

THE OCEAN COUNTY UTILITIES AUTHORITY
INDUSTRIAL PRETREATMENT PROGRAM



APPLICATION FOR TEMPORARY
DISCHARGE OF TREATED GROUNDWATER

501 HICKORY LANE
PO BOX P
BAYVILLE, NJ 08721
PHONE: 732-269-4500
FAX: 732-237-2193

WEBSITE: WWW.OCUA.COM

INSTRUCTIONS

All users who wish to discharge treated groundwater to the sanitary sewer must complete and return this application through the Local Sewerage Authority and Regional Authority (if applicable) to the OCUA for review. Based on this review, the OCUA will determine whether or not the discharge will be accepted by the Authority. Approval by the Authority is for acceptance and treatment of the wastewater only; connections to local systems, including metering and user charges shall be set up with the Local Sewerage Authority. If you have any questions concerning the application or need assistance in completing it, feel free to contact the OCUA's Industrial Pretreatment Program Manager Mr. Richard Ingenito at (732) 269-4500 ext. 8339. Please answer all questions. If one does not apply, write N/A. Please include a narrative description with the application to better explain your circumstances.

Submit completed application along with a \$250 review fee to:

Richard Ingenito
Ocean County Utilities Authority
Technical Services Division
501 Hickory Lane, PO Box P
Bayville, NJ 08721

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THE OCEAN COUNTY UTILITIES AUTHORITY
TEMPORARY DISCHARGE APPLICATION

Date: _____

Fee Paid: \$ 250

SECTION A: CONTACT INFORMATION

Company Name:

1. Location of Remediation Activities

Street address
City, State, Zip Code
Block/Lot


2. Contact Official

Name	Title
Mailing Address	Phone Number
City, State, Zip Code	
Email Address	

SECTION B: GENERAL INFORMATION

1. Indicate date user desires to commence operations: _____

2. Describe the circumstances leading to the need to conduct remedial activities. Include descriptions of the source of the contamination (i.e. broken pipe, leaking tank, etc.), the type of product(s) or wastes to be recovered, and the measures planned or taken to correct the situation (tank removal, repair, etc.). Attach additional sheets if necessary.



3. Indicate all wastewater disposal methods employed or proposed (check all that apply):

Type of Discharge	Average Flow (GPD)
<input type="checkbox"/> Sanitary Sewer	
<input type="checkbox"/> Storm Sewer	
<input type="checkbox"/> Surface Water	
<input type="checkbox"/> Ground Water	
<input type="checkbox"/> Septic Tank	
<input type="checkbox"/> Waste Hauler	
Grand Total	

4. Please attach a site plan showing the property, buildings, sanitary sewer lines, treatment unit placement and proposed sampling location.

5. What methods of treatment will be used prior to discharge to the sanitary sewer? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Chlorination |
| <input type="checkbox"/> Grease trap | <input type="checkbox"/> Chemical precipitation |
| <input type="checkbox"/> Oil/water separator | <input type="checkbox"/> pH adjustment |
| <input type="checkbox"/> Granular activated carbon | <input type="checkbox"/> Aeration / clarification |
| <input type="checkbox"/> Other (describe) | |

SECTION C: CHARACTERISTICS OF WASTEWATER

1. Has a laboratory analysis ever been performed on the contaminated water? _____
(If so, attach laboratory reports)
2. Indicate the expected concentrations of the following pollutants in the wastewater discharge.

pH	_____ standard units
Total Petroleum Hydrocarbons	_____ mg/l
Benzene	_____ ug/l
Toluene	_____ ug/l
Ethyl Benzene	_____ ug/l
Xylenes	_____ ug/l

SECTION D: CERTIFICATION

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

Name of Signing Official: _____

Title: _____ Signature: _____

Date: _____

Application Review

Local Sewerage Authority: _____ Date: _____

Regional Sewerage Authority: _____ Date: _____

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