JOINT MEETING
of
ESSEX AND UNION COUNTIES
500 South First Street
Elizabeth, NJ 07202

Non-Domestic Wastewater Discharge Permit Application

Note: Please read all attached instructions prior to completing this application. Please type or print.

SECTION A – GENERAL INFORMATION

1. Facility Name: _____
   a. Operator Name: _____
   b. Is the operator identified in 1.a., the owner of the facility?
   ☐ Yes ☐ No
   If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

   _____

   _____

2. Facility Address:
   Street: _____

   City: _____ State: _____ Zip: _____

3. Business Mailing Address:
   Street or P.O. Box: _____

   City: _____ State: _____ Zip: _____

4. Designated signatory authority of the facility:
   [Attach similar information for each authorized representative]
   Name: _____

   Title: _____

   Address: _____

   City: _____ State: _____ Zip: _____

   Phone #: _____

5. Designated facility contact:
   Name: _____

   Title: _____

   Phone #: _____

SECTION B – BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category or business activity (cheek **all** that apply).

Industrial Categories*

- ☐ Aluminum Forming
- ☐ Asbestos Manufacturing
- ☐ Battery Manufacturing
- ☐ Can Making
- ☐ Carbon Black
- ☐ Coal Mining
- ☐ Coil Coating
- ☐ Copper Forming
- ☐ Electric and Electronic Components Manufacturing
- ☐ Electroplating
- ☐ Feed lots
- ☐ Fertilizer Manufacturing
- ☐ Foundries (Metal Molding and Casting)
- ☐ Glass Manufacturing
- ☐ Grain Mills
- ☐ Inorganic Chemicals
- ☐ Iron and Steel
- ☐ Leather Tanning and Finishing
- ☐ Metal Finishing
- ☐ Nonferrous Metals Forming
- ☐ Nonferrous Metals Manufacturing
- ☐ Organic Chemicals Manufacturing
- ☐ Paint and Ink Formulating
- ☐ Paving and Roofing Manufacturing
- ☐ Pesticides Manufacturing
- ☐ Petroleum Refining
- ☐ Pharmaceutical
- ☐ Plastic and Synthetic Materials Manufacturing
- ☐ Plastics Processing Manufacturing
- ☐ Porcelain Enamel
- ☐ Pulp, Paper, and Fiberboard Manufacturing
- ☐ Rubber
- ☐ Soap and Detergent Manufacturing
- ☐ Steam Electric
- ☐ Sugar Processing
- ☐ Textile Mills
- ☐ Timber Products

*A facility with processes inclusive in these business areas may be covered by the U.S. Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

SECTION B – BUSINESS ACTIVITY (CONT'D)

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, list in descending order of importance.):

a. _____
b. _____
c. _____
d. _____
e. _____

4. PRODUCT VOLUME: (If more space is needed, please attach additional pages to the application. If it is more convenient to attach a computer run-off of this data, please do so.)

Product (Brand Name)	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum

SECTION C - WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

	Is It Metered? Yes	No	
Public Supply:	☐	☐	
Private Well:	☐	☐	
Surface Water:	☐	☐	
Other (Specify):	☐	☐	_____

2. Name on the water bill:
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3. a) Water service account number: _____
b) Water received (report volume in gallons). Attach water bills. Please use the latest 4 quarters available.

		Public Supply	Well	Surface	Other	Total
1st Qtr	20					
2nd Qtr	20					
3rd Qtr	20					
4th Qtr	20					
					Grand Total	

If water source is not metered, indicate below the method of determining the volume(s).

_____

_____

4. List average water usage on premises [New facilities may estimate]:

Type	Indicate Average Water Usage (GPD)	Indicate Estimated(E) or Measured(M)	Discharge Location Sanitary(San) or Storm (St)
a. Contact cooling water			
b. Non-contact cooling water			
c. Boiler feed			
d. Process			
e. Sanitary			
f. Air pollution control			
g. Contained in product			
h. Plant and equipment wash down			
i. Irrigation and lawn watering			
j. Other			
k. Total of a. – j.			

SECTION D - SEWER INFORMATION

1. a. For an existing business:
Is the building presently connected to the public sanitary sewer system?

☐ Yes
☐ No: Have you applied for a sanitary sewer hookup? ☐ Yes ☐ No

b. For a new business:

i. Will you be occupying an existing vacant building (such as in an industrial park)?
☐ Yes ☐ No
ii. Have you applied for a building permit if a new facility will be constructed?
☐ Yes ☐ No
iii. Will you be connected to the public sanitary sewer system?
☐ Yes ☐ No

2. List size, descriptive location, and flow of each facility sewer which connects to the sewer system. (Attach additional sheets if necessary).

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

SECTION E - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the sewer?

☐ Yes If the answer to this question is "Yes", complete the remainder of the application.

☐ No If the answer to this question is "No", skip to Section I.

2. Provide the following information on wastewater flow rate. Please make photocopies of this page and complete for each of the discharge locations. (New facilities may estimate)

a. Hours/Day Discharged (e.g., 8 hours/day):

M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

b. Hours of Discharge (e.g. 9 a.m. to 5 p.m.):

M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

c. Peak hourly flow rate (GPD) _____

d. Maximum daily flow rate (GPD) _____

e. Annual daily average (GPD) _____

3. If batch discharge occurs or will occur, indicate: (New facilities may estimate)

a. Number of batch discharges _____ per day

b. Average discharge per batch _____ gallons

c. Time of batch discharges _____ at _____
(# of days per week) (hours of the day)

d. Flow rate _____ gallons/minute

e. Percent of total discharge _____

4. **Schematic Flow Diagram** - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the sewer. Use these numbers when showing the unit processes in the building layout in Section H. **This drawing must be certified by a State Registered Professional Engineer**.

SECTION E – WASTEWATER DISCHARGE INFORMATION (CONT'D)

Facilities that checked activities in question l of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For **Non**-categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.) Please attach additional sheets if necessary.

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, Continuous, or None)

ANSWER QUESTIONS 6 & 7 IF YOU ARE SUBJECT TO **CATEGORICAL PRETREATMENT STANDARDS**

6. For **Categorical Users**: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.) Please attach additional sheets if necessary.

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, Continuous, or None)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, Continuous, or None)

No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, Continuous, or None)

SECTION E – WASTEWATER DISCHARGE INFORMATION (CONT'D)

7. Categorical Users Subject To Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?
☐ Yes
☐ No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?
☐ Yes
☐ No

c. Has a toxic organics management plan (TOMP) been developed?
☐ Yes (Please attach a copy)
☐ No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	☐ Yes	☐ No	☐ N/A
	Sampling Equipment	☐ Yes	☐ No	☐ N/A
Planned:	Flow Metering	☐ Yes	☐ No	☐ N/A
	Sampling Equipment	☐ Yes	☐ No	☐ N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

_____

_____

_____

_____

_____

_____

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.
☐ Yes
☐ No, (skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

_____

_____

_____

_____

SECTION E – WASTEWATER DISCHARGE INFORMATION (CONT'D)

11. Are any materials or water reclamation systems in use or planned?
☐ Yes
☐ No, (skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data for each discharge point. **EACH discharge point** must be analyzed for all parameters listed in Appendices A, B and C.

Analysis is to be performed by a laboratory certified in the State of New Jersey to perform wastewater analysis.

Please refer to the Instructions section for remaining instructions.

New dischargers should use the tables to indicate what pollutants will be present or are suspected to be present in proposed waste streams.

SECTION G - TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?
   - ☐ Yes
   - ☐ No

2. Is any form of wastewater treatment (or change to an existing wastewater treatment) planned for this facility within the next three years?
   - ☐ Yes, describe: _____
   - ☐ No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

   - ☐ Air Floatation
   - ☐ Centrifuge
   - ☐ Chlorination
   - ☐ Cyclone
   - ☐ Filtration
   - ☐ Flow Equalization
   - ☐ Grease or Oil Separation, type: _____
   - ☐ Grease Trap
   - ☐ Grinding Filter
   - ☐ Grit Removal
   - ☐ Ion Exchange
   - ☐ Neutralization, pH Correction
   - ☐ Ozonation
   - ☐ Reverse Osmosis
   - ☐ Screen
   - ☐ Sedimentation
   - ☐ Septic Tank
   - ☐ Solvent Separation
   - ☐ Spill Protection
   - ☐ Sump
   - ☐ Biological Treatment, type: _____
   - ☐ Rainwater Diversion or Storage
   - ☐ Other Chemical Treatment, type: _____
   - ☐ Other Physical Treatment, type: _____
   - ☐ Other, type: _____

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

   _____

   _____

   _____

   _____

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

SECTION G – TREATMENT (CONT'D)

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

_____

_____

_____

_____

7. Do you have a treatment operator? ☐ Yes ☐ No
(If Yes,)
Name: _____

Title: _____

Phone #: _____

Is this operator licensed? ☐ Yes ☐ No
(If Yes)
License classification: _____

License number: _____

8. Do you have a manual on the correct operation of your treatment equipment?
☐ Yes ☐ No

9. Do you have a written maintenance schedule for your treatment equipment?
☐ Yes ☐ No

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

Work Days:		☐ Mon.	☐ Tues.	☐ Wed.	☐ Thur.	☐ Fri.	☐ Sat.	☐ Sun.
# Of Shifts Per Work Day:								
Employees Per Shift:	1st							
	2nd							
	3rd							
Shift Start and End Times:	1st							
	2nd							
	3rd							

2. Indicate whether the business activity is:
☐ Continuous through the year, or
Seasonal - Select the months of the year during which the business activity occurs:

☐ J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D

Comments: _____

_____

3. Indicate whether the facility discharge is:
☐ Continuous through the year, or
Seasonal - Select the months of the year during which the business activity occurs:

☐ J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D

Comments: _____

_____

4. Does operation shut down for vacation, maintenance, or other reasons?
☐ Yes, indicate reasons and period when shutdown occurs:

_____

_____

☐ No

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS (CONT'D)

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

Raw Materials	Quantity

6. List types and quantity of chemicals used or planned for use (attach list if needed). Copies of Material Safety Data Sheets will be reviewed during the Annual Inspections of your facility (if available) for all chemicals identified:

Chemical	Quantity

7. **Building Layout:** Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

SECTION I - SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility? ☐ Yes ☐ No

   If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)? ☐ Yes ☐ No
   If yes; where do they discharge to? _____

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

   ☐ an onsite disposal system
   ☐ public sanitary sewer system (e.g. through a floor drain)
   ☐ storm drain
   ☐ to ground
   ☐ other, specify: _____
   ☐ not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Joint Meeting's collection systems?

   ☐ Yes – (Please enclose a copy with the application)
   ☐ No
   ☐ N/A, Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J - NON-DISCHARGED WASTES

l. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

☐ Yes, please describe below
☐ No, skip the remainder of Section J

Type of Waste Generated	Quantity Per Year	Disposed of Off-site or On-site	Hauler Name (If Off-site)	Facility Name (If Off-site)

2. Indicate above which wastes identified are disposed of at an off-site treatment facility and which are disposed of on-site.

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify above which waste is sent to what facility and the waste hauler used.

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(s) of all waste haulers:

a. _____ b. _____

Permit No. (If Applicable) _____ Permit No. (If Applicable) _____

5. Have you been issued any Federal, State, or local environmental permits?

☐ Yes
☐ No

If yes, please list the permit(s):

_____
_____
_____
_____
_____

SECTION K - AUTHORIZED SIGNATURES

Compliance certification:

l. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

☐ Yes ☐ No ☐ Not yet discharging

2. If No:

a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Joint Meeting issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	Completion Date

CERTIFICATION STATMENT / AUTHORIZED REPRESENTATIVE STATEMENT

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 knowing violations.

In consideration of the granting of this permit, the undersigned agrees:

l. To furnish any additional information (including reports) relating to the installation or use of the industrial sewer for which this permit is sought as may be requested by the Joint Meeting.

2. To accept and abide by all provisions of the Joint Meeting Regulations and the Municipal Sewer Use Ordinance, and of all other pertinent Ordinances or Regulations that may be adopted in the future.

3. To operate and maintain any wastewater pretreatment facilities, as may be required as a condition of the acceptance into the wastewater treatment system of the industrial wastes involved, and subject to amendments to the Permit (including, but not limited to, Compliance Schedules).

4. To cooperate at all times with the Joint Meeting and its representatives in their inspecting, sampling and study of the industrial wastes, and any facilities provided for pretreatment.

5. To notify the Joint Meeting immediately in the event of any accident, or occurrence that occasions the contribution to the wastewater treatment system of any wastewater or prohibited substances not covered by this permit.

Name	Title	
Signature	Date	Phone

FOR JOINT MEETING USE ONLY

Inspection/Permit Fee $ _____ Paid: _____

Application Approved (Date): _____ Effective Date of Permit: _____

Signed: _____ Title: _____

APPENDIX A

OTHER TOXIC POLLUTANTS

1. Antimony, Total
2. Arsenic, Total
3. Beryllium, Total
4. Cadmium, Total
5. Chromium, Total
6. Copper, Total
7. Lead, Total
8. Mercury, Total
9. Nickel, Total
10. Selenium, Total
11. Silver, Total
12. Thallium, Total
13. Zinc, Total
14. Cyanide, Total
15. Cyanide, Amenable
16. Phenols, Total

OTHER VOLATILES

1. Dichlorodifluoromethane
2. Trichlorofluoromethane
3. Total Xylenes

CONVENTIONAL AND NONCONVENTIONALS

1. pH*
2. Bromide
3. Chloride
4. Chlorine Residual*
5. Fecal Coliform
6. Fluoride
7. Nitrate
8. Nitrite
9. Nitrogen, Total Organic
10. Oil and Grease (HEM)
11. Petroleum Hydrocarbons (SGT-HEM)
12. Phosphorous, Total
13 Radioactivity
    a) Alpha, Total
    b) Beta, Total
    c) Radium, Total
    d) Radium 226, Total
14. Sulfate
15. Sulfite*
16. Surfactants
17. Aluminum, Total
18. Barium, Total
19. Boron, Total
20. Cobalt, Total
21. Iron, Total
22. Magnesium, Total
23. Molybdenum, Total
24. Manganese, Total
25. Tin, Total
26. Titanium, Total
27. BOD
28. COD
29. TOC
30. TSS
31. TDS
32. Ammonia

*Analyze Immediately
(within 15 minutes of collection)

APPENDIX B

TOTAL TOXIC ORGANICS PARAMETER LIST

The term "TTO" shall mean Total Toxic Organics, which is the summation of all quantifiable values greater than 0.01 mg/l (10 ppb) for the following toxic organics.

Volatiles	Base/Neutrals (cont.)
Acrolein	Di-n-octyl phthalate
Acrylonitrile	Diethyl phthalate
Benzene	Dimethl phthalate
Bromoform (tribromomethane)	Chrysene
Carbon Tetrachloride (tetrachloromethane)	Anthracene
Chlorobenzene	1,12-Benzoperylene (benzo(ghi) perylene)
Chlorodibromomethane	Flourene
Chloroethane	Butyl benzyl phthalate
2-Chloroethyl vinyl ether (mixed)	Phenanthrene
Chloroform (trichloromethane)	1,2,5,6-Dibenzanthracene (dibenzo(a,h)anthracene)
Dichlorobromomethane	Indeno(1,2,3-cd) pyrene (2,3-o-phenlene pyrene)
1,1-Dichloroethane	Pyrene
1,2-Dichloroethane	3,3-Dichlorobenzidine
1,1-Dichloroethylene	1,2-Benzanthracene (benzo(a)anthracene)
1,2-Dichloropropane	Benzo(a)pyrene (3,4-benzopyrene)
1,3-Dichloropropylene (1,3-dichloropropene)	3,4-Benzofluoranthene (benzo(b)fluoranthene)
Ethylbenzene	11,12-Benzofluoranthene (benzo(k)fluoranthene)
Methylene chloride (dichloromethane)	2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)
Methyl chloride (chloromethane)	**Acid Extractables**
Methyl bromide (bromomethane)	2-Chlorophenol
1,1,2,2 -Tetrachloroethane	2,4-Dichlorophenol
Tetrachloroethylene	2,4-Dimethylphenol
Toluene	4,6-Dinitro-o-cresol
1,2-Trans-dichloroethylene	2,4-Dinitrophenol
1,1,1-Trichloroethane	2-Nitrophenol
1,1,2-Trichloroethane	4-Nitrophenol
Trichloroethylene	Parachlorometa cresol
Vinyl chloride (chloroethylene)	Pentachlorophenol
Base/Neutrals	Phenol
Acenaphthylene	2,4,6-Trichlorophenol
Acenaphthene	**Pesticide/PCBs**
Benzidine	Aldrin
1,2,4-Trichlorobenzene	Dieldrin
Hexachlorobenzene	Chlordane (technical mixture and metabolites)
Hexachloroethane	4,4-DDT
2-Chloronaphthalene	4,4-DDE (p,p-DDX)
1,2-Dichlorobenzene	4,4-DDD (p,p-TDE)
1,3-Dichlorobenzene	Alpha-endosulfan
1,4-Dichlorobenzene	Beta-endosulfan
2,4-Dinitrotoluene	Endosulfan sulfate
2,6-Dinitrotoluene	Endrin
1,2-Diphenylhydrazine	Endrin aldehyde
Fluoranthene	Heptachlor
4-Chlorophenyl phenyl ether	Heptachlor epoxide
4-Bromophenol phenyl ether	(BHC-hexachloro-cyclohexane)
Bis (2-chloroethyl) ether	Alpha-BHC
Bis (2-chloroisoproyl) ether	Beta-BHC
Bis (2-chloroethoxy) methane	Gamma-BHC
Hexachlorobutadiene	Delta-BHC
Hexachlorocyclopentadiene	(PCB-polychlorinated biphenyls)
Isophorone	PCB-1242(Arochlor 1242)
Naphthalene	PCB-1254(Arochlor 1254)
Nitrobenzene	PCB-1221(Arochlor 1221)
N-nitrosodimethylamine	PCB-1232(Arochlor 1232)
N-nitrosodiphenylamine	PCB-1248(Arochlor 1248)
N-nitrosodi-n-propylamine	PCB-1260(Arochlor 1260)
Bis (2-ethylhexyl) phthalate	PCB-1016(Arochlor 1016)
Di-n-butyl phthalate	Toxaphene

APPENDIX C

PFAS COMPOUNDS

Target Analyte Name	Abbreviation	CASRN
Perfluoroalkyl carboxylic acids		
Perfluorobutanoic acid	PFBA	375-22-4
Perfluoropentanoic acid	PFPeA	2706-90-3
Perfluorohexanoic acid	PFHxA	307-24-4
Perfluoroheptanoic acid	PFHpA	375-85-9
Perfluorooctanoic acid	PFOA	335-67-1
Perfluorononanoic acid	PFNA	375-95-1
Perfluorodecanoic acid	PFDA	335-76-2
Perfluoroundecanoic acid	PFUnA	2058-94-8
Perfluorododecanoic acid	PFDoA	307-55-1
Perfluorotridecanoic acid	PFTrDA	72629-94-8
Perfluorotetradecanoic acid	PFTeDA	376-06-7
Perfluoroalkyl sulfonic acids		
Acid Form		
Perfluorobutanesulfonic acid	PFBS	375-73-5
Perfluoropentanesulfonic acid	PFPeS	2706-91-4
Perfluorohexanesulfonic acid	PFHxS	355-46-4
Perfluoroheptanesulfonic acid	PFHpS	375-92-8
Perfluorooctanesulfonic acid	PFOS	1763-23-1
Perfluorononanesulfonic acid	PFNS	68259-12-1
Perfluorodecanesulfonic acid	PFDS	335-77-3
Perfluorododecanesulfonic acid	PFDoS	79780-39-5
Fluorotelomer sulfonic acids		
1*H*,1*H*, 2*H*, 2*H*-Perfluorohexane sulfonic acid	4:2FTS	757124-72-4
1*H*,1*H*, 2*H*, 2*H*-Perfluorooctane sulfonic acid	6:2FTS	27619-97-2
1*H*,1*H*, 2*H*, 2*H*-Perfluorodecane sulfonic acid	8:2FTS	39108-34-4
Perfluorooctane sulfonamides		
Perfluorooctanesulfonamide	PFOSA	754-91-6
N-methyl perfluorooctanesulfonamide	NMeFOSA	31506-32-8
N-ethyl perfluorooctanesulfonamide	NEtFOSA	4151-50-2
Perfluorooctane sulfonamidoacetic acids		
N-methyl perfluorooctanesulfonamidoacetic acid	NMeFOSAA	2355-31-9
N-ethyl perfluorooctanesulfonamidoacetic acid	NEtFOSAA	2991-50-6
Perfluorooctane sulfonamide ethanols		
N-methyl perfluorooctanesulfonamidoethanol	NMeFOSE	24448-09-7
N-ethyl perfluorooctanesulfonamidoethanol	NEtFOSE	1691-99-2
Per- and Polyfluoroether carboxylic acids		
Hexafluoropropylene oxide dimer acid	HFPO-DA	13252-13-6
4,8-Dioxa-3*H*-perfluorononanoic acid	ADONA	919005-14-4
Perfluoro-3-methoxypropanoic acid	PFMPA	377-73-1
Perfluoro-4-methoxybutanoic acid	PFMBA	863090-89-5
Nonafluoro-3,6-dioxaheptanoic acid	NFDHA	151772-58-6
Ether sulfonic acids		

9-Chlorohexadecafluoro-3-oxanonane-1-sulfonic acid	9Cl-PF3ONS	756426-58-1
11-Chloroeicosafluoro-3-oxaundecane-1-sulfonic acid	11Cl-PF3OUdS	763051-92-9
Perfluoro(2-ethoxyethane)sulfonic acid	PFEESA	113507-82-7
Fluorotelomer carboxylic acids		
3-Perfluoropropyl propanoic acid	3:3FTCA	356-02-5
2*H*,2*H*,3*H*,3*H*-Perfluorooctanoic acid	5:3FTCA	914637-49-3
3-Perfluoroheptyl propanoic acid	7:3FTCA	812-70-4

The samples shall be analyzed by a New Jersey certified laboratory certified for EPA Method 1633A or another approved, user-defined analytical method which can detect the PFAS listed above. A list of certified laboratories can be obtained at https://njems.nj.gov/DataMiner. Please select "Search by Category", submit the Report Category "Certified Laboratories", and select the report titled "PFAS Non-Potable Water Certified Laboratories" for wastewater. Laboratories must be certified for PFNA, PFOA, and PFOS, at a minimum.

All PFAS samples shall be collected as grab samples. While the collection of field reagent blanks is not required by EPA Method 1633A, the Joint Meeting of Essex and Union Counties (JMEUC) recommends collecting one (1) field blank per sampling event for quality control purposes. Field reagent blanks should be collected in the same manner and under the same conditions as the wastewater samples. Any further questions regarding sampling collection should be directed to your certified laboratory.