

**MORRISTOWN UTILITIES COMMISSION  
CATEGORICAL Industrial User Permit Renewal  
Application Form**

**SECTION A – GENERAL INFORMATION**

1. Industry Name: \_\_\_\_\_
- a. Industry representative: \_\_\_\_\_
- b. Is the individual identified above, the owner of the industry?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If no, indicate the individual's scope of responsibility for the industry. If the person named is a contract operator for the industry, please provide the name and address of the individual, and submit a copy of the contract and / or documents indicating the individual's scope of responsibility for the industry \_\_\_\_\_  
\_\_\_\_\_

- c. Date the industry was established on site: \_\_\_\_\_
2. Industry Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Industry Mailing Address:  
Street or P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Designated Signatory Authority of the Industry:  
**(Attach a letter of authorization from a responsible corporate office)**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

5. Designated industry contact:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**SECTION B – BUSINESS ACITIVITIES**

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply).

Industrial Categories \*

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Electrical & Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding & Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron & Steel
- Leather Tanning & Finishing
- Metal Finishing
- Nonferrous Metal Forming
- Nonferrous Metal Manufacturing
- Organic Chemicals Manufacturing
- Paint & Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, & Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products

\* A facility with process inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users."

2. Indicate applicable Standard Industrial Classification (SIC) for all processes (if more than one applies, list in descending order of importance.):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

3. Give a brief description of all operations at this facility, including primary products or services (attach additional sheets if necessary):

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4. Product Volume:

Products Produced	Past Calendar Year Amounts Per Day (Daily units)		Estimate This Calendar Year Amounts Per Day (Daily units)	
	<u>Average</u>	<u>Maximum</u>	<u>Average</u>	<u>Maximum</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. List types and amounts (mass or volume per day) of raw materials used, or planned for use (attach list if needed):

<u>Raw Materials</u>	<u>Currently Used Amounts Per Day (Daily Units)</u>		<u>Planned Usage Amounts Per Day (Daily Units)</u>	
	<u>Average</u>	<u>Maximum</u>	<u>Average</u>	<u>Maximum</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. List types and quantity of chemicals used or planned for use (attach list if needed). **Include copies of manufacturer's Material Safety Data Sheets (MSDS) for all chemicals identified:**

<u>Chemical</u>	<u>Quantity</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Shift Information

Work Days    ( )    ( )    ( )    ( )    ( )    ( )    ( )  
                  Mon.    Tues.    Wed.    Thus.    Fri.    Sat.    Sun.

# of shifts  
 per work day:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

# of                    1st \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 empl's                2nd \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 per shift             3rd \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Shift                    1st \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 start &                2nd \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 end times             3rd \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

8. Indicate whether the business activity is:

- ( ) Continuous through the year, or
- ( ) Seasonal – Circle the months of the year during which the business activity occurs:

J      F      M      A      M      J      J      A      S      O      N      D

Comments: \_\_\_\_\_  
 \_\_\_\_\_

9. Indicate whether the facility's wastewater discharge is:

- ( ) Continuous through the year, or
- ( ) Seasonal – Circle the months of the year during which the business activity occurs:

J      F      M      A      M      J      J      A      S      O      N      D

Comments: \_\_\_\_\_  
 \_\_\_\_\_

10. Does the operation shut down for vacation, maintenance, or other reasons?

- ( ) Yes                ( ) No

If yes, please indicate the reasons and period when shutdown:  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Building Layout – Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, public sewers, and each facility sewer line connected to the City’s sewer collection system. Number each sewer outfall, and show existing and proposed sampling locations. This drawing may need to be certified by a State registered professional engineer, if requested by the Control Authority.

**A blueprint, or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.**

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### **Building Layout**

**SECTION C – WATER SUPPLY**

1. Water Sources: (check as many as are applicable)  
 Private Well  
 Surface Water  
 Municipal Water Utility: Morristown Power & Water System  
 Other (Specify): \_\_\_\_\_

2. Name on the water bill: \_\_\_\_\_

3. Water service account(s):

number(s)

- a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_

If the facility has a sewer deduct meter, please note:

account number: \_\_\_\_\_  
 water is used for: \_\_\_\_\_

4. List average water usage on premises:  
 (New facilities, or processes may estimate)

<u>Type</u>	<u>Average Water Usage (GPD)</u>
a. Contact cooling water	_____
b. Non-contact cooling water	_____
c. Boiler feed	_____
d. Process (_____)	_____
e. Domestic	_____
f. Air pollution control	_____
g. Contained in product	_____
h. Plant and equipment washdown	_____
i. Irrigation and lawn watering	_____
j. Other (Specify) _____	_____
k. Total of a – j	_____

PLEASE MAKE SURE FLOW TOTALS ON THIS PAGE MATCH TOTALS ON PAGE 9 & 11

**SECTION D – SEWER INFORMATION**

1. For an existing business:

a. Is the building presently connected to the Morristown Public sanitary sewer system?  
 ( ) Yes ( ) No  
 If no, indicate when connection is expected, and proceed to question 1(b) \_\_\_\_\_  
 If yes, is an industrial sewer use permit required for the discharge?  
 ( ) Yes ( ) No  
 If yes, what is the permit number? \_\_\_\_\_

b. For a new business, or process:

Will you be occupying an existing vacant building?  
 ( ) Yes, give the location of the building.  
 \_\_\_\_\_  
 ( ) No, give the location of the building site.  
 \_\_\_\_\_  
 Have you applied for a building permit if a new facility will be constructed?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Will you be connected to the Morristown public sanitary sewer system?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

2. List size, descriptive location, and flow of each facility sewer line which connects to the City's sewer collection system. (If more than four, attach additional information on another sheet.)

<u>Sewer Size</u>	<u>Descriptive Location of Sewer Connection Point</u>	<u>Average Flows (GPD)</u>
_____	_____	_____
	_____	
	_____	
_____	_____	_____
	_____	
	_____	



**SECTION E – WASTEWATER DISCHARGE INFORMATION**

1. Does (or will) this facility discharge any process wastewater other than domestic sanitary wastewater from restrooms to the City’s sewer collection system?

( ) Yes, please complete the remainder of this application.

( ) **No, skip to Section H.**

2. Provide the following information on wastewater flow rate.  
(New facilities or processes may estimate)

a. Total Hours Discharged Per Day (e.g., 8 hours/day):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

b. Time of Day Discharge Occurs (e.g., 9 a.m. to 5 p.m.):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

c. Peak Hourly Flow Rate (GPM) \_\_\_\_\_

d. Maximum Daily Flow Rate (GPD) \_\_\_\_\_

e. Annual Daily Average (GPD) \_\_\_\_\_

3. If a batch discharge occurs or will occur, please indicate:  
(New facilities or processes may estimate)

a. Number of batches discharged per day? \_\_\_\_\_

b. Average volume of discharge per batch? \_\_\_\_\_

c. Time of batch discharges? \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)

d. Flow rate of discharge in gallons per minute? \_\_\_\_\_

e. Percent of batch discharge to total discharge? \_\_\_\_\_

4. Schematic Process Flow Diagram –

Instructions for completing diagram:

For each major activity in which wastewater is, or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the City's sewer collection system. This drawing may need to be certified by a State registered professional engineer, if requested by the Control Authority.

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**Schematic Process Flow Diagram**

5. Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process.

<u>No.</u>	<u>Unregulated Wastestream(s) (Non-Categorical Process)</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Regulated Wastestream(s) (Categorical Process)</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Dilution Wastestream(s)</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Industrial Users Subject to Total Toxic Organic (TTO) Requirements:  
Provide the following (TTO) information.

- a. Does or will the facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?      ( ) Yes ( ) No
- b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?  
( ) Yes ( ) No
- c. Has a toxic organics management plan (TOMP) been developed?      ( ) Yes ( ) No  
**If yes, please attach a copy to this application.**

\*CATEGORICAL USERS PLEASE USE ALTERNATE PAGE 11 (CAT-11)

7. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at the facility?

Current:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If so, please indicate the present or future location of this equipment on the process flow schematic and describe the equipment below:

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8. Are any process changes or expansions planned during the next three to five years that could alter the wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

Yes  No

If no, skip question 9

9. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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10. Are any materials or water reclamation systems in use or planned?

Yes  No

If no, skip question 11.

11. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

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## **SECTION F – CHARACTERISTICS OF DISCHARGE**

**Currently, permitted Industrial Users may submit their most recent semiannual analysis results for each monitored outfall in lieu of completing Section F.**

**SECTION G – TREATMENT (EXISTING OR PROPOSED)**

1. Is any form of wastewater treatment (see list below) practiced at this facility?  
( ) Yes ( ) No
  
2. Is any form of wastewater treatment (or changes to an existing treatment) planned for this facility  
Within the next three to five years? ( ) Yes ( ) No  
Please describe(attach additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_
  
3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many  
as appropriate).  
  
( ) Air flotation  
( ) Centrifuge  
( ) Chemical precipitation  
( ) Cyclone  
( ) Filtration  
( ) Flow equalization  
( ) Grease or oil separation, type: \_\_\_\_\_  
( ) Grease trap  
( ) Grinding filter  
( ) Grit removal  
( ) Ion exchange  
( ) Neutralization, pH correction  
( ) Ozonation  
( ) Reverse osmosis  
( ) Screen  
( ) Sedimentation  
( ) Septic tank  
( ) Solvent separation  
( ) Spill protection  
( ) Sump  
( ) Biological treatment, type: \_\_\_\_\_  
( ) Rainwater diversion or storage  
( ) Other chemical treatment, type: \_\_\_\_\_  
( ) Other physical treatment, type: \_\_\_\_\_  
( ) Other, type: \_\_\_\_\_
  
4. Describe the pollutant loadings, flow rates, design capacity, physical size and operating procedures  
of each treatment process checked above.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Attach a process flow diagram for each existing treatment process. Include process equipment, by-  
products, by-product disposal method, waste and by-product volumes, and design and operating  
conditions.

6. Do you have a treatment operator?    ( )    Yes    ( )    No

(If yes,)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Full time: \_\_\_\_\_(specify hours)

Part time: \_\_\_\_\_(specify hours)

7. Do you have a manual on the correct operation of your treatment equipment?

( )    Yes    ( )    No

8. Do you have a written maintenance schedule for your treatment equipment?

( )    Yes    ( )    No

**SECTION H – SPILL PREVENTION**

1. Do you have chemical storage areas, containers, bins, or ponds at your facility? ( ) Yes ( ) No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sanitary sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?  
( ) Yes ( ) No

If yes, into what sewer line do they discharge? \_\_\_\_\_

3. If you have chemical storage containers, bins, ponds, or pits in the manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

- ( ) an on-site disposal system
- ( ) public sanitary sewer system (e.g. through a floor drain)
- ( ) storm drain
- ( ) to ground
- ( ) other, specify: \_\_\_\_\_
- ( ) not applicable, no possible discharge to any of the above

4. Do you have a slug discharge control plan to prevent spills of chemicals or slug discharges from entering the City's collection system?

- ( ) Yes – Please enclose a copy with the application
- ( ) No
- ( ) N/A, Not applicable since there are no floor drains and / or process discharge(s), only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence, or to limit damage if another spill occurs.. Explain how the spill occurred, what was spilled, when the spill happened, where it occurred, how much was spilled, and whether or not the spill reached the sewer.

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**SECTION I – NON-DISCHARGED WASTES**

1. Are any wastes (liquid or solid) generated that are not disposed of into the sewer collection system?

- ( ) Yes, please describe below
- ( ) No

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>	<u>On-site or Off-site</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. If any wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

\_\_\_\_\_

\_\_\_\_\_

3. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

- a. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- b. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Permit # \_\_\_\_\_  
(or identification number)

\_\_\_\_\_

Permit # \_\_\_\_\_  
(or identification number)

\_\_\_\_\_

4. Have you been issued any Federal, State, or Local environmental permits? ( ) Yes ( ) No

If yes, please list the permit(s):

<u>Type</u>	<u>Agency</u>	<u>Remarks</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION J – COMPLIANCE CERTIFICATION**

Compliance certification:

1. Are all applicable Federal, State, and / or Local pretreatment standards and requirements being met on a consistent basis?

( ) Yes      ( ) No      ( ) Not yet discharging

2. If no:

a. What additional operational and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Major Activity

Completion Date

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

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

Certification Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Signatory Authority

\_\_\_\_\_  
Title(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone