendix 4 of instructions). Continue in this manner until all steps are described.

___ ___ ___ , ___ ___ ___ , ___ ___ ___ , ___ ___ ___ , ___ ___ ___ , ___ ___ ___ , ___ ___ ___ , ___ ___ ___ , ___ ___ ___ , ___ ___ ___

If "Other" or "Similar" is chosen, describe below.

_____

d. Identify the hazardous substances used, generated, or released in the process or grouped process.
Check box at right if additional hazardous substances are included and attach additional pages. ☐

	CAS Number or Category Number	Hazardous Substance Name
(1)	___ ___ ___ ___ ___ ___ -- ___ ___ -- ___	_____
(2)	___ ___ ___ ___ ___ ___ -- ___ ___ -- ___	_____
(3)	___ ___ ___ ___ ___ ___ -- ___ ___ -- ___	_____
(4)	___ ___ ___ ___ ___ ___ -- ___ ___ -- ___	_____
(5)	___ ___ ___ ___ ___ ___ -- ___ ___ -- ___	_____
(6)	___ ___ ___ ___ ___ ___ -- ___ ___ -- ___	_____

4. Is this a targeted process? (Y)es or (N)o ☐

5. Is this a grouped process? (Y)es or (N)o ☐

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(Based on the facility Pollution Prevention Plan)

Process ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

(Must use same Process ID as in Section C and ALL future Release and Pollution Prevention Reports.)

☐ Check here if additional hazardous substances are included and attach additional pages.

____
Facility Name

FACID: ______________________________

FEIN: _ _ _ _ _ _ _ _ _ _ _ _ _

Section D: Process-Level Information for Targeted Processes Only

(Photocopy and use separate page for each targeted process or targeted grouped process. The number of Section D's should correspond to Question 4.b., Section A.)

1. Five Year Reduction Goals for Hazardous Substances Used in Process or Grouped Process:

a.) CAS (or Category) Number / b.) Hazardous Substance	c.) USE Range*	d.) Technique (use codes from Appendix 1 of instructions: if "Other," describe on additional sheets.)	e.) Five Year Reduction Goal Per Unit of Product (Percent) e.1.) USE	e.) Five Year Reduction Goal Per Unit of Product (Percent) e.2.) NPO	f.) Estimated Date of Introduction (Month/Year)	g.) Estimated Date of Completion (Month/Year)
__ __ __ __ __ __-__ __-__		_|_|_ _|_|_ _|_|_ _|_|_ _|_|_	_ _ _._%	_ _ _._%	_ _/_ _ _ _	_ _/_ _ _ _
__ __ __ __ __ __-__ __-__		_|_|_ _|_|_ _|_|_ _|_|_ _|_|_	_ _ _._%	_ _ _._%	_ _/_ _ _ _	_ _/_ _ _ _
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__ __ __ __ __ __-__ __-__		_|_|_ _|_|_ _|_|_ _|_|_ _|_|_	_ _ _._%	_ _ _._%	_ _/_ _ _ _	_ _/_ _ _ _
__ __ __ __ __ __-__ __-__		_|_|_ _|_|_ _|_|_ _|_|_ _|_|_	_ _ _._%	_ _ _._%	_ _/_ _ _ _	_ _/_ _ _ _

* Use Range: A = 0 to 4,999 lb.; B = 5,000 - 9,999 lb.; C = 10,000 - 24,999 lb.; D = 25,000 - 49,999 lb.; E = 50,000 lb. +

Optional: Do not fill out unless applicable under N.J.A.C. 7:1K-4.6

2. Raw Material Substitution Certification: (See instructions for requirements. **NOTE**: all above information is still required)

a. Identify hazardous substance for which claim is being made: ______________________________

b. Explain why substitution is not feasible: ______________________________

____

c. Certification: **I certify that Parts I and II of the Pollution Prevention Plan have been completed for the specific combination of hazardous substances and production processes for which this Raw Material Substitution Certification is being claimed and that through completion of the Pollution Prevention Plan, this industrial facility has determined that it is not technically feasible to reduce the input use of the hazardous substance below current levels by replacing the substance with a different raw material in the specific production process.**

______________	______________	______________
Signature	Print or Type Name	Position/Title