



TOWNSHIP OF WAYNE
DEPARTMENT OF PUBLIC WORKS
INDUSTRIAL PRETREATMENT PROGRAM
201 Dey Road, Wayne, NJ 07470

WASTEWATER DISCHARGE PERMIT APPLICATION
(include additional information on attached sheets as necessary)

FOOD AND RESTAURANT SERVICE

SECTION A: GENERAL INFORMATION

A.1 Company Name: _____

If different from above:

Location Name: _____

Property Address: _____

Opening Date: _____

A.2 Name of Owner: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Fax No.: _____

Email Address: _____

A.3 Name, Title and Contact of the person authorized to represent this business in official dealings with Wayne Township's Industrial Pretreatment Program:

If same as above, check:

Contact Person: _____

Business Title: _____ Phone No.: _____

Mailing Address: _____

Email Address: _____

A.4 Describe Type of Business: _____

A.5 Description of Operation (fast food, bakery, full kitchen, etc.): _____

A.6 Individual wastewater flows generated in gallons per operational/production day (GPD). Indicate if estimated (E) or measured (M).

Process Description	Avg. Flow (GPD)	E/M	Type of Discharge (Batch, Continuous or Both)
Domestic Wastes (Form A, 8)			
Restaurant/Food service wastes			
Cooling water (non-contract)			
Boiler/tower blowdown			
Cooling water (contact)			
Process (Form A, 13)			
Equipment/Facility washdown			
Air Pollution Control Unit			
Other (Describe Below)			
Total Flow:			

A.7 Waste is discharged into: Indicate if estimate (E) or measured (M).

Point of Discharge	Avg. Flow (GPD)	E/M	Type of Discharge (Batch, Continuous or Both)
Sanitary sewer			
Storm sewer (Form A, 5)			
Surface water			
Ground water			
Waste hauler			
Evaporation (Form A, 6a-6c)			
Other (Describe Below)			
Total Flow:			

Provide name, address and phone number of waste hauler(s) used:
Additional information should be provided on attached sheets

- Name: _____

Address: _____

Phone Number: _____ Fax No.: _____

Email Address: _____
- Name: _____

Address: _____

Phone Number: _____ Fax No.: _____

Email Address: _____

SECTION B: FACILITY OPERATION CHARACTERISTICS

B.1 Hours of Operation: _____ a.m. to _____ p.m. () Continuous

B.2 Number of Employee Shifts worked per 24-hour day: _____

Average Number of Employees per shift: _____

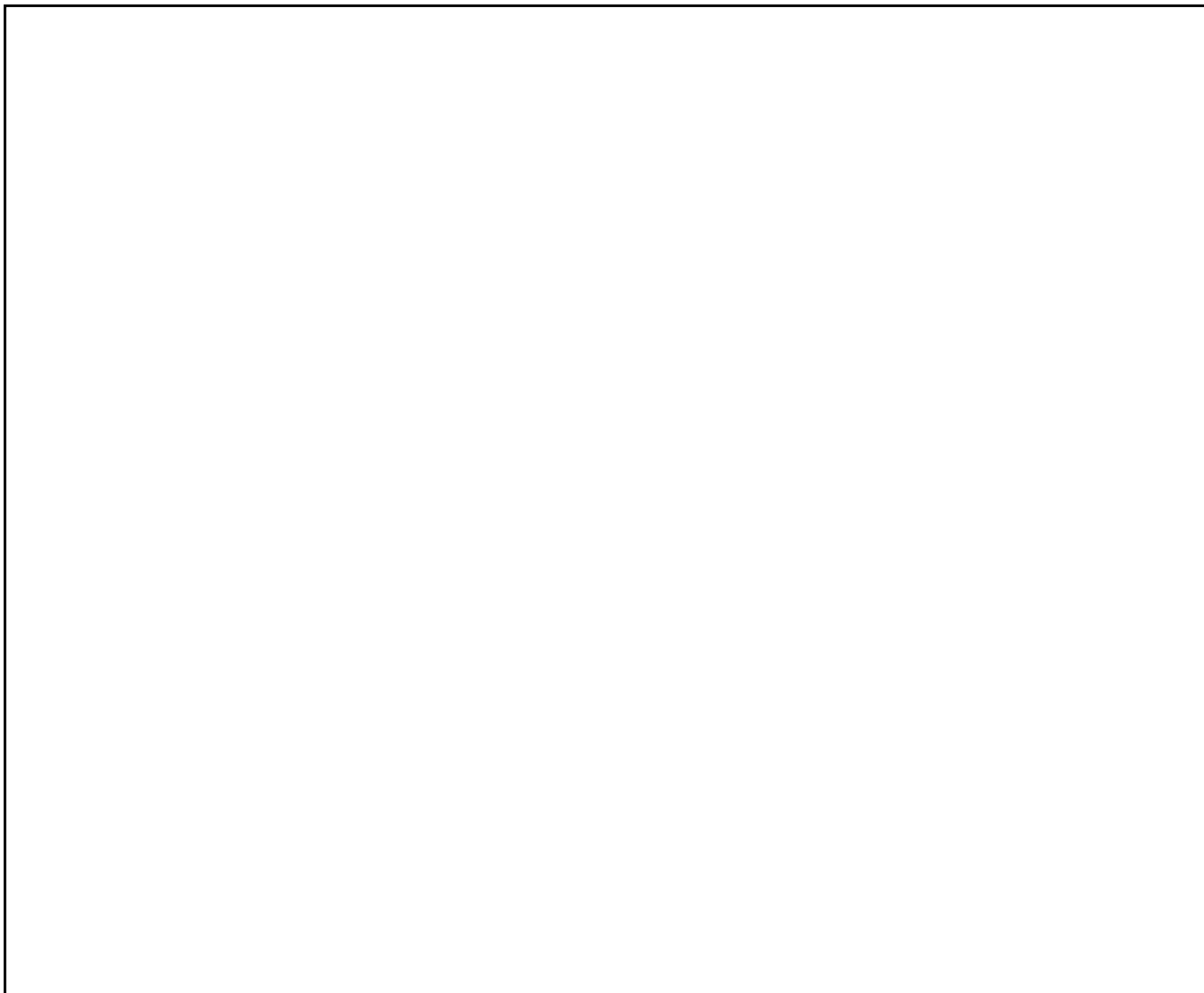
B.3 Seating Capacity of Restaurant/Cafeteria: _____

For Nursing Home/Assisted Living Facilities:
Number of Beds: _____

B.4 Is production subject to seasonal variation: () Yes () No

If yes, briefly describe the seasonal production cycle: _____

B.5 Attach or sketch below a schematic drawing indicating discharge points.



SECTION C: WASTEWATER INFORMATION

C.1 If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside all categories or business activities that apply:

Type of Business Activity

- Dairy Products
- Slaughter/Meat Packaging/Rendering
- Food/Edible Products Processor
- Beverage Bottler
- Restaurant/Food Service

C.2 Pretreatment devices or processes used for treating wastewater or sludge (check all that apply):

- Grease or Oil Separation Type: _____
- Grease Trap Type: _____
- Grit Removal
- Sedimentation
- Septic Tank
- Screen
- Chlorination
- Filtration
- Ion Exchange
- Neutralization, pH Correction
- Ozonation
- Reverse Osmosis
- Solvent Separation
- Other, Type: _____
- No Pretreatment Provided

C.3 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, please attached a copy of the most recent data to this application. Be sure to include the date of analysis, name of the laboratory performing the analysis and the location(s) from which sample(s) were taken (attach sketches, plans, etc. as necessary).

Copies of analyses attached YES NO

SECTION D: OTHER WASTES

D.1 Are any liquid waste or sludge from this location disposed of by means other than discharging into the sewer system?
 YES NO

D.2 Will any liquid product, process or waste be present on the premise in quantities greater than 1,000 gallons?
 YES NO

D.3 These wastes may be described as:

Type of Waste	Estimated Avg. Flow (gal/year)	8.34 lbs per Gallon	Estimated Avg. Flow (lbs/year)
Acids of alkalies		x 8.34 =	
Heavy metal sludges		x 8.34 =	
Inks/dyes		x 8.34 =	
Oils and/or grease (automotive)		x 8.34 =	
Oil and/or grease (food service)		x 8.34 =	
Organic Compounds		x 8.34 =	
Paints		x 8.34 =	
Pesticides		x 8.34 =	
Plating wastes		x 8.34 =	
Pretreatment Sludges		x 8.34 =	
Solvents/Thinners		x 8.34 =	
Other hazardous wastes (describe below)		x 8.34 =	
Other wastes (describe below)		x 8.34 =	

Describe any other wastes not listed above: _____

D.4 For the above checked wastes, does your company practice:

- On-site storage Off-site storage
 On-site disposal Off-site disposal

Briefly describe the method(s) of storage or disposal checked above:

SECTION E: PERMIT FEES (Based on Estimated Average Flow)

E.1 Application Fees are to be submitted with this completed application.

Process Wastewater Flow (gpd)	Application Fee (\$)
Less than 500	\$ 100.00
500 – 1,999	\$ 150.00
2,000 – 4,999	\$ 300.00
5,000 – 9,999	\$ 450.00
10,000 – 24,000	\$ 600.00
25,000 and above	\$ 750.00

Mail completed application and check to:

Township of Wayne
ATTN: Corinne Marotta Karcz
201 Dey Road
Wayne, New Jersey 07470

Checks are to be made payable to the Township of Wayne and submitted with this application.

Copies of application can be emailed to marottac@waynetownship.com, with original and payment sent via mail.

E.2 Annual Fee Schedule

Annual Fees are billed each year, following the completion of your permit, to maintain such permit.

Process Wastewater Flow (gpd)	Annual Fee (\$)
Less than 99	\$ 100.00
100 – 499	\$ 300.00
500- 999	\$ 500.00
1,000 – 1,999	\$ 800.00
2,000 – 4,999	\$ 1,200.00
5,000 – 9,999	\$ 1,600.00
10,000 – 24,999	\$ 2,000.00
25,000 and above	\$ 2,400.00

The Township will utilize the information furnished in this application in forming its opinion as to allow or restrict by issuance of a permit or prohibit the proposed discharge.

In consideration of the filing of this application, the undersigned agrees:

1. To furnish any additional information relating to the use of the Public Sewerage System for which this application is made as may be requested by the Township.
2. To accept and abide by all provisions of the Rules and Regulations of the Township and all inspection amendments that may be adopted in the future. Township Rules and Regulations are available for and/or purchase at Township Offices.
3. To operate and maintain any waste pretreatment facilities as may be required as a condition of the and acceptance into the Public Sewerage System of the wastes involved in an efficient manner at all times at no expense to the Township.
4. To allow the Township access to the facilities and records at reasonable times and to cooperate at all times with the Township in the inspecting, sampling and study of discharge and any facilities provided for pretreatment.
5. To notify the Township immediately in the event of any accident or other occurrence that occasions discharge to the Public Sewerage System of any wastewater or substance prohibited or not covered by this permit.

Note to Signing Official:

In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 403.14, information and data provided in this questionnaire that identifies the nature and frequency of discharge shall be made available to the public without restriction. Requests for confidential treatment of other information shall be governed by the procedures specified in 40 CFR, Part 2. Should a discharge permit be required at your facility, the information in this questionnaire will be used to issue the permit.

This application is to be signed by an authorized representative of your firm after adequate completion of this form and review of the information by the signing official.

“I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.”

Name of Official (Print)

Title: _____

Signature (Seal if Applicable)

Date: _____

Authorized Representative means: 1) a principal executive officer of at least the level of vice president if the applicant is a corporation; 2) a general partner or proprietor if the applicant is a partnership or proprietorship, respectively; 3) a duly authorized representative of the individual designated above if such representative is responsible for the overall operation of the facilities from which the discharge will originate.