



THE SOMERSET RARITAN VALLEY SEWERAGE AUTHORITY
BRIDGEWATER, NEW JERSEY

APPLICATION FOR DE MINIMIS INDUSTRIAL USER CLASSIFICATION

The following information must be reported. Incomplete applications will be returned. Please print or type.

A. GENERAL INFORMATION

Facility Name _____

Location: _____

Mailing Address: _____

Facility DUNS NO: _____

Parent Company: _____

Mailing Address: _____

Primary SIC: Code: _____ Description: _____

Secondary SIC Codes: _____ Description: _____

_____ Description: _____

_____ Description: _____

Is facility subject to any Categorical Pretreatment Standards? ___ Yes ___ No

If so, under which specific industrial category is the facility subject to?

Contact Official: Name: _____

Title: _____

Address: _____

Work Telephone: _____ Ext. _____

Email: _____

B. FACILITY OPERATIONAL CHARACTERISTICS

Discharge Status: Proposed
Existing

If proposed, date user desires to commence operation: ___ / ___ / ___
Brief Description of Product(s) Manufactured or Services Provided:

Number of Employees: Full Time: _____ Part Time: _____
Average number of employees per shift: _____ 1st; _____ 2nd; _____ 3rd
Shift start times: _____ 1st; _____ 2nd; _____ 3rd
Shifts normally worked each day:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1 st	_____	_____	_____	_____	_____	_____	_____
2 nd	_____	_____	_____	_____	_____	_____	_____
3 rd	_____	_____	_____	_____	_____	_____	_____

C. WATER DATA

1. Water Usage: Year 20_____
If water source is not metered, indicate below the method of estimating the volume.

	Volume (in gallons)
1 st Quarter	_____
2 nd Quarter	_____
3 rd Quarter	_____
4 th Quarter	_____
Grand Total:	_____

Average Daily Flow: _____ Grand Total Divided by 365 Days

Method of determining volume: _____

2. Estimated Distribution of Incoming Water: (volume in gallons/day)

A. Sanitary Discharge	_____
B. Process Discharge	_____
C. Contained in product	_____
D. Waste Haulers	_____
E. Other _____	_____
Total:	_____

How were the above volumes determined? _____

Describe seasonal variations, if any, giving dates, volumes, rates, hours, etc. Include variations in product lines which affect waste characteristics:

Describe any pretreatment process in use:

D. CHEMICAL STORAGE

Please describe hazardous chemicals used on site (nature and approximate quantities):

E. PREPARER INFORMATION

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

Signature of Official

Date:

Typed or Printed Name & Title of Signing Official

Return completed application, \$150.00 application review fee, and all other correspondence to:

Regulatory Compliance Officer
The Somerset Raritan Valley Sewerage Authority
50 Polhemus Lane
Bridgewater, NJ 08807