

Mount Laurel Township Municipal Utilities Authority

Mailing Address-1201 South Church Street - Mount Laurel, NJ 08054

Engineering Office: 81 Elbo Lane - Mount Laurel, NJ 08054-9641

Phone: (856) 722-5900 ext. 117 Email: engineering@mltmua.com

Fax: (856) 235-0816

COMMERCIAL AND/OR INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

FORM CID – 1 FILING FEE \$75

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 APPLICATION WHICH IDENTIFIES THE NATURE AND FREQUENCY OF DISCHARGE SHALL BE AVAILABLE TO THE PUBLIC WITHOUT RESTRICTION. REQUEST FOR CONFIDENTIAL TREATMENT OF OTHER INFORMATION SHALL BE GOVERNED BY PROCEDURES SPECIFIED IN 40 CFR PART 2. THE INFORMATION IN THIS APPLICATION IS USED TO ISSUE THE PERMIT.

- A CID-2 APPLICATION MAY BE REQUIRED AFTER REVIEW OF THIS FORM -

CID-2 Application can be found at www.MLTMUA.com for download under the business info/construction columns

<u>be filled out by TENANT</u> : please	print legibly		DATE:		
1. NAME OF BUSINESS (OCCUPYING SPACE:				
PHYSICAL ADDRESS (in M	Mount Laurel):				
	ne as above, write same)				
Phone Number:	Fax Number:	e-mail addre	ess:		
	IDUAL OR CORPORATION TH				
Phone Number:	Fax Number:	e-mail add	ress:		
3. PERSON TO BE CONT NAME: MAILING ADDRESS: (if sam.	CACTED CONCERNING INFOR	MATION PROVIDEDTITLE:	HERE: (if same as #1 above, write same		
3. PERSON TO BE CONT NAME: MAILING ADDRESS: (if sam) CITY:	TACTED CONCERNING INFOR	MATION PROVIDEDTITLE:STATE:	HERE: (if same as #1 above, write same as #1 above, w		
3. PERSON TO BE CONT NAME: MAILING ADDRESS: (if sam. CITY: Phone Number: 4. CHECK ONE: \(\bigcap \) EXIS	TACTED CONCERNING INFORM The as above, write same) Fax Number: SITING DISCHARGE	MATION PROVIDEDTITLE:STATE:e-mail add	HERE: (if same as #1 above, write same		
3. PERSON TO BE CONT NAME: MAILING ADDRESS: (if sam. CITY: Phone Number: 4. CHECK ONE: EXIS. PRO	TACTED CONCERNING INFORM The as above, write same) Fax Number: SITING DISCHARGE POSED DISCHARGE	MATION PROVIDED TITLE:STATE:e-mail add	HERE: (if same as #1 above, write same ZIP CODE: ress:		
3. PERSON TO BE CONT NAME: MAILING ADDRESS: (if sam. CITY: Phone Number: 4. CHECK ONE: EXIS PRO 5. TOTAL SQUARE FOO	TACTED CONCERNING INFORM The as above, write same) Fax Number: SITING DISCHARGE	MATION PROVIDED TITLE: STATE:e-mail add CHARGE COMMENCEMENT	HERE: (if same as #1 above, write same ZIP CODE: ress:		

	AUTO DETAIL/WASH	☐ OFFICE (W/CAFETERIA, GYM, ETC.)			
	AUTO REPAIR OR AUTO BOBY SHOP	☐ PAINT OR INK FORMULATION			
	AUTO DEALERSHIP	☐ PAINTING, FINISHING, STRIPPING			
	BAKERY	☐ PAINT OR INK FORMULATION			
	ELECTROPLATING	☐ PHARMACY/ DRUG STORE			
	FLAMMABLES, EXPLOSIVES	☐ PHOTOGRAPHIC PROCESSING			
	FOOD PREPARATION	☐ PLASTICS PROCESSING			
	GYM/ ATHLETIC CLUB	☐ PRINTING			
	HAIR SALON/ BARBER	☐ REPAIR SHOP, GARAGE			
	HOTEL/MOTEL	RESTAURANT			
	LABORATORY	☐ RETAIL SALES (ONLY RESTROOMS)			
	LAUNDRY, CLEANING	☐ RETAIL SALES (W/ FOOD ETC.)			
	MACHINE SHOP	☐ SUPERMARKET/FOOD STORE			
	MEDICAL (DOCTOR/DENTIST/CHIROPRACTOR)	☐ WAREHOUSING			
	NAIL SALON	☐ WHOLESALE DISTRIBUTION			
	OFFICE (ONLY RESTROOMS)	☐ OTHER (SPECIFY BELOW)			
ATTA(OBTA)	E PERSONALLY EXAMINED AND AM FAMILIAR W CHMENTS. BASED UPON MY INQUIRY OF THOSE I INING THE INFORMATION REPORTED HEREIN, I BI RATE AND COMPLETE.				
	_	NAME OF ORGANIZATION (please print)			
DATE		SIGNATURE OF COMPANY OFFICAL			
	_	NAME OF COMPANY OFFICAL (please print)			
RETU:		TITLE OF COMPANY OFFICAL (please print)			
Return		to the address helevy			
	the completed application along with the \$25.00 filing fee	to the address below.			
	the completed application along with the \$25.00 filing feet Laurel Township Municipal Utilities Authority	to the address below.			
Mount		to the address below.			

8. CHECK ALL ACTIVITIES PERFORMED AT YOUR PLACE OF BUSINESS:

Mount Laurel, NJ 08054-9641

Approval of Application

After a CID-1 application is deemed to be complete, approval of CID-1 will be granted or a request for additional information will be communicated within three working days (where applicable). Approved paperwork may be retained for pick-up if requested.

If this next section is not completed, all Approvals will be mailed to the address listed on *Item #1* of the application. If you wish to have your Approval mailed to somewhere other than the mailing address listed above, complete the following (type or print legibly):

NAME OF ENTITY TO RECEIVE	PERMITS:				
RELATIONSHIP TO APPLICANT	<u>:</u>				
☐ TENANT ☐ PROPERTY	OWNER	GEMENT COMPANY	′	CONTRACTO	3
OTHER (Explain):					
MAILING ADDRESS:					
CITY:		STATE:	ZIP CC	DDE:	
ATTENTION:					
PHONE NUMBER:	E-	E-MAIL ADDRESS:			
MLTMUA USE ONLY: Change of use calculations					
Previous type of business for	flow calculation purpose	es			
Proposed type of business for	· flow calculation purpos	es			
Previous usage gallons per day.	•		W/gpd	S/gpd	
Proposed usage gallons per day	:		W/gpd	S/gpd	
Difference (attach worksheet):			W/gpd	S/gpd	
Connection fees based on inc	(gpd) have b	een paid as o	of(date)		
As approved by		(employee))		
CID-1 APPLICATION	☐ approved	☐ denied	by		(employee)
Reason/comments:					