

**ARTESIAN WASTEWATER MANAGEMENT, INC.
NON-DOMESTIC SEWER USER
WASTEWATER DISCHARGE APPLICATION**

GENERAL

Please complete this information as accurately as possible. The information requested in this form may be used in conjunction with results of inspections, wastewater discharge sampling and/or data provided in the Non-Domestic Sewer User Questionnaire to develop a Wastewater Discharge Permit for your facility. Additional pages can be attached to elaborate on any answers.

A. GENERAL INFORMATION

Date: 3/12/2024

Company name, mailing address, and telephone number:

Harbeson Commerce, LLC
26539 Lewes-Georgetown Hwy.
Harbeson, DE 19951
302-841-8947

Facility name, mailing address, and telephone number:

Harbeson Commerce, LLC
26539 Lewes-Georgetown Hwy.
Harbeson, DE 19951
302-841-8947

Name, title, and telephone number of person authorized to represent this firm in official dealings with AWMI.

Jami Ferro

Owner

302-841-8947

Alternate person to contact concerning Information provided herein

Lisa Johnson

B. PROCESS DESCRIPTION

Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.).

Showroom, Office Space, Shop yard Rental

If your facility employs processes in any of industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Metal Molding and Casting |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Nonferrous Metals Forming and Metal Powders |
| <input type="checkbox"/> Carbon Black Manufacturing | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Centralized Waste Treatment | <input type="checkbox"/> Oil and Gas Extraction |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Organic Chemicals, Plastics, and Synthetic Fibers |
| <input type="checkbox"/> Commercial Hazardous Waste Combustors | <input type="checkbox"/> Paint Formulating |
| <input type="checkbox"/> Concentrated Animal Feeding Operations | <input type="checkbox"/> Paving and Roofing Materials (Tars and Asphalt) |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Pesticide Chemicals |
| <input type="checkbox"/> Electrical and Electronic Components | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Pharmaceutical Manufacturing |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Pulp, Paper, and Paperboard |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Rubber Manufacturing |
| <input type="checkbox"/> Ink Formulating | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Inorganic Chemicals Manufacturing | <input type="checkbox"/> Steam Electric Power Generating |
| <input type="checkbox"/> Iron and Steel Manufacturing | <input type="checkbox"/> Timber Products Processing |
| <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Metal Finishing | |

N/A

N/A

Provide a brief narrative description of the manufacturing, production, service or pretreatment activities your firm conducts.

N/A

Standard Industrial Classification Number(s) (SIC Code) for your facilities (if applicable).

N/A

Briefly describe the operations conducted at the facility:

Leased Spaces, Office Space, Retail

Number of employees:

Daily: 10
Night: ~~0~~
Weekend: 10
Total: 20

List the raw materials used in the manufacturing process and their composition:

N/A

This facility generates or will generate the following types of wastes (check all that apply):

- | | | | |
|--|------------------------------------|-----------------------------------|-----------------------|
| <input checked="" type="checkbox"/> Domestic wastes (restrooms, employee showers, etc.) | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |
| <input type="checkbox"/> Cooling water, non-contact | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |
| <input type="checkbox"/> Boiler/Tower blowdown | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |
| <input type="checkbox"/> Cooling water, contact | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |
| <input type="checkbox"/> Process | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |
| <input type="checkbox"/> Equipment/Facility Washdown | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |
| <input type="checkbox"/> Air Pollution Control Unit | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |
| <input type="checkbox"/> Storm water runoff to sewer | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |
| <input checked="" type="checkbox"/> Kitchen Waste | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |
| <input type="checkbox"/> Potable Water Treatment Residuals | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |
| <input type="checkbox"/> Potable Water Treatment Waste | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |
| <input type="checkbox"/> Other (describe) | <input type="checkbox"/> estimated | <input type="checkbox"/> measured | _____ gallons per day |

C. WATER SUPPLY

| Source | Gallons per Day | Gallons per Year |
|--------|-----------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Totals | _____ | _____ |

D. WASTEWATER CHARACTERISTICS

Identify the Number of:

Floor Drains: 0
 Sump Pumps: 0
 Toilets: 4
 Sinks: 4
 Urinals: 0

List Water Uses:

| | <u>Gallons per Day</u> | <u>Gallons per Year</u> |
|----------------------|-------------------------------------|-------------------------|
| Sanitary Sewer | <input checked="" type="checkbox"/> | |
| Contained in Product | | |
| Cooling Water | | |
| Boiler Feed | | |
| Process Water | | |
| Other (specify) | | |
| TOTALS | | |

List the volume of wastewater discharged or water loss to the following:

| | <u>Gallons per Day</u> | <u>Gallons per Year</u> |
|-------------------------|-------------------------------------|-------------------------|
| Public wastewater sewer | <input checked="" type="checkbox"/> | |
| Storm Sewer | | |
| Stream discharge | | |
| Water Hauler | | |
| Evaporation | | |
| Contained in Product | | |
| TOTALS | | |

Does the wastewater volume discharged to the AWWMI collection system vary during the year? If yes, indicate variation:

1st Quarter: _____ 3rd Quarter: _____
 2nd Quarter: _____ 4th Quarter: _____

Does your facility have an NPDES, DNREC or other permit? If so, list:

| Type | Issuing Agency | Permit Number |
|------------------------|----------------|---------------|
| NPDES Permit | _____ | _____ |
| DNREC Permit | _____ | _____ |
| Hazardous Waste Permit | _____ | _____ |
| Air Quality Permit | _____ | _____ |
| Health Permit | _____ | _____ |
| Solid Waste Permit | _____ | _____ |
| Other (specify) | _____ | _____ |

Is wastewater pretreated prior to discharge to the collection system? If yes, please indicate the type of treatment process and provide a flow diagram of the facility. Typical pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate)

- | | |
|---|---|
| <input type="checkbox"/> Air flotation | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Chemical precipitation | <input type="checkbox"/> Septic tank |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Solvent separation |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Spill Protection |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Biological treatment, type |
| <input type="checkbox"/> Grease or oil separation, type | <input type="checkbox"/> Rainwater diversion or storage |
| <input type="checkbox"/> Grease trap | <input type="checkbox"/> Other chemical treatment, type |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Other physical treatment, type |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Other, type |
| <input type="checkbox"/> Neutralization, pH correction | <input type="checkbox"/> No pretreatment provided |
| <input type="checkbox"/> Ozonation | |
| <input type="checkbox"/> Reverse Osmosis | |

Are there any liquid waste(s) or sludge(s) currently or planned for disposal by means other than discharge to the sewer system?

- Yes, attach a detailed narrative No

If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach a flow diagram)

| Parameter | mg/L | lbs/day | Other Units |
|---------------------------|-------|---------|-------------|
| Biochemical Oxygen Demand | _____ | _____ | _____ |
| Total Suspended Solids | _____ | _____ | _____ |
| Oil and Grease | _____ | _____ | _____ |
| Ammonia as N | _____ | _____ | _____ |
| pH | _____ | _____ | _____ |
| Temperature | _____ | _____ | _____ |

| Phosphorus as Total P Parameter | mg/L | lbs/day | Other Units |
|------------------------------------|-------|---------|-------------|
| Arsenic, Total | _____ | _____ | _____ |
| Cadmium, Total | _____ | _____ | _____ |
| Chromium, Total | _____ | _____ | _____ |
| Copper, Total | _____ | _____ | _____ |
| Lead, Total | _____ | _____ | _____ |
| Mercury, Total | _____ | _____ | _____ |
| Molybdenum, Total | _____ | _____ | _____ |
| Nickel, Total | _____ | _____ | _____ |
| Silver, Total | _____ | _____ | _____ |
| Zinc, Total | _____ | _____ | _____ |
| BTEX | _____ | _____ | _____ |
| Cyanide, Total | _____ | _____ | _____ |

Identify the cleaners, solvents or chemicals used at your facility and their composition:

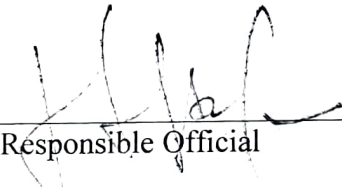
Is your facility equipped with grease traps:

Number: _____ Sizes: _____

Total building square footage and sketch of floor plan showing the location of lavatories, floor drains, chemical storage areas, offices, etc.:

E. CERTIFICATION

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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.


Signed by Responsible Official

Owner
Title

3.12.24
Date of Signature

Note to Signing Official: In accordance with Artesian Wastewater Management, Inc. Rates, Rules, and Regulations Governing The Provision of Wastewater Collection, Treatment and/or Disposal as approved by the Delaware Public Service Commission, information and data provided in this questionnaire which identifies the nature and frequency of discharge may be available to the public. Requests for confidential treatment of other information shall be requested in writing. Should a discharge permit be required for your facility, the information in this questionnaire will be used to develop the requirements, parameters and other conditions as appropriate to issue a non-domestic user wastewater user discharge permit.