



Mount Laurel Township

Municipal Utilities Authority

Mailing Address-1201 South Church Street – Mount Laurel, NJ 08054
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Phone: (856) 722-5900 ext. 117
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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

To be filled out by TENANT: please print legibly

DATE: _____

1. **NAME OF BUSINESS OCCUPYING SPACE:** _____

PHYSICAL ADDRESS (in Mount Laurel): _____

MAILING ADDRESS: (if same as above, write same) _____

CITY _____ STATE: _____ ZIP CODE: _____

Phone Number: _____ Fax Number: _____ e-mail address: _____

2. **NAME OF THE INDIVIDUAL OR CORPORATION THAT OWNS THE BUSINESS:** (if same as #1 above, write same)

MAILING ADDRESS: (if same as above, write same) _____

CITY: _____ STATE: _____ ZIP CODE: _____

Phone Number: _____ Fax Number: _____ e-mail address: _____

3. **PERSON TO BE CONTACTED CONCERNING INFORMATION PROVIDED HERE:** (if same as #1 above, write same)

NAME: _____ TITLE: _____

MAILING ADDRESS: (if same as above, write same) _____

CITY: _____ STATE: _____ ZIP CODE: _____

Phone Number: _____ Fax Number: _____ e-mail address: _____

4. **CHECK ONE:** **EXISTING DISCHARGE**
 PROPOSED DISCHARGE

DISCHARGE COMMENCEMENT DATE: _____

5. **TOTAL SQUARE FOOTAGE OF SPACE (TO BE) OCCUPIED:** _____

6. **MAXIMUM NUMBER OF EMPLOYEES ON SITE AT ANY TIME:** _____

7. **DOES DISCHARGE CONTAIN ANY MATERIAL OTHER THAN DOMESTIC WASTE WATER SUCH AS OIL, GREASE, CHEMICAL WASTES, ETC.** YES NO

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

- | | |
|--|--|
| <input type="checkbox"/> AUTO DETAIL/WASH | <input type="checkbox"/> OFFICE (W/CAFETERIA, GYM, ETC.) |
| <input type="checkbox"/> AUTO REPAIR OR AUTO BOBY SHOP | <input type="checkbox"/> PAINT OR INK FORMULATION |
| <input type="checkbox"/> AUTO DEALERSHIP | <input type="checkbox"/> PAINTING, FINISHING, STRIPPING |
| <input type="checkbox"/> BAKERY | <input type="checkbox"/> PAINT OR INK FORMULATION |
| <input type="checkbox"/> ELECTROPLATING | <input type="checkbox"/> PHARMACY/ DRUG STORE |
| <input type="checkbox"/> FLAMMABLES, EXPLOSIVES | <input type="checkbox"/> PHOTOGRAPHIC PROCESSING |
| <input type="checkbox"/> FOOD PREPARATION | <input type="checkbox"/> PLASTICS PROCESSING |
| <input type="checkbox"/> GYM/ ATHLETIC CLUB | <input type="checkbox"/> PRINTING |
| <input type="checkbox"/> HAIR SALON/ BARBER | <input type="checkbox"/> REPAIR SHOP, GARAGE |
| <input type="checkbox"/> HOTEL/MOTEL | <input type="checkbox"/> RESTAURANT |
| <input type="checkbox"/> LABORATORY | <input type="checkbox"/> RETAIL SALES (ONLY RESTROOMS) |
| <input type="checkbox"/> LAUNDRY, CLEANING | <input type="checkbox"/> RETAIL SALES (W/ FOOD ETC.) |
| <input type="checkbox"/> MACHINE SHOP | <input type="checkbox"/> SUPERMARKET/FOOD STORE |
| <input type="checkbox"/> MEDICAL (DOCTOR/DENTIST/CHIROPRACTOR) | <input type="checkbox"/> WAREHOUSING |
| <input type="checkbox"/> NAIL SALON | <input type="checkbox"/> WHOLESALE DISTRIBUTION |
| <input type="checkbox"/> OFFICE (ONLY RESTROOMS) | <input type="checkbox"/> OTHER (SPECIFY BELOW) |

Other: _____

If any item in #8 is checked other than "ONLY RESTROOMS" you must complete a CID-2 Form.

I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION 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.

NAME OF ORGANIZATION (please print)

DATE

SIGNATURE OF COMPANY OFFICAL

NAME OF COMPANY OFFICAL (please print)

TITLE OF COMPANY OFFICAL (please print)

RETURN OF APPLICATION TO THE AUTHORITY:

Return the completed application along with the \$25.00 filing fee to the address below:

**Mount Laurel Township Municipal Utilities Authority
 Engineering Department
 81 Elbo Lane
 Mount Laurel, NJ 08054-9641**

