

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DIVISION OF WATER QUALITY
 FORM R GENERATOR – INDUSTRIAL
 (FOR USE WITH DISCHARGE CATEGORIES L, B, BGR, RF, I2, WTRG, and SQIG)**

*Refer to Appropriate Completeness Checklist and Instructions. Provide All Applicable Information.
 If you need assistance in completing Form R, contact the Bureau of Pretreatment and Residuals at (609) 633-3823.
 Please Print or Type. (Attach additional sheets if necessary)*

SUPPLEMENTAL APPLICATION FORM TO NJPDES-1 FOR NJPDES RESIDUAL PERMITS

PART A. GENERAL INFORMATION

A1. Screening Information

Indicate all treatment devices or processes used for treating wastewater. (Check ALL that are utilized on-site.)

- | | |
|---|---|
| <input type="checkbox"/> Air Stripping | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Biological Treatment | <input type="checkbox"/> Lagoons / Surface Impoundments |
| <input type="checkbox"/> Carbon Adsorption | <input type="checkbox"/> Microfiltration |
| <input type="checkbox"/> Centrifuge/Cyclone Separation | <input type="checkbox"/> Nanofiltration |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> pH Neutralization |
| <input type="checkbox"/> Cyanide Destruction | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Dissolved Air Flotation | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Sedimentation Tank/Clarifier |
| <input type="checkbox"/> Flocculation | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Flow equalization | <input type="checkbox"/> Silver Recovery |
| <input type="checkbox"/> Grease or Oil Separation (petroleum) | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Grease Trap (animal/vegetable) | <input type="checkbox"/> Ultrafiltration |
| <input type="checkbox"/> Grit Sedimentation | <input type="checkbox"/> Other (specify: _____) |
| <input type="checkbox"/> None (There is no treatment on-site) | |

A1. Screening Information continued

Residual means a solid waste that consists of the accumulated solids and associated liquids which are by-products of a physical, chemical, biological, or mechanical process or any other process designed to treat wastewater or any other discharges subject to regulation under the State Act. For purposes of this form residual includes, spent activated carbon, screenings, and all types of sludge (such as, sludge from oil/water separators, sludge from potable water treatment plants, sludge from food processing operations, and sludge from the treatment of process wastewater).

Does/will the facility generate a residual or screenings for use or disposal (including septage from a septic tank) as a by-product of the treatment of the wastewater from any of the above devices for which a NJPDES permit has been issued or a NJPDES application is being made?

Yes No

Does/will the facility generate a residual or screenings for use or disposal (including septage from a septic tank) as a by-product of the treatment of the wastewater from any of the above devices anywhere on-site regardless as to whether a NJPDES permit has been issued or a NJPDES application is being made?

Yes No

If you answered “yes” to either question above, you must complete this form in its entirety, as applicable. Note, an industrial treatment works which generates any sludge on-site is not exempt from the Sludge Quality Assurance Regulations, regardless as to whether or not the sludge is generated under any other NJPDES discharge permitted activity. See N.J.A.C. 7:14C-1.9(f). If you answered “no” to both questions above, and checked “None (there is no treatment)” on page 1, only complete Part A and a signed certification page (Part C).

A2. Facility Information

- a. Name of facility: _____
- b. NJPDES Permit Number(s): _____
- c. Facility contact: Name: _____
 Title: _____ Phone: _____
 Email (optional): _____
- d. Facility location: Street or Route #: _____
 County: _____
 City or town: _____ State: _____ Zip: _____
- e. Facility mailing: Street or Route #: _____
 City or town: _____ State: _____ Zip: _____
- f. Facility design influent flow (wastewater) rate, if applicable: _____ mgd
- g. Provide a brief description of products that are manufactured or produced and/or services that are rendered at your facility?

PART B. GENERATION OF RESIDUAL

B1. Residual Amount Generated On Site

- a. Is there any domestic (that is, sanitary) flow included in the influent to the industrial wastewater treatment plant?
 Yes No (If yes, percent of total influent flow: _____%)
- b. Volume and types of residual and/or grit and screenings generated on-site:

Residual Description (also enter in Section B3)	Approximate Percent Total Solids	Treatment Process Source (from Section A1 above)	Quantity per Year (dry metric tons)	Classification (hazardous or nonhazardous)

B2. Types of Residual Received from Off Site

- a. Please indicate if your facility receives, or will receive, the following types of residuals from another facility for treatment, use, or disposal.
- Potable Water Sludge Yes No Grease Yes No
 Food Processing Sludge Yes No Other Industrial Sludge Yes No
 Domestic Septage Yes No Sewage Sludge Yes No
- b. Describe the location(s) where customer residuals are added and indicate on line drawing required in B4 below (attach additional pages if necessary).

B3. Types of Residual Removed from Your Site

Where a facility generates different types of residual that are removed separately for use or disposal, separate composite samples for each different type of residual are required to be analyzed and reported pursuant to SQAR.

For each type of residual identified in B1 above, identify the residual use or disposal practices:

Residual Description (from Section B1 above)	Use or Disposal Site (name and location)	Quantity to this Site (dry metric tons per year)

FACILITIES THAT DO NOT GENERATE A SLUDGE (FOR EXAMPLE, ONLY GENERATE SPENT CARBON, GRIT AND/OR SCREENINGS FOR DISPOSAL) SKIP TO PART C - ALL OTHER FACILITIES CONTINUE FROM B4

B4. Line Drawing

- a. Attach a detailed line drawing of sludge flow through the facility that identifies all units where sludge is generated and all sludge treatment units, including all processes used for collecting, dewatering, storing, or treating sludge, and the destination(s) of all liquids and solids leaving each unit (include on the line drawing the point where any chemicals are added and the type of chemical that is added).
- b. Provide a narrative description of the line drawing required in B.4.a above, including information on any blending, treatment, or other activities that change the quality of the sludge. The narrative should identify each type of process, operation, or production area which contributes wastewater to the effluent outfall, and a description of the treatment the wastewater receives, including the ultimate disposal of any solid or fluid wastes other than by discharge (attach additional sheets as necessary):

- c. For each type of sludge generated, provide a description of residual use and disposal practices:

B5. Contractor Information

Are any operational or maintenance aspects of this facility related to sludge generation, treatment, use or disposal the responsibility of a contractor (include current contractor(s) for hauling and/or use or disposal)?

Yes No

If yes, provide the following for each contractor (attach additional pages if necessary).

Name: _____

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

Phone Number: _____

Responsibilities of contractor (if out-of-state use or disposal, provide permitting authority contact and permit number):

B6. Sludge Quality Information

For facilities that have been required to keep records but not report data, provide a summary of all results obtained under the Sludge Quality Assurance Regulations (SQAR, N.J.A.C. 7:14C) for the previous 12-month period. If no data is available, a sample must be taken, analyzed and reported as part of this application as required pursuant to SQAR. Note, hazardous waste is exempt from the analytical requirements of SQAR. Hazardous waste only generators skip to Part C. All others proceed from B6.

For each type of sludge identified in B3 above, for the following parameters, indicate if the pollutant is known present, suspected present or suspected absent at the facility as a raw product, a constituent in a chemical or as a by-product of any chemical or process. Parameters marked with an ‘*’ are required for Public Water Treatment Systems (See SQAR, Table VIII):

Parameter	KNOWN PRESENT	SUSPECTED PRESENT	SUSPECTED ABSENT
SQAR Table I: Primary Metals and Selected Chemical:			
Arsenic*			
Beryllium			
Cadmium*			
Calcium			
Chromium			
Copper*			
Lead*			
Mercury*			
Molybdenum*			
Nickel*			

FACILITY NAME: _____

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FORM R - 6

(new applicants leave blank)

INDUSTRIAL

Parameter	KNOWN PRESENT	SUSPECTED PRESENT	SUSPECTED ABSENT
Potassium*			
Selenium*			
Zinc*			
Phosphorus, Total*			
Nitrogen, Total Kjeldahl*			
Nitrogen, Ammonia*			
Nitrogen, Nitrate*			
Table IA: Special SQAR Table 1 Selected Chemical:			
Dioxin and Dioxin-like compounds			
PCBs, Total (209 Congeners)			
Radium – 226*			
Radium – 228*			
Radionuclides: Gamma Spectroscopy*			
Table II, Additional Miscellaneous			
Antimony			
Silver			
Thallium			
Cyanide			
Table III, Volatile Organic Compounds			
Acrolein			
Acrylonitrile			
Benzene			
Bromoform*			
Carbon Tetrachloride			
Chlorobenzene			
Chlorodibromomethane*			
Chloroethane			
2-Chloroethylvinyl Ether			
Chloroform*			
Dichlorobromomethane*			
1,1-Dichloroethane			
1,2-Dichloroethane			
1,1-Dichloroethylene			
1,2-Dichloropropane			
trans-1,3-Dichloropropene			
Ethylbenzene			

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FORM R - 7

(new applicants leave blank)

INDUSTRIAL

Parameter	KNOWN PRESENT	SUSPECTED PRESENT	SUSPECTED ABSENT
Methyl Bromide			
Methyl Chloride			
Methylene Chloride			
1,1,2,2-Tetrachloroethane			
Tetrachloroethylene			
Toluene			
1,2-trans-Dichloroethylene			
1,1,1-Trichloroethane			
1,1,2-Trichloroethane			
Trichloroethylene			
Vinyl Chloride			
Table IV, Acid-extractable:			
2-Chlorophenol, Dry Weight			
2,4-Dichlorophenol, Dry Weight			
2,4-Dimethylphenol, Dry Weight			
4,6-Dinitro-o-cresol, Dry Weight			
2,4 Dinitrophenol, Dry Weight			
2-Nitrophenol, Dry Weight			
4-Nitrophenol, Dry Weight			
p-chloro-m-cresol, Dry Weight			
Pentachlorophenol, Dry Weight			
Phenol, Single Compound, Dry Weight			
2,4,6 Trichlorophenol, Dry Weight			
Table V, Base-Neutral:			
Acenaphthene, Dry Weight			
Acenaphthylene, Dry Weight			
Anthracene, Dry Weight			
Benzidine, Dry Weight			
Benzo(a)anthracene, Dry Weight			
Benzo(a)pyrene, Dry Weight			
3,4 Benzofluoranthene			
Benzo(ghi)perylene, Dry Weight			
Benzo(k)fluoranthene, Dry Weight			
Bis(2-chloroethoxy) methane, Dry Weight			
Bis(2-chloroethyl) ether, Dry Weight			
Bis(2-chloroisopropyl) ether, Dry Weight			
Bis(2-ethylhexyl) phthalate, Dry Weight			

FACILITY NAME: _____

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FORM R - 8

(new applicants leave blank)

INDUSTRIAL

Parameter	KNOWN PRESENT	SUSPECTED PRESENT	SUSPECTED ABSENT
4-Bromophenyl phenyl ether, Dry Weight			
Butyl benzyl phthalate, Dry Weight			
2-Chloronaphthalene, Dry Weight			
4-Chlorophenyl phenyl ether, Dry Weight			
Chrysene, Dry Weight			
Dibenzo(a,h)anthracene, Dry Weight			
1,2-Dichlorobenzene, Dry Weight			
1,3-Dichlorobenzene, Dry Weight			
1,4-Dichlorobenzene, Dry Weight			
3,3-Dichlorobenzidine, Dry Weight			
Diethyl phthalate, Dry Weight			
Dimethyl phthalate, Dry Weight			
Di-n-butyl phthalate, Dry Weight			
2,4-Dinitrotoluene, Dry Weight			
2,6-Dinitrotoluene, Dry Weight			
Di-n-octyl Phthalate, Dry Weight			
1,2-Diphenylhydrazine, Dry Weight			
Fluoranthene, Dry Weight			
Fluorene, Dry Weight			
Hexachlorobenzene, Dry Weight			
Hexachlorobutadiene, Dry Weight			
Hexachlorocyclo-pentadiene, Dry Weight			
Hexachloroethane, Dry Weight			
Indeno(1,2,3-cd)pyrene, Dry Weight			
Isophorone, Dry Weight			
Naphthalene, Dry Weight			
Nitrobenzene, Dry Weight			
N-nitrosodimethylamine, Dry Weight			
N-nitrosodi-n-propylamine, Dry Weight			
N-nitrosodiphenylamine, Dry Weight			
Phenanthrene, Dry Weight			
Pyrene, Dry Weight			
1,2,4-Trichlorobenzene, Dry Weight			
Table VI, Pesticides and PCBs:			
Aldrin, Dry Weight			
Alpha BHC, Dry Weight			
Beta BHC, Dry Weight			

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FORM R - 9

(new applicants leave blank)

INDUSTRIAL

Parameter	KNOWN PRESENT	SUSPECTED PRESENT	SUSPECTED ABSENT
Gamma-BHC (lindane), Dry Weight			
BHC Delta, Dry Weight			
Chlordane (Tech Mix & Metab.), Dry Weight			
4,4'-DDT, Dry Weight			
4,4'-DDD, Dry Weight			
4,4'-DDE, Dry Weight			
Dieldrin, Dry Weight			
Alpha Endosulfan			
Beta Endosulfan			
Endosulfan Sulfate, Dry Weight			
Endrin, Dry Weight			
Endrin Aldehyde, Dry Weight			
Heptachlor, Dry Weight			
Heptachlor Epoxide, Dry Weight			
PCB-1242, Dry Weight			
PCB-1254, Dry Weight			
PCB-1221, Dry Weight			
PCB-1232, Dry Weight			
PCB-1248, Dry Weight			
PCB-1260, Dry Weight			
PCB-1016, Dry Weight			
Toxaphene, Dry Weight			
Table VII, Conventional and Nonconventional:			
Aluminum, Total*			
Barium, Total			
Boron, Total			
Cobalt, Total			
Iron, Dry Weight*			
Magnesium, Dry Weight			
Manganese, Total			
Strontium, Total			
Tin, Total			
Titanium, Total			
Vanadium, Total			
Zirconium, Total			
Table VIII, Hazardous Substances:			
Acetone			

FACILITY NAME: _____

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FORM R - 10

(new applicants leave blank)

INDUSTRIAL

Parameter	KNOWN PRESENT	SUSPECTED PRESENT	SUSPECTED ABSENT
Acetonitrile (Methyl cyanide)			
Acetophenone			
2-Acetylaminofluorene (2-AFF)			
Acrylamide			
Allyl chloride			
4-Aminobiphenyl			
Atrazine			
Benzaldehyde			
Benzyl alcohol			
1,1-Biphenyl			
Bromochloromethane (chlorobromomethane)			
Caprolactum			
Carbazole			
Carbon Disulfide			
p-Chloroaniline (4-Chlorobenzenamine)			
Chlorobenzilate			
Chloroprene (2-chloro-1,3-butadine)			
m-Cresol			
o-Cresol (2-methylphenol)			
p-Cresol (4-methylphenol)			
2,4-D (2,4-dichlorophen-oxyacetic acid)			
Diallate			
1,2-Dibromo-3-chloropropane (DBCP)			
1,2-Dibromoethane (Ethylene dibromide) (EDB)			
trans-1,4-Dichloro-2-butene			
Dichlorodifluoromethane (CFC 12)			
Cis-1,2-Dichloroethylene (Cis-1,2-dichloroethene)			
2,6-Dichlorophenol			
1,3-Dichloropropane (Trimethylene dichloride)			
2,2-Dichloropropane (Isopropylidene chloride)			
1,1-Dichloropropene			
cis-1,3-Dichloropropene			
0,0-Diethyl 0,2-pyrazinyl phosphorothioate (Thionazin)			
Dimethoate			
p-(Dimethylamino) azobenzene			
7,12-Dimethyl-benz(a)anthracene			
3,3-Dimethylbenzidine			

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(new applicants leave blank)FORM R - 11
INDUSTRIAL

Parameter	KNOWN PRESENT	SUSPECTED PRESENT	SUSPECTED ABSENT
m-Dinitrobenzene (1,3-dinitrobenzene)			
Dinoseb (DNBP)			
Diphenylamine (N-phenylbenzenamine)			
Disulfoton			
Ethyl methacrylate			
Ethyl methanesulfonate			
Famphur			
Hexachloropropene			
2-Hexanone (Methyl butyl ketone)			
Isobutyl alcohol			
Isodrin			
Isosafrole			
Kepone			
Methacrylonitrile			
Methoxychlor			
Methyl Acetate			
Methylpyrilene			
3-Methylcholanthrene			
Methylcyclohexane			
Methylene Bromide (Dibromomethane)			
Methyl ethyl ketone (MEK) (2-Butanone)			
Methyl iodide (Iodomethane)			
Methyl methacrylate			
Methyl methanesulfonate			
2-Methylnaphthalene			
Methyl parathion (Parathion methyl)			
4-Methyl-2-pentanone; Methyl isobutyl ketone			
Methyl-tert-butyl-ether (MTBE)			
1,4-Naphthoquinone (1,4-Naphthalenedione)			
1-Naphthylamine (1-Naphthalenamine)			
2-Naphthylamine (2-Naphthalenamine)			
o-Nitroaniline (2-Nitroaniline) (2-nitrobenzenamine)			
m-Nitroaniline (3-Nitroaniline) (3-nitrobenzenamine)			
p-Nitroaniline (4-Nitroaniline) (4-nitrobenzenamine)			
N-Nitrosodi-n-butylamine			
N-nitrosodiethylamine			
N-Nitrosomethylethylamine			

FACILITY NAME: _____

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(new applicants leave blank)FORM R - 12
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Parameter	KNOWN PRESENT	SUSPECTED PRESENT	SUSPECTED ABSENT
N-Nitrosopiperidine			
N-nitrosopyrrolidine			
5-Nitro-o-toluidine			
Parathion			
Pentachlorobenzene			
Pentachloronitrobenzene			
Phenacetin			
p-Phenylenediamine (1,4-Benzenediamine)			
Phorate			
Pronamide			
Propionitrile (Ethyl cyanide) (Propanenitrile)			
Safrole			
Silvex (2,4,5-TP) [2- (2,4,5-Trichlorophenoxy) propanoic acid]			
Styrene			
Sulfide, Total (as S)			
Tertiary butyl alcohol (TBA)			
2,4,5-T (2,4,5-Trichloro-phenoxyacetic acid)			
1,2,4,5-Tetrachlorobenzene			
1,1,1,2-Tetrachloroethane			
2,3,4,6-Tetrachlorophenol			
o-Toluidine			
Trichlorofluoromethane			
2,4,5-Trichlorophenol			
1,2,3-Trichloropropane			
1,1,2-Trichloro-1,2,2-trifluoroethane			
0,0,0-Triethyl phosphorothioate			
sym-Trinitrobenzene (1,3,5-trinitrobenzene)			
Vinyl acetate			
Xylene (total)			

B7. Sludge Sampling Plan

Each industrial treatment works shall develop and maintain on file a sludge sampling plan that details its sampling and analytical procedures (SQAR at N.J.A.C. 7:14C-1.6).

a. Describe the intended sampling location(s) and the rationale for choosing such location(s). (Where a treatment works generates different types of sludge that are removed separately for use or disposal, or where a treatment works accepts customer sludge or septage, separate sampling points for each different type of sludge need to be established):

b. Describe the sampling equipment to be used (sampling device, container type and size, and container cover):

c. Describe the procedure to be used for cleaning/decontamination of sample containers and sampling equipment (See *New Jersey Sludge Sampling and Analytical Guidance Document*, Chapter 4):

d. Describe in detail the procedure to be used for collecting the sample(s) to ensure the sample obtained for analysis is representative of the sludge removed for use or disposal, include a schedule for days and times of sample collection, the procedures to be used to obtain a representative sample from the chosen sampling point, and the procedures to be used to mix composite samples (See *New Jersey Sludge Sampling and Analytical Guidance Document*, Appendix E):

FACILITY NAME: _____

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(new applicants leave blank)

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B7. Residual Sampling Plan continued

e. Describe the sampling method(s) (that is, Grab v. Composite), the number of samples to be taken per sampling event and the interval between grabs (include sample size by weight or volume.), and the frequency of the sampling event(s). (Note, different parameters or groups of parameters may require different sampling methods and/or locations.):

f. Provide the name of the person who will take the sample(s) and his/her qualifications:

g. Provide the name and address of all laboratories to be employed, including sub-contracting laboratories (if multiple labs, indicate which groups of parameters each lab is responsible for):

B7. Residual Sampling Plan continued

i. Describe the post-collection sample handling procedures employed to maintain sample integrity. This description should explain how the samples will be preserved and transported, how the holding times will be met, and whether a chain-of-custody is required (See *New Jersey Sludge Sampling and Analytical Guidance Document*, Appendix E):

j. Describe sample documentation procedures, specifically, describe those elements to be included in a field logbook (see *New Jersey Sludge Sampling and Analytical Guidance Document*, Appendix F):

k. Describe how the following elements of the sampling event will be reported to the certified laboratory:

- 1) chemicals that are added during sludge processing (alum, ferric chloride, lime, organic polymer etc.): _____
- 2) analytical methods and target reporting levels (see above): _____
- 3) treatment process conditions or deviations: _____
- 4) other: _____

l. Provide a description of record-keeping procedures. The description should explain what information will be retained and for how long, and how the information will be stored:

B8. Additional Information

Review the following to determine if additional Supplemental Form R applications are required to be submitted with this application.

FORM R: SURFACE DISPOSAL

Supplemental Form R: Surface Disposal must be completed by applicants who own or operate a residual surface disposal site (active or inactive). Surface disposal is considered to be an area of land where residual has been placed for a period of time that exceeds six months.

For copies of Supplemental Form R applications visit http://www.state.nj.us/dep/dwq/forms_residuals.htm. If you have specific questions or need assistance in completing any Supplemental Form R application, contact the Bureau of Pretreatment and Residuals at (609) 633-3823.

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(new applicants leave blank)

FORM R - 17
INDUSTRIAL

PART C: CERTIFICATION

Read and submit the following certification statement with this application.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information.

Signature of Officer: _____

Name of Officer: _____
(type or print)

Official Title: _____

Telephone Number: (____) _____

Date Signed: _____