

Non-DLA Annual Pretreatment Program Report

Local Agency: _____

Period Covered by this Report: _____

<u>Wastewater Treatment Plant(s)</u>	<u>NJPDES DSW/DGW</u> Permit Number	<u>Permitted Flow</u> (MGD)	<u>%Industrial</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person to contact concerning information in this report:

Name: _____

Title: _____

Mailing Address: _____

Telephone No: _____

E-mail: _____

INDUSTRIAL INVENTORY

TREATMENT PLANT: _____

Facility Name and Street Address	Business Activity SIC/NAICS Code(s)	Avg Daily Flow / Avg Process Flow (GPD)	Contact Phone	ID*

* DEP Site ID, lot and block number, sewer bill account number or similar for tracking purposes.

Attach additional sheets as necessary.

During the 12-month period covered by this annual report, did this POTW accept any trucked-in wastewater?

Yes

No

If Yes, what type of hauled-in wastewater was/is accepted at the Plant? Please check all that apply.

Backwash

Leachate

Industrial

Septage

Grease

Sludge

Groundwater

Other _____

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a 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."

Date

Signature of Official

Title

Submit to: Mail Code 401-02B
NJDEP-DWQ
Bureau of Pretreatment and Residuals
P.O. Box 420
Trenton, NJ 08625-0420

Or via e-mail to:
nilesh.naik@dep.nj.gov