

**STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY**

Swimming Pool (SP) Certification Form

Any applicant who requests authorization under the New Jersey Pollutant Discharge Elimination System (NJPDES) General Permit No. NJ0128589 SP is required to designate an authorized agent who will be responsible for ensuring that the discharge to be authorized by this general SP permit complies with all applicable requirements of this permit and has certified this in writing.

Please complete the certification to request authorization under the General Swimming Pool Discharge Permit:

a) Name of entity authorizing the work (company, town or municipality) resulting in the discharge to surface water

Name of principal officer in the company or a specified official in the town or municipality other than the authorized agent

Business address

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Telephone No.

b) Name of authorized agent

Title

Affiliation

Address

Telephone No

c) The scheduled date(s) of the discharge event(s)

d) Source of the water being discharged (e.g., filter backwash, pool draining)

- 1) Nature of the discharge
- 2) Approximate quantity or flow rate, as appropriate, of the discharge
- 3) Approximate duration of the discharge
- 4) Location(s) (street name(s) or street address (as appropriate), municipality, and county) of the discharge
- 5) The receiving waters to which the discharge is directed, including the method of transport (i.e., via storm sewer, ditch, tributary, etc.)

e. All Best Management Practices to be used (including any chemical dechlorination agents)

"I, the undersigned, certify under penalty of law that the information provided in this document is true, accurate and complete. I have been designated by the authorizing entity listed above to maintain full responsibility for this discharge and its compliance with all applicable requirements as set forth in the NJPDES/DSW General Permit for Swimming Pool Discharges NJ0128589. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment. I certify that Best Management Practices appropriate to the discharge have been employed. I have no prior knowledge which would deem this discharge ineligible for coverage under this permit."

Signature of Authorized Agent

Printed Name/Title

Date of Signature _____

Signature of Authorizing Entity
(Principal Officer or Specified Official
other than authorized agent)

Printed Name/Title

Date of Signature _____