NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM

Mining and Quarrying Activity General Permit No. NJG0141950

Reset Form

Supplemental Form

Refer to instructions beginning on page 6 and provide all applicable information. Please print or type. (Attach additional sheets if necessary).

1. Applicant(s)/Operating Entity (Business Name)

Name of Facility _____

Mailing Address _____

City or Town_____State _____Zip Code _____

Bureau of Mine Safety Certificate Number _____ ID Number _____

Facility Contact_____Phone_____Email_____

2. Discharge Information

a. Does the facility have the following?:

- Stormwater and/or non-stormwater discharges to Pinelands and/or Wetlands ☐ **YES** ☐ **NO**
- Stormwater and/or non-stormwater discharges to SC waters ☐ **YES** ☐ **NO**
- Process wastewater and/or mine dewatering discharge to ground water ☐ **YES** ☐ **NO**
- Process wastewater and/or mine dewatering discharge to surface water ☐ **YES** ☐ **NO**
- Stormwater discharge to groundwater ☐ **YES** ☐ **NO**
- Stormwater discharge to surface water ☐ **YES** ☐ **NO**

If yes check all that apply:

☐ Contact cooling water
☐ Non-contact cooling water
☐ Water from crushing operations/dust control
☐ Flocculants/coagulants
☐ Dust suppression chemicals
☐ Use settling aids
☐ Use surfactants
☐ Discharge of vehicle/equipment wash water
☐ Other (specify) _____

b. Does the facility have a laboratory on-site?: ☐ **YES** ☐ **NO**
If yes, are there any reagents and/or other chemicals in the lab ☐ **YES** ☐ **NO**

c. **Does the facility have any of the following on-site? (check all that apply):**

☐ Municipal sewer ☐ Septic system ☐ Other (e.g., seepage pits, cesspools)
☐ Septic system or cesspool (Size if known) _____
☐ Treatment systems (pH control, clarification, etc.)

d. Does the facility control the pumping from basin(s) to other basins and/or surface water? ☐ **YES** ☐ **NO**

If yes, pump capacity _____ gpm

Pump type (check all that apply) ☐ Electric ☐ Air operated ☐ Other

e. Does the facility adjust the pH of the process wastewater? ☐ **YES** ☐ **NO**

If yes, describe the system, including chemical(s) used for pH adjustment: _____

_____

_____

_____

_____

_____

f. Does the facility have hydraulic control? ☐ **YES** ☐ **NO**
(hydraulic control is the capacity to hold the volume of a 10 year-24 hour storm)

3. Equipment/Maintenance Information

a. Does the facility have the following equipment on-site? (check all that apply)

- ☐ Street sweeper
- ☐ Electric dredge
- ☐ Diesel dredge
- ☐ Fueling station (mobile or otherwise)
- ☐ Rock crusher
- ☐ Emergency generators
- ☐ Air compressors (portable and permanent)
- ☐ Cyclone, baghouses, storage silos
- ☐ Portable conveyors
- ☐ Vehicle/equipment maintenance and/or wash/rinse areas

b. Does the facility operate a maintenance facility/garage on-site? ☐ **YES** ☐ **NO**

Does the facility perform any vehicle/equipment maintenance or fueling anywhere on-site? ☐ **YES** ☐ **NO**

4. On-Site Material Information

a. Does the facility generate, process, store or receive any of the following? (check all that apply):

- ☐ Oil–contaminated soil
- ☐ Other Class B materials
- ☐ Recycled Asphalt Products (RAP)
- ☐ Concrete/concrete debris
- ☐ Residuals
- ☐ Asphalt millings
- ☐ Silt or clay sized materials
- ☐ Concrete fines
- ☐ Fly ash and/or kiln dust
- ☐ Cold Patch
- ☐ Marketable residual products (describe) _____
- ☐ Beneficial use (describe) _____
- ☐ Other: _____

b. Process fuels used/stored on-site (check all that apply):

☐ No. 6 Fuel Oil ☐ No. 4 Fuel Oil ☐ Oil Used/Waste Oil

☐ Natural Gas ☐ Other (list all): _____

c. Does the facility process, mine or store the following? (check all that apply):

- ☐ Dimension stone
- ☐ Crushed and broken limestone
- ☐ Crushed and broken granite
- ☐ Crushed and broken stone
- ☐ Construction sand and gravel
- ☐ Industrial sand (for glass industry)
- ☐ Kaolin and ball clay
- ☐ Clay, ceramic and refractory minerals (bentonite, magnesite)
- ☐ Clay, ceramic and refractory minerals (feldspar, fire clay, attapulgite, montmovillonite, kyanite, shale, common clay aplite)
- ☐ Potash, soda, borate minerals (borax, potash, sodium sulfate, trona, rock salt)
- ☐ Phosphate Rock
- ☐ Chemical and fertilizer mineral (barite, fluorspar, saline from brine lakes, frash sulfur, mineral pigments, lithium)
- ☐ Misc. nonmetallic minerals except fuel (graphite)
- ☐ Misc. nonmetallic minerals except fuel (gypsum, asphaltic minerals, asbestos and wollastonite, diatomite, jade, tripoli – dry process only)
- ☐ Misc. nonmetallic minerals except fuel (garnet, talc, steatite, soapstone, pyrophyllite, mica, sericite)
- ☐ Glauconite sand (greensand)
- ☐ Asbestos forming minerals from the serpentine and/or amphibole mineral groups (this includes crocidolite, chrysotile, tremolite & vermiculite)
- ☐ Other: Describe_____
  _____
  _____

d. Does the facility store any of the following? (check all that apply):

- ☐ Salt (including seasonal use) for deicing
- ☐ Salt for wholesale/retail
- ☐ Explosives
- ☐ Other deicing materials (liquid or solid)

e. Does the facility operate the following on-site? (check all that apply):

- ☐ Asphalt plant
- ☐ Concrete plant (submit Form R with supplemental RFA Form.)

5. Identification of all Stormwater, Process Wastewater, and Process Generated Wastewater Discharge Locations

a. Please list all identified outfalls that discharge to surface waters (shown on Attachment B) located at the facility. Check all that apply (for that specific outfall).

Surface Water Outfalls	Process Wastewater	Stormwater	Mine Dewatering	Receiving Stream Classification
Outfall #1	☐	☐	☐	_____
Outfall #2	☐	☐	☐	_____
Outfall #3	☐	☐	☐	_____
Outfall #4	☐	☐	☐	_____

b. Is the facility in the Pinelands? ☐ YES ☐ NO

c. Is the facility in the Wetlands? ☐ YES ☐ NO

If yes, the wetlands delineation must be shown on the map as required in 6B.

d. Does the facility discharge to Category 1 Water? ☐ **YES** ☐ **NO**

6. Attachments

a. Attach a basic flow diagram outlining all the facility's water, process water, process waste water, groundwater and stormwater flows. The diagram should show all influent and effluent flows and chemical injection points (if any), pumps, overflows, bypasses, piping (indicate if piping is hard piped or if the connections are quick-connect, show blind-flanged connection points and/or capped quick-connection points) bypass valves and/or sluice gates for treatment trains and basins. Identify the chemicals that are injected including dosage.

The diagram should also show all direct water, process water, process waste water, groundwater and stormwater flows to surface and/or groundwater and should identify the outfall DSN # or groundwater IO # for each discharge.

Process water/process waste water discharges include but are not limited to discharges of contact and non-contact cooling water, condensate, overflows, blowdown, dust control, gray water, treated water and other non-stormwater discharges.

b. A map of the existing drainage of the facility. Enclose a map that outlines drainage areas, locations of basins, outfalls (latitude and longitude or state plane coordinates), process water discharge locations, and locations of material stockpiles. The map must clearly show the outer-most boundaries mining area. If you answered YES to 5C, then the wetlands delineation must be clearly marked on the map.

7. Certification

"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."

Signature of Officer:_____

Name of Officer:_____
(Print or Type)

Official Title:_____

Telephone Number: ( )_____

Date of Signature:_____

Instructions for Supplemental RFA
Mining and Quarrying Activity
General Permit No. NJ0141950

Supplemental RFA Form

Please **PRINT** or **TYPE** all information. Complete the **ENTIRE** form and **SIGN, DATE,** and **CERTIFY** where applicable. Do **NOT** leave any questions unanswered. Attach additional sheets as needed. Incomplete submissions will be considered unacceptable and returned to applicant, for completion.

Photocopies of the Supplemental RFA are allowed. However, **ORIGINAL** signatures must be on all forms where required. FAX copy signatures are **NOT** acceptable. Include the facility name and telephone number on all additional correspondence.

1. **Applicant(s)/Operating Entity (Business Name)**
   Use the official name under which the business is conducted at this facility. A facility is any place of business with an industrial activity that requires compliance with the NJPDES rules. Fill out the address, including street address (or P.O. Box), City or Town, State and zip code (nine digit zip code if assigned).

2. **Discharge Information**

   a. Check off all appropriate boxes for each selection.

NOTE: The term "mine dewatering" shall mean any water that is impounded or that collects in the mine and is pumped, drained or otherwise removed from the mine through the efforts of the operator. However, if a mine is also used for treatment of process generated waste water, discharges of commingled water from the facilities shall be deemed discharges of process waste water (see 40 CFR 436).

   b. Check off appropriate boxes. Fill out "Other" if there are additional items other than the ones listed above.

   c. Check off all appropriate boxes. Fill out additional information for septic system if known.

   d. Check appropriate boxes. Fill out pump capacity if applicable.

   e. Check appropriate box. If checked "yes" briefly describe the system and chemicals used.

   f. Check appropriate box. Note: the hydraulic control plan must be available to the Department for inspection.

3. Equipment/Maintenance Information.

   a. Check all that apply.

   b. Check all that apply.

4. On-Site Material Information

   a. Check all that apply. Fill out additional information if applicable.

   b. Check off all appropriate fuels used or stored on-site. List other fuels used/stored on-site if those other fuels are not specifically listed.

   c. Check all appropriate boxes.

d. Check off all that apply. Use the "other" box to describe any other materials generated, stored or received that are not listed.

e. Check off all that apply.

5. Identification of all Stormwater, Process Wastewater, and Process Generated Wastewater Discharge Locations

a. Identify all discharges and stream classifications at the facility's outfalls. Check each type of discharge in the appropriate outfall (only fill in outfalls that are existing (not proposed). Use an additional sheet if necessary.

NOTES:
Stream classifications are described in N.J.A.C. 7:9B-1.15(b)6 and N.J.A.C. 7:9B-1.15(b)7 and include the following: FW1, FW2-TP, FW2-TM, FW2-NT, PL, SE1, SE2, SE3, SC and FW2-NT/SE1 (or similar designation combining two classifications). Applicant should also indicate Category 1 waters as follows: FW2(C1)-TP or similar designation.

Information for obtaining stream classifications can be found by visiting New Jersey Department of Environmental Protection iMAP website at: http://www.nj.gov/dep/gis/depsplash.htm .

New dischargers to SC waters must also submit Form RF and Form R.

b. Check the appropriate box.

c. Check the appropriate box. If yes, then the wetlands delineation must be shown on the site map.

d. Check the appropriate box.

6. Attachments

a. Attach a basic flow diagram outlining all the facility's water, process water, process waste water, groundwater and stormwater flows. The diagram should show all influent and effluent flows and chemical injection points (if any), pumps, overflows, bypasses, piping (indicate if piping is hard piped or if the connections are quick-connect, show blind-flanged connection points and/or capped quick-connection points) bypass valves and/or sluice gates for treatment trains and basins. Identify the chemicals that are injected including dosage.

The diagram should also show all direct water, process water, process waste water, groundwater and stormwater flows to surface and/or groundwater and should identify the outfall DSN # or groundwater IO # for each discharge.

Process water/process waste water discharges include but are not limited to discharges of contact and non-contact cooling water, condensate, overflows, blowdown, dust control, gray water, treated water and other non-stormwater discharges.

b. Include a map of drainage areas of the facility, that includes but is not limited to, areas of drainage, outfall locations (latitude and longitude or state plane coordinates), process water discharge areas, basins, aggregate stockpile locations, areas of industrial activity and all areas of impervious surfaces (buildings, roadways secondary containment areas, etc.). If the site is in the wetlands, the wetlands delineation must be clearly marked on the map. The map has to be drawn to a scale of at least of 1" = 400'. A map that was created as part of a facility's 251 plan is acceptable.

Information obtaining state plane coordinates, latitude and longitude and stream classifications can be found by visiting the New Jersey Department of Environmental Protection iMAP website at: http://www.nj.gov/dep/gis/depsplash.htm or by contacting the Bureau of Nonpoint Pollution Control at (609) 633-7021.

7. Who Must Sign?

A Responsible Official is defined in N.J.A.C. 7:14A – 4.9 as follows: For a corporation: A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation; or the manager of one or more manufacturing, production, or operating facilities, provided:
(1) The manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of recommending major capital investment, initiating and directing comprehensive measures to assure long term compliance with environmental laws and regulations, and ensuring that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; or
(2) The authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

For a partnership or sole proprietorship: A general partner or the proprietor.

For a government agency: A ranking elected official; or the chief executive officer of the agency; or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator).

A duly authorized representative as defined in N.J.A.C. 7:14A – 4.9(b).