BWA-002 Revised 12/2023



New Jersey Department of Environmental Protection Mail Code 401-04Q

DIVISION OF WATER SUPPLY & GEOSCIENCE

BUREAU OF WATER ALLOCATION & WELL PERMITTING

P.O. Box 420 Trenton, New Jersey 08625-0420 (609) 984-6831



TEMPORARY DEWATERING PERMIT APPLICATION

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION FORM.

Provide all requested information, as applicable.

A. LOCATION AND PROPERTY INFORMATION

The Department is now maintaining a single database of regulated sites. The following information will prevent unnecessary duplication of data.

1. APPLICANT/RESPONSIBLE ENTITY			
Name			
Address			
City or Town			+
Telephone ()			
Organization Type: (Check one) Commercial/Industry Investor (Non-BPU)		☐ County ☐ Utility	☐ State
APPLICANT CONTACT INFORMATION			
Applicant Contact for the Applicant/Responsible Entity	y above:		
Application Contact Name		Title	
Address			
City or Town	State	Zip Code _	+
Telephone () I	E-Mail		
If an agent has been authorized under Section B. Certification agent has been authorized under Section B. Certification, please check here	fications of this application to		
REPORT FORM RECIPIENT/ PERMIT CONTACT			
Contact for permit information and monitoring reports	:		
Name	Title		
Address			
City or Town	State	Zip Code	+
Telephone ()	E-Mail		

Revised 12/2023						
BILLING CONTACT	Γ					
Billing should go to ma	iling address o	f (check on	e):			
☐ Applicant/Responsible	e Entity in No.	1 □ A ₁	pplicant Contac	t Name in No. 1	☐ Report Form F	Recipient in No. 1
Name			_ Telephone ()	E-Mail	
3. ACTUAL DIVERSION	ON LOCATI	ON(S) Al	ND PROPER	TY/LAND O	wner(s) Informa	TION
Project Name (For facil		· í			, ,	
					· .	
Street Address/Location	ı (or nearest cr	oss streets i	f no address is	available; P.O. E	Boxes are not acceptable)	
City or Town				State	Zip Code	+_
Does the activity span	multiple munio	cipalities?	Yes □No □	Does the activi	ty span multiple counties	? Yes □No □
Municipality	Block	Lot	Ow	ner	Specify Type of Acces	ss Approval*
(ATTACH ADDITION	NAL SHEETS	S IF NECE:	SSARV)			
*Include copy of Acces						
CTHER PERMITS/	ACENCIES					

Provide the following for any other state, local or federal permit that has been applied for in relation to this project.

Permit Type	Application/Permit Number and Program Interest Number	Application Date	Application Status
 New Jersey Pollutant Discharge Elimination System (NJPDES) 			
• Land Use Permits (Freshwater Wetlands)			
Hazardous Waste Management Program			
Water Quality Management Plan Amendment			
 Relevant Environmental Permits – Including Federal State, & Local Approvals Specify: 			

Is the project located within th	e New Jersey Pinelands Area?	Yes □	No □
TC41 ' 1' 4' ' C	1'C' 1 '4 1'	1 4 1 4	AT T D'

If this application is for a new or modified permit, and is located in the New Jersey Pinelands Area, then a Certificate of Filing from the New Jersey Pinelands Commission must be submitted with the application. The Pinelands Commission can be contacted at (609) 894-7300.

B. CERTIFICATIONS

1. APPLICANT/RESPONSIBLE ENTITY

This certification is to be signed by the highest-ranking individual as follows:

- (a) For a corporation, by a principal executive officer of at least the level of vice president; or
- (b) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- (c) For a municipality, State, Federal or other public agency, by either the principal executive officer or ranking elected official.

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment. Date Signature Name (please print) Title 2. APPLICANT'S AGENT (IF APPLICABLE) I, the Applicant/Responsible Entity authorize to act as my agent/representative in all matters pertaining to my application the following person: Name _____ Title___ Company/Employer ____ Address _____ County _____ City or Town _____ State ____ Zip Code _____ Telephone () E-Mail (Signature of Applicant/Responsible Entity) APPLICANT'S AGENT'S CERTIFICATION I agree to serve as the Applicant's Agent for the above-mentioned Sworn before me Applicant/ Responsible Entity this _____ day of ____ 20 ____ Notary Public (Signature of Applicant's Agent)

3. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS, SURVEYORS OR TECHNICAL REPORT (IF APPLICABLE)

I hereby certify that the engineering plans, s ₁ N.J.A.C. 7:19 <u>et seq</u> .	pecifications and engineer's report applicable	to this project comply with
	(Signature of Preparer and Date)	
	Name and Title (Print)	
PROFESSIONAL SEAL, if applicable	Position, Name of Firm	

C. REQUIRED SUBMITTALS/ APPLICATION ATTACHMENTS

Check here to ensure the following are included with the application:

Included		
	1.	Permit Application Fee (not required for renewal applications)
	2.	Technical Report (not required for renewal applications)
	3.	Copies of Access Agreement(s) for each parcel listed in Section A.3.
	4.	Send a PDF version of this application and attachments to: waterallocation@dep.nj.gov

υ, ι	DIVERSION REQUE	EST AND DIVERS	SION SOURCE	EINFORM	IATION		
Γhis	application is for: (Please	e check one, as approp	priate)				
		not previously permit Existing Permit No sting Permit No	<i>E</i>		if known) if known)		
	ch additional sheets if sp	pace provided is not	adequate.				
1. P	Present Allocation:						
a	a. All Sources:n	nillion gallons of wate	er per month at a r	naximum rat	e of gal	lons per min	ute.
2. F	Requested Allocation:						
a	a. All Sources:n	nillion gallons of wate	er per month at a r	naximum rat	e of ga	allons per mir	iute.
	Note: This allocation calendar year.	represents the maxin	num withdrawal e	xpected duri	ng any one mon	th (31 days)	of the
3. Г	Diversion to be used for the	he temporary dewater	ring of				·
4. I	Dewatering will occur from a series ofwells,wellpoints, and/or trenches ranging from						
_	to feet deep.						
	. Complete the following for each existing and proposed dewatering wells, wellpoints, site-wide wells/wellpoints system, and/or trenches:						
	Dewatering State Well Permit No./ Site Wide Well Local Name/ Tranch Name Location Description Existing (E) Proposed Maximum Withdrawal Rate (million gallons)				val Rate		
	Permit No. *					Per Month	Per Year

6. Complete Addendum A for each existing and proposed dewatering diversion source.

^{*} Provide the Dewatering State Well Permit Number for the dewatering well or well point or provide the State Site-Wide Permit Number for each dewatering wells/well points. For dewatering activities where a well permit is not required according to N.J.A.C. 7:9D-1.11(g), provide the well/trench local name only.

E. MAPPING REQUIREMENTS

	Included	.u.s.	. 7 ½ minute quadrangle or State Atlas Map depicting the location of the following:	
		a.	Each existing and proposed dewatering withdrawal source	
		b.	All water supply wells within a one quarter mile radius	
		c.	Landfills and ground water contamination sites within a one quarter mile radius	
ļ	Associated F	Requi	ired Summary Tables for Mapping :	
	Included			1 41
		a.	For Items 1b, provide a summary table with the owner's name, well permit number, well pump capacity and setting, distance to applicant's withdrawal sources, and geological forn each groundwater withdrawal. DO NOT SUBMIT COPIES OF INDIVIDUAL WELL REC	nation fo
		b.	For Item 1c, provide a summary table with the site name, distance to applicant's withdraw sources, and geological formations impacted.	
			G INFORMATION occur for a period of days or months	
.]	Dewatering	will o	occur for a period of days or months.	
]	Estimated dewatering start date			
]	Estimated de	wate	ering completion date	
	Total length		e project is linear feet (LF). Total length of construction trenches LF, ma	aximum
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DEWATERING ADDENDUM A

SOURCE DATA FOR GROUNDWATER WELLS AND TRENCHES

Complete Well/Trench information for all existing and proposed sources. This information is mandatory. Refer to instructions for acceptable values. Please reference the same State Well Permit Numbers and Well Names as referenced in Section D of the application. Attach additional copies of addendum as needed.

State Well Permit No.	Trench Segment Name
Well Local Name	Date Excavated
Date Drilled	Depth (feet)
Total Finished Depth (feet) (include tailpiece if any)	Width (feet)
Depth to Top of Open Hole Interval or Screen (feet)	Length (feet)
Depth to Bottom of Open Hole Interval or Screen (feet)	Rated Pump Capacity (gpm)
Rated Pump Capacity (gpm)	Aquifer/Geological Formation
Yield (gpm)	
Aquifer/Geological Formation	
Elevation Information:	Elevation Information:
Site Elevation	Site Elevation
Elevation System Description	Elevation System Description
Elevation Method Description	Elevation Method Description
Absolute Elevation Accuracy	Absolute Elevation Accuracy
Absolute Elevation Accuracy Units (feet or meters)	Absolute Elevation Accuracy Units (feet or meters)
Locational Information:	Locational Information:
X coordinate of well center (e.g. State Plane, Easting)	X coordinate of center (e.g. State Plane, Easting)
Y coordinate of well center (e.g. State Plane, Northing)	Y coordinate of center (e.g. State Plane, Northing)
Coordinate System Code and Description	Coordinate System Code and Description
Coordinate Method Description	Coordinate Method Description
Absolute Location Accuracy	Absolute Location Accuracy
Accuracy Units (feet or meters)	Accuracy Units (feet or meters)

Addendum A

Page __of__

INSTRUCTIONS FOR COMPLETING BWA-002

1. GENERAL INSTRUCTIONS

This form includes Sections A through F and Dewatering Addendum A. <u>All applicable sections must be completed or the application will be returned.</u> Applications must reference valid State Well Permit Numbers and wells must be permitted for their intended use. A well search can be scheduled by the applicant or performed by the Department for a fee. <u>Applications without valid State Well Permit Numbers for existing wells will be returned.</u>

All information required by N.J.A.C. 7:19-2.3 must be addressed in this application.

- A. Location and Property Information
 - 1. Applicant/Responsible Entity—Provide the name, as it is legally referred to, of the Applicant/Responsible Entity for this project. The Applicant/Responsible Entity is the firm, public agency, individual, or other entity which has the primary management and decision making authority over the project and not the contractor.

Applicant Contact—Provide the information of the individual responsible for all aspects/inquiries regarding the application. Check the Applicant's Agent box if an Agent has been designated in Section B.2. of the application.

The Report Form Recipient/Permit Contact is the designated individual responsible for completing Quarterly Monitoring Report Forms. Reports will be available through this link: http://www.nj.gov/dep/online/.

- 2. Billing Contact Check the box of the appropriate address and indicate the individual's contact name for all billing inquiries.
- 3. Actual Diversion Location(s) and Property/Land Owner(s) Provide the Project Name and the physical street address or nearest cross streets of the <u>diversion location</u>. Attach additional sheets as needed if more than one physical location applies. In the table, provide information regarding the municipality, block, lot, owner(s) of the property/land on which each diversion is located, and specify the relevant type of Access Approval such as an access agreement, eminent domain, etc.
- 4. Other Permits/Agencies Provide information for all other permits necessary for the project and diversion activities, as indicated.
- B. Certifications Provide Certifications as indicated in Section B.
- C. Required Submittals/Application Attachments
 - 1. For new or modified permits, the appropriate application fee shall be submitted with the application. Refer to Section 3 of the instructions for fee schedule.
 - 2. For details regarding the requirements of the Technical Report, refer to N.J.A.C. 7:19-2.3(c-g).
 - 3. Provide copies of Access Approval for each parcel listed in A.3.
 - 4. Send a PDF version of this application with attachments to waterallocation@dep.nj.gov.

Complete Sections D through F as indicated.

2. Instructions for Completing Dewatering Addendum A

The following tables provide the acceptable values for completing Dewatering Addendum A.

Elevation Information- Absolute elevation accuracy is the uncertainty in feet or meters of the elevation measurement.

El	evation System Description
Feet	above sea level
Mete	ers above sea level

Elevation Method Description	
Approximate address match	
DEP program database	
Digital image	
Exact address match	
GPS	
Hard copy match	
Licensed Surveyor	
Topographic Map	
Plot Plan	
Proposed Elevation-Digital Image	
Proposed Elevation-Hard Copy Map	

USGS quadrangle maps have the coordinate system printed on the map. GPS units can usually be set to display a variety of coordinate systems. New Jersey State Plane 83 – USFEET is the State standard.

Coordinate System Code	Coordinate System Description*
01	New Jersey State Plane 83 – USFEET
22	Lat/Long (NAD27) – Decimal Degrees
27	Lat/Long (NAD27) – DMS
21	Lat/Long (NAD83) – Decimal Degrees
20	Lat/Long (NAD83) – DMS
09	New Jersey State Plane 27 – USFEET
02	New Jersey State Plane 83 – Meters
26	UTM (NAD27) – Meters
08	UTM Zone 18N – Meters
03	UTM Zone 18N (78 W to 72 W) – Kilometers

Coordinate Method Description
GPS
DEP Program Database
Exact Address Match
Digital Image (such as i-Map)
Hard Copy Map
Other (Describe)
Approximate Address Match
Proposed Location - Digital Image (such as i-Map)
Proposed Location - Hard Copy Map

Absolute location accuracy is the uncertainty in feet or meters of the location from actual ground truth. Modern GPS units can provide this number.

3. PERMIT APPLICATION FEE SCHEDULES

From the following tables, determine the relevant Fee class for this Permit, based upon the maximum monthly allocation (from all sources) requested in this application.

Class 1: From 3.1 mgm to less than 15.5 mgm
Class 2: From 15.5 mgm to less than 31 mgm
Class 3: From 31 mgm to less than 62 mgm
Class 4: From 62 mgm to less than 155 mgm
Class 5: From 155 mgm to less than 310 mgm

Class 6: From 310 mgm and above

Find the proper fee in the following schedules according to the class (size).

1. An applicant for a new or modified permit may pay the application fee in full in accordance with the following schedule:

	<u>Class 1, 2, and 3</u>	<u>Class 4, 5, and 6</u>
Fees for New and Modification Permit Applications	\$8,775	\$22,435

2. An applicant for a new or modified permit may pay the application fee in three installments pursuant to N.J.S.A. 13:1D-120 through 13:1D-124, in accordance with the following schedule:

		<u>Class 1, 2, and 3</u>	Class 4, 5, and 6
Installment Plan Fees for New and Modification Permit Applications	(1)	\$2,925	\$7,480
	(2)	\$2,925	\$7,480
	(3)	\$2,925	\$7,475
TOTALS		\$8,775	\$22,435

NOTE:

- (1) First installment (due with application)
- (2) Second installment (due 20 days after notice of administrative completeness)
- (3) Third installment (due 20 days after notice of Department's final decision)

Please note that payment of the application fee in installments will delay the permitting process, as additional time is necessary for billing, payment processing and various administrative tasks associated with this option.

Please make checks payable to: "<u>Treasurer, State of New Jersey</u>". If you need assistance with determination of the fee, contact the Bureau of Water Allocation & Well Permitting at (609) 984-6831.