



**TOWNSHIP OF WAYNE  
DEPARTMENT OF PUBLIC WORKS  
INDUSTRIAL PRETREATMENT PROGRAM**

201 Dey Road, Wayne, NJ 07470

**WASTEWATER DISCHARGE PERMIT  
RENEWAL APPLICATION**

(include additional information on attached sheets as necessary)

**SECTION A: GENERAL INFORMATION**

**PERMIT NO.** \_\_\_\_\_

A.1 Company Name: \_\_\_\_\_

*If different from above:*

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

Property Address: \_\_\_\_\_

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 (full kitchen, manufacturing, service activities, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION B: FACILITY OPERATION CHARACTERISTICS**

- B.1 Hours of Operation: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. ( ) Continuous  
Days per Week: \_\_\_\_\_
- B.2 Number of Employees: \_\_\_\_\_  
Number of Employees per shift: \_\_\_\_\_
- B.3 Seating Capacity of Restaurant/Cafeteria: \_\_\_\_\_  
For Nursing Home/Assisted Living Facilities: Number of Beds: \_\_\_\_\_  
For Hotels: Number of Rooms: \_\_\_\_\_
- B.4 Is production subject to seasonal variation: ( ) Yes ( ) No  
If yes, briefly describe the seasonal production cycle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

A. 34 Industrial Categories:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| ( ) Adhesives                        | ( ) Ore Mining                    |
| ( ) Aluminum Forming                 | ( ) Organic Chemicals             |
| ( ) Auto & Other Laundries           | ( ) Paint & Ink                   |
| ( ) Battery Manufacturing            | ( ) Pesticides                    |
| ( ) Coal Mining                      | ( ) Petroleum Refining            |
| ( ) Coil Coating                     | ( ) Pharmaceuticals               |
| ( ) Copper Forming                   | ( ) Photographic Supplies         |
| ( ) Electric & Electronic Components | ( ) Plastic & Synthetic Materials |
| ( ) Electroplating                   | ( ) Plastics Processing           |
| ( ) Explosives Manufacturing         | ( ) Porcelain Enamel              |
| ( ) Foundries                        | ( ) Printing & Publishing         |
| ( ) Gum & Wood Chemicals             | ( ) Pulp & Paper                  |
| ( ) Inorganic Chemicals              | ( ) Rubber                        |
| ( ) Iron & Steel                     | ( ) Soaps & Detergent             |
| ( ) Leather Tanning & Finishing      | ( ) Steam Electric                |
| ( ) Mechanical Products              | ( ) Textile Mills                 |
| ( ) Non-ferrous Metals               | ( ) Timber                        |

B. Other Business Activities:

- 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):

- |   |  |
|---|--|
| <input type="checkbox"/> Grease or Oil Separation       | Type: _____  |
| <input type="checkbox"/> Grease Trap                    | Type: _____  |
| <input type="checkbox"/> Air Flotation                  | <input type="checkbox"/> Reverse Osmosis               |
| <input type="checkbox"/> Centrifuge                     | <input type="checkbox"/> Screen                        |
| <input type="checkbox"/> Chemical Precipitation         | <input type="checkbox"/> Sedimentation                 |
| <input type="checkbox"/> Chlorination                   | <input type="checkbox"/> Septic Tank                   |
| <input type="checkbox"/> Cyclone                        | <input type="checkbox"/> Solvent Separation            |
| <input type="checkbox"/> Filtration                     | <input type="checkbox"/> Spill Protection              |
| <input type="checkbox"/> Flow Equalization              | <input type="checkbox"/> Sump                          |
| <input type="checkbox"/> Grit Removal                   | <input type="checkbox"/> Neutralization, pH Correction |
| <input type="checkbox"/> Ion Exchange                   | <input type="checkbox"/> Ozonation                     |
| <input type="checkbox"/> Biological Treatment           | Type: _____  |
| <input type="checkbox"/> Rainwater Diversion or Storage | Type: _____  |
| <input type="checkbox"/> Other Chemical Treatment       | Type: _____  |
| <input type="checkbox"/> Other Physical Treatment       | Type: _____  |
| <input type="checkbox"/> Other                          | Type: _____  |
| <input type="checkbox"/> 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

**The signature on the last page of this application (Page 5) will serve as a certified confirmation that there have been no significant changes or alterations to this facility in the past five (5) years.**

**SECTION D: PERMIT FEES (Based on Estimated Average Flow)**

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

<b>Process Wastewater Flow (gpd)</b>	<b>Application Fee (\$)</b>
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](mailto: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.

<b>Process Wastewater Flow (gpd)</b>	<b>Annual Fee (\$)</b>
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.