



Mount Laurel Township

# Municipal Utilities Authority

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## COMMERCIAL AND/OR INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

### FORM CID – 2

**FILING FEE \$200**

*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.*

### CID-2 APPLICANTS MUST FIRST COMPLETE THE CID-1 APPLICATION

Additional documents can be located at [www.MLTMUA.com](http://www.MLTMUA.com) 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. PERSON TO BE CONTACTED CONCERNING INFORMATION PROVIDED HEREIN:** *( 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: \_\_\_\_\_

**3. PERSON TO BE CONTACTED IN A WASTEWATER EMERGENCY:** *( if same as #1 above, write same)*

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**4. ALTERNATE PERSON TO BE CONTACTED IN A WASTEWATER EMERGENCY:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**5. DOES YOUR FACILITY REQUIRE A SPILL PREVENTION AND CONTROL PLAN?**      yes     no

*(If yes, please attach a copy with this application)*

**6. DOES YOUR FACILITY HAVE ANY FLOOR DRAINS TO THE SANITARY SEWER SYSTEM?**      yes     no

*(If yes, indicate on your attached plans)*

7. **INDICATE ANY PROCESSES YOUR FACILITY UTILIZES:** (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> ADHESIVES                             | <input type="checkbox"/> MECHANICAL PRODUCTS           |
| <input type="checkbox"/> AUTO/CAR WASH                         | <input type="checkbox"/> NON-FERROUS METALS            |
| <input type="checkbox"/> AUTO SERVICING/ BODY SHOP             | <input type="checkbox"/> ORGANIC CHEMICALS             |
| <input type="checkbox"/> BATTERY MANUFACTURING                 | <input type="checkbox"/> PAINT OR INK FORMULATION      |
| <input type="checkbox"/> BAKERY                                | <input type="checkbox"/> PESTICIDES                    |
| <input type="checkbox"/> COPPER FORMING                        | <input type="checkbox"/> PETROLEUM REFINING            |
| <input type="checkbox"/> DRY CLEANING                          | <input type="checkbox"/> PHOTOGRAPHIC PROCESSING       |
| <input type="checkbox"/> ELECTROPLATING                        | <input type="checkbox"/> PLASTICS PROCESSING           |
| <input type="checkbox"/> FLAMMABLES/ EXPLOSIVES                | <input type="checkbox"/> PLASTIC & SYNTHETIC MATERIALS |
| <input type="checkbox"/> FOOD PROCESSING, PREPARATION, SERVICE | <input type="checkbox"/> PORCELAIN ENAMEL              |
| <input type="checkbox"/> GUM/ WOOD CHEMICALS                   | <input type="checkbox"/> PRINTING                      |
| <input type="checkbox"/> INORGANIC CHEMICALS                   | <input type="checkbox"/> PAPER PROCESSING              |
| <input type="checkbox"/> IRON & STEEL                          | <input type="checkbox"/> RUBBER                        |
| <input type="checkbox"/> LEATHER TANNING                       | <input type="checkbox"/> SOAPS & DETERGENTS            |

8. **DOES YOUR FACILITY HAVE ANY SEASONAL WASTEWATER DISCHARGE VARIATIONS:** yes  no

IF YES EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_

9. **WHAT TYPES OF WASTEWATER WILL YOUR FACILITY GENERATE?**

(Complete for *all* types of wastewater generated by your business and if known fill in the average gallons per day for each)

- |  |                  |  |
|--|------------------|--|
| A. Domestic Wastes (restrooms, employee showers, etc.)       | _____ <i>gpd</i> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| B. Cooling Water, non-contact                                | _____ <i>gpd</i> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| C. Boiler  | _____ <i>gpd</i> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| D. Contact cooling water                                     | _____ <i>gpd</i> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| E. Process (including food preparation, processing, service) | _____ <i>gpd</i> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| F. Equipment/ Facility washdown                              | _____ <i>gpd</i> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| G. Air Pollution Control/ Air Scrubber/ Exhaust              | _____ <i>gpd</i> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| H. Storm Water Runoff  | _____ <i>gpd</i> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| I. Sediment laden  | _____ <i>gpd</i> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| J. Condensate  | _____ <i>gpd</i> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| K. Other   | _____ <i>gpd</i> | yes <input type="checkbox"/> no <input type="checkbox"/> |

Explain (if other is checked): \_\_\_\_\_  
 \_\_\_\_\_

10. ARE ANY OF THE FOLLOWING MATERIALS USED OR STORED ON THE PREMISES? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Flammable or explosive materials                    | <input type="checkbox"/> Phenols                              |
| <input type="checkbox"/> Acid, alkaline, or corrosive material               | <input type="checkbox"/> Large amounts of soaps or detergents |
| <input type="checkbox"/> Pesticides or toxic material (Aldrin, Dieldrin)     | <input type="checkbox"/> Radioactive materials                |
| <input type="checkbox"/> Benzedrine, Cadmium, Cyanide, DDD, DDE, DDT, Endrin | <input type="checkbox"/> Dyes                                 |
| <input type="checkbox"/> Mercury, PCBs, Toxaphene, etc.                      | <input type="checkbox"/> Tetrachloroethane                    |
| <input type="checkbox"/> Oil, grease, or solvents                            | <input type="checkbox"/> Metals in solution                   |

Give quantities used and stored of all checked items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. DOES YOUR FACILITY HAVE A GREASE/OILS/SOLIDS INTERCEPTOR OR SEPERATOR?      yes  no

(If yes, please indicate its location on your attached plans and provide specifications)

12. DOES YOUR FACILITY HAVE ANY TYPE OF PRE-TREATMENT SYSTEM? (check all that apply)      no

- |  |  |
|--|--|
| <input type="checkbox"/> Sedimentation                                   | <input type="checkbox"/> Grinding/ Comminution |
| <input type="checkbox"/> Biological treatment                            | <input type="checkbox"/> Screening             |
| <input type="checkbox"/> Fats/ Oils/ Greases interception (grease traps) | <input type="checkbox"/> Holding/ Surge tank   |
| <input type="checkbox"/> Chlorination/ Disinfection                      | <input type="checkbox"/> pH adjustment         |
| <input type="checkbox"/> Grit removal                                    | <input type="checkbox"/> Ion exchange          |
| <input type="checkbox"/> Solvent separation                              | <input type="checkbox"/> Other (explain below) |

\_\_\_\_\_

13. DOES YOUR FACILITY REQUIRE AN OPERATOR LICENSED BY THE NJDEP?      yes  no

NAME OF LICENSED OPERATOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NJDEP LEVEL LICENSE REQUIRED AND ATTAINED:

- C1    C2    C3    C4    N1    N2    N3    N4    W1    W2    W3    W4

NJDEP LICENSE NUMBER (s) \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Emergency number (if other than above): \_\_\_\_\_ e-mail address: \_\_\_\_\_

14. **THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS APPLICATION:**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Site plan    | <input type="checkbox"/> Plumbing plan          |
| <input type="checkbox"/> Floor plan   | <input type="checkbox"/> Seating chart          |
| <input type="checkbox"/> Utility plan | <input type="checkbox"/> Other (describe below) |

**ANY OR ALL OF THE ABOVE MAY BE REQUIRED TO BE SUBMITTED BEFORE APPROVAL OF THIS APPLICATION. THE SITE PLAN SHOULD INCLUDE ALL SEWERS, PRE-TREATMENT DEVICES (SUCH AS GREASE TRAPS, F.O.G INTERCEPTORS, SEDIMENT SEPERATORS, LINT TRAPS, ECT.) MANHOLES, MONITORING AND SAMPLING LOCATIONS. THE SITE PLAN SHOULD ALSO SHOW ALL CONNECTIONS TO THE SANITARY SEWER AND INDICATE DIRECTION WITH A NORTH ARROW. IF ANY OF THE ABOVE ITEMS ARE REQUIRED BUT NOT SUBMITTED, FURTHER PROCESSING TIME WILL RESULT.**

15. **DO YOU ANTICIPATE THAT ANY OF THE FOLLOWING MAY BE DISCHARGED INTO THE SANITARY SEWER SYSTEM?.**

These items are regulated and may only be discharged with the specific permission of the MLTMUA. Acceptance of these items by the authority may result in a surcharge to your normal sewer bill. Check all that apply:

- |    |   |                          |
|----|---|--------------------------|
| a. | More than 50,000 gallons per day  | <input type="checkbox"/> |
| b. | A slug (more than 5 times the normal flow or strength for less than 15 minutes) | <input type="checkbox"/> |
| c. | A concentration of BOD in excess of 300 mg/l                                    | <input type="checkbox"/> |
| d. | A concentration of suspended solids in excess of 350 mg/l                       | <input type="checkbox"/> |
| e. | A concentration of COD in excess of 600 mg/l                                    | <input type="checkbox"/> |
| f. | A concentration of fats, greases, or oils in excess of 50 mg/l                  | <input type="checkbox"/> |
| g. | A pH of under 6.0 or over 8.5   | <input type="checkbox"/> |
| h. | Temperatures over 150° F or 66° maximum   | <input type="checkbox"/> |
| i. | Storm water, ground water, etc. unacceptable for discharge to storm system      | <input type="checkbox"/> |
| j. | Garbage   | <input type="checkbox"/> |
| k. | Radioactive waste   | <input type="checkbox"/> |
| l. | Swimming pool water   | <input type="checkbox"/> |
| m. | Dyes and discolored materials   | <input type="checkbox"/> |
| n. | Substances regulated by USEPA   | <input type="checkbox"/> |

**IF ANY OF THE ABOVE ARE CHECKED, GIVE DETAILS IN THE REMARKS SECTION BELOW  
OR ATTACH ADDITIONAL SHEETS AS NECESSARY.**

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**THE ITEMS SHOWN IN ITEM #15 SHALL ONLY BE DISCHARGED IF SPECIFICALLY APPROVED**

16. TYPE OF OR CHANGE IN USE INFORMATION (complete all that apply):	PREVIOUS	PROPOSED
a. Square footage of space to be occupied	_____	_____
b. Number of seats (restaurants, fast food, etc.)	_____	_____
c. Hours of Operation (daily)	_____	_____
d. Number of Employees on site (maximum)	_____	_____
e. Number of rooms occupied overnight (hotel/motel, health care, etc.)	_____	_____
f. Number of washes per day (any facility with laundry facilities)	_____	_____
g. Number of filling positions (auto service stations)	_____	_____

Any other water and/or sewer use (explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**MLTMUA USE ONLY:**

*Previous type of business for flow calculation purposes* \_\_\_\_\_

*Proposed type of business for flow calculation purposes* \_\_\_\_\_

*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 increased flow of \_\_\_\_\_ (gpd) have been paid as of \_\_\_\_\_ (date)*

*As approved by \_\_\_\_\_ (employee)*

*Reason/comments:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION INSTRUCTIONS**

This application must be signed and dated by an officer or duly authorized employee of the business who has the legal authority to bind the applicant business. The name and title of that person must be typed or printed legibly as well as signed. This application must also be notarized.

**CERTIFICATION**

**WARNING: DISCHARGE OF SUBSTANCES INTO THE SEWER SYSTEM IS REGULATED BY LAW AND IS SUBJECT TO CIVIL AND CRIMINAL PENALTIES. IF YOU ANTICIPATE DISCHARGING ANYTHING OTHER THAN DOMESTIC SEWAGE INTO THE SANITARY SEWER SYSTEM, YOU ARE ADVISED TO READ "RULES AND REGULATIONS FOR FURNISHING WATER AND SEWER SERVICE IN THE TOWNSHIP OF MOUNT LAUREL, BURLINGTON COUNTY NJ".**

**CERTIFICATION:** I CERTIFY, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND I AM FAMILIAR WITH THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS. I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM ALSO AWARE THERE ARE SIGNIFICANT PENALTIES FOR KNOWINGLY SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

\_\_\_\_\_  
NAME OF ORGANIZATION (PRINT OR TYPE)

\_\_\_\_\_  
TITLE OF COMPANY OFFICAL (PRINT OR TYPE)

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

\_\_\_\_\_  
SIGNATURE OF COMPANY OFFICAL

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_,  
the \_\_\_\_\_ of \_\_\_\_\_, known to me to be the person whose  
name is subscribed to the foregoing instrument, and upon his(her) oath acknowledged to me that he(she) executed the  
same for the purposes and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
(SEAL)

***RETURN OF APPLICATION TO THE AUTHORITY:***

Return the completed application along with the \$200.00 filing fee to the address below:

**Mount Laurel Township Municipal Utilities Authority  
Engineering Department- Connections  
81 Elbo Lane**

**Mount Laurel, NJ 08054-9641**

## *Approval of Application*

After a CID-2 application is deemed to be complete, approval of CID- 2 will be granted or a request for additional information will be communicated within ten 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:

TENANT       PROPERTY OWNER       MANAGEMENT COMPANY       CONTRACTOR

OTHER (Explain): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**If this section is not completed, all permits will be mailed to the address listed on *Item #1* of the application**

AS THE COMPANY OFFICIAL REQUESTING A WASTEWATER DISCHARGE PERMIT FROM THE MLTMUA, I HEREBY AUTHORIZE THE ABOVE TO RECEIVE ALL PERMIT WORK FROM THE MLTMUA

\_\_\_\_\_  
NAME OF ORGANIZATION (PRINT OR TYPE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE OF COMPANY OFFICAL (PRINT OR TYPE)

\_\_\_\_\_  
SIGNATURE OF COMPANY OFFICAL