

**Water Quality Management Plan Amendment & Revision
Request for Pre-Application Meeting**

For Office Use Only

Project Identification Number _____

PLEASE PRINT OR TYPE

1. **NAME OF PROJECT:** _____

2. **LOCATION of PROPOSAL, PROJECT OR DEVELOPMENT:**

A. **Municipality (ies):** _____ B. **County (ies):** _____

C. **Block(s) / Lot(s)** _____

E. **Water Quality Management Area:** _____

F. **Wastewater Management Plan:** _____

3. **OWNER OF PROJECT:**

Company: _____

Contact: _____ **Title:** _____

Address: _____

City/State/Zip Code: _____

Phone: () _____ **Fax:** () _____

Email: _____

4. **CONTACT FOR PROJECT:**

Name: _____ **Title:** _____

Company: _____

Address: _____

City/State/Zip Code: _____

Phone: () _____ **Fax:** () _____

Email: _____

5. **TYPE OF ACTION REQUESTED: (check one)**

Amendment

Revision

6. DESCRIPTION PROJECT:

A. **Type of Wastewater Disposal:**

Surface Water

Ground Water

B. **Receiving Wastewater Treatment Facility:** _____

C. **Receiving Waters:** _____

D. **Project Wastewater Flow (gpd):** _____

Depending on the type of wastewater treatment facilities being proposed, there are different criteria to use to determine the total projected wastewater flow from a proposal. See N.J.A.C. 7:14A-23.3 or N.J.A.C. 7:9A-7.4

E. **Acreage to be Added to Sewer Service Area:** _____

F. **Project Location Delineated on Tax Map.**

Tax map showing property boundary, site plan (conceptual/approved), and boundary of all sewer generating structures

7. REGIONAL PLANNING CONSIDERATIONS:

Zoned Use of Property: _____

8. CERTIFICATION:

I hereby certify that the above information is accurate to the best of my knowledge.

SIGNATURE: _____ **Title:** _____

Name (printed): _____ **Date:** _____

SEND COMPLETED FORM WITH REQUIRED ATTACHMENTS TO:

**NJDEP-DIVISION OF WATER MONITORING AND STANDARDS
BUREAU OF ENVIRONMENTAL ANALYSIS, RESTORATION AND STANDARDS
WATER QUALITY MANAGEMENT PLANNING PROGRAM
401 E. STATE STREET MAIL CODE 401-04I
PO BOX 420 TRENTON, NJ 08625-0420**