

EAST WINDSOR MUNICIPAL UTILITIES AUTHORITY

7 Wiltshire Drive
East Windsor, New Jersey 08520-1297
Phone: (609) 443-6000
FAX: (609) 443-3928

NUMBER: _____

FORM-CAQ: COMMERCIAL APPLICATION QUESTIONNAIRE

PURPOSE: Completion of this application is used to determine the nature of a commercial establishments potential effluent to be discharged into the sanitary sewer collection system and how that effluent may impact the sanitary treatment process.

Name of Applicant _____
Address _____
Telephone Number _____

Contact Person: _____
Title: _____ Phone Number: _____

1) Number of Employees: Full-Time _____ Part-Time _____

2) Number of Work Days Per Week: _____ Number of Shifts Per Day: _____

3) Description of Manufacturing or Other Activities Performed:

4) Principal Products or Services:

5) Principal Raw Materials Utilized. (Please indicate whether or not the manufacture of these products involve the use of any ingredients, either in raw or manufactured form, which pose any harm to humans.)

6) Estimated Water Usage in gallons per month:

a) Product Incorporation _____	e) Sanitary _____
b) Process _____	f) Evaporation _____
c) Cooling Water _____	g) Other (please Specify) _____
d) Boiler Feed _____	h) Total (Gallons per Month) _____

CAQ - FORM

7) Provide estimated quantities of wastewater disposed by the following methods: (Gallons per Month)

a) Discharge to public sewer system:

Industrial Waste: _____

Sanitary Waste: _____

b) Waste Hauler:

Name: _____

Address: _____

Registration Number: _____

8) Do levels of production vary throughout the year? Yes _____ No _____

If yes, describe the peak and low periods and any seasonal, monthly, weekly, daily or hourly variations in discharge to the public sewer system. Include scheduled plant shutdowns.

9) List any USEPA pretreatment standards that this facility is subject to:

10) Describe any pretreatment processes in use:

11) Based upon a knowledge of materials and operations used at the facility, could the facility's discharge contain any of the pollutants listed in Tables I(a) and I(b) attached? Yes _____ No _____

If yes, indicate with a check mark on the attached tables which pollutants are present.

12) Conditions of Approval:

a) The facility shall be inspected by EWMUA personnel prior to commencing operations.

b) The facility shall be subject to the terms and conditions of the EWMUA's Industrial Pretreatment Program.

c) Owner shall provide a copy of all pending FDA applications for the manufacture of proposed products at the facility. Upon receipt of FDA approvals, a copy of that approval shall be forwarded to EWMUA.

d) Owner shall provide immediate notice to the EWMUA Wastewater Department at (609) 443-7611 or (609) 443-7625 in the event of a release of any USEPA or NJDEPE priority pollutant on the attached Tables I(a) and I(b). In the event that contact cannot be made with the EWMUA Wastewater Department, the East Windsor Township Police Department must be immediately contacted at (609) 448-5678.

e) Owner shall acknowledge in writing that he/she is familiar with and accepts these Conditions of Approval.

FORM OF CERTIFICATION

State of New Jersey
County of Mercer

CERTIFICATION OF

_____ ON

BEHALF OF _____

I hereby certify the following:

1) I am the _____ of /for
_____, and am fully familiar with the facts as set forth in
this certification.

2) The foregoing statements (described on CAQ - Form) are made in conjunction with the preliminary application of _____, for services from the East Windsor Municipal Utilities Authority ("EWMUA"). I am aware that the EWMUA will rely on the accuracy and truth of said statements in granting approval of said application.

3) I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I shall be subject to punishment.

(Name)

(Date)