



MOUNT HOLLY MUNICIPAL UTILITIES AUTHORITY

Sludge Source Application

PLEASE TYPE OR PRINT LEGIBLY

Facility Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contact Name: _____ Title: _____

Emergency Phone Number (24 hour): _____ Contact Name: _____

Sludge Permit #: NJG _____

Sludge PID#: _____

NJPDES Permit #: NJ _____

Facility Operations

Design Flow: _____MGD Average Daily Flow: _____MGD

Average annual sludge production: _____ gallons _____ wet tons _____ dry tons

Average total solids: _____%

Provide a brief narrative description of major processes (i.e. grit & screen, primary sedimentation, etc.):

Approximately what percentage of the sludge is primary: _____%, secondary: _____%, digested: _____%

I have personally examined and am familiar with the information submitted 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.

By: _____

Person Signing

Date: _____

Printed Name

Title: _____