



LOGAN TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
“National Winner” of USEPA Clean Water Act Recognition Award
Recipient of the 2003 EPA Regional Operation and Maintenance Excellence Award

◆ 69 JEFFERSON LANE ◆ LOGAN TOWNSHIP, NEW JERSEY 08085

◆ (856) 467-1650 ◆ FAX: (856) 467-8551

◆ Business Hours: 7:00 AM – 3:30 PM Monday - Friday

“Working for a Cleaner Environment”

NOTE: This questionnaire must be completed by the person who has responsible charge of the facility. **This original form must be returned to the Logan Township MUA and you should send a copy of this questionnaire to your Landlord or Owner. The LTMUA will not allow any discharge of wastewater into its system until it receives this completed questionnaire.** Thank You

COMPANY NAME: _____

LOCATION: _____

MAILING ADDRESS: _____

OWNER (IF DIFFERENT FROM ABOVE): _____

COMPANY MANAGER/CONTACT: _____ TITLE: _____

PHONE: _____

PLEASE ANSWER ALL QUESTIONS, USE ADDITIONAL SHEETS IF NECESSARY.

Primary Standard Industrial Classification (SIC) code: _____

If you have a SIU Permit enter permit number: _____

Number of employees per shift – 1st: _____ ; 2nd: _____ ; 3rd: _____

SHIFT HOURS – 1st: _____ 2nd: _____ ; 3rd: _____ Days: M T W T F S S
(Please Circle)

Brief description of activity at this location:

Raw materials used at this location:

If you require any assistance in filling out this Questionnaire, please contact Mr. Chris Whalen at 856-467-1650 ext. 116 or via cell # 609-868-4329.

Principal product or service at this location:

Is there a regularly scheduled shutdown? _____ Yes _____ No If yes, explain:

When? _____ How Long? _____

Is operation seasonal? _____ Yes _____ No If yes, explain indicating month(s) of peak production:

Is process wastewater discharge to sanitary sewer continuous or batch Yes ___ No ___

Of Batches per day: _____

What is the volume and source of potable water used at this location (include account number if applicable):

Describe any raw water treatment processes in use: _____

List water consumption at this location:

Cooling Water: Gallons per day: _____

Process Water: Gallons per day: _____

Contained in Product: Gallons per day: _____

Other: _____

List average volume of discharge or water loss to:

Municipal Sewer System: Gallons per day: _____

Stream or other water Course: Gallons per day: _____

Waste Hauler: Gallons per day: _____

Contained in Product: Gallons per day: _____

Other: _____ Gallons per day: _____

Every applicant **Must** enter a calculated flow in gallons per day for **Municipal Sewer System**.

Describe any wastewater treatment equipment or processes in use:

Is there a spill prevention control and counter measure plan in effect for this location?

____ Yes ____ No

If so, please provide a copy to the Logan Township Municipal Utilities Authority for our records.

Does the wastewater discharge to the sewer system contain any of the following:

____ Yes ____ No

Chlorinated Hydrocarbons

Radioactive Isotopes

Natural oils & Greases

Petroleum Distillates

Pesticides, Toxic Organic or any other Hazardous Substances

If yes, please comment as to compound, quantities and concentrations: _____

Please provide the following analytical results from your last wastewater analysis:

<u>PARAMETER</u>	<u>RESULTS (PPM)</u>	<u>PARAMETER</u>	<u>RESULTS (ppm)</u>
BOD	_____	Lead	_____
COD	_____	Copper	_____
TOC	_____	Zinc	_____
TSS	_____	Chromium	_____
VSS	_____	Nickel	_____
TS	_____	Selenium	_____
TVS	_____	Arsenic	_____
Ammonia	_____	Cadmium	_____
Total Phosphorous	_____	Beryllium	_____
PH	_____	Vanadium	_____
Oil & Grease	_____	Other	_____
Mercury	_____		

Analysis performed by: _____

Cert. #: _____

Date of last analysis: _____

If the applicant has entered N/A to the above questions, the bottom of this page must be signed.

Responsible Official in charge of this facility shall sign this form stating that **NO** process water will be discharged from this facility.

Signature of Official

Date

Name (Print or Type)

Title

Square feet or building space: OFFICE: _____

WAREHOUSE: _____

MANUFACTURING: _____

OTHER: _____

TOTAL: _____

Do you anticipate any future expansion at this location? Yes _____ No _____

If yes, explain:

Please comment on any additional information that you feel may affect the volume or characteristics of

Wastewater discharged from this location: _____

The information contained in this questionnaire is familiar to me and to the best of my knowledge and belief is true, complete and accurate.

Signature of Official

Date

Name (Print or Type)

Title