

**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-OFFICE WRM COORDINATION
401 E. STATE STREET
MAIL CODE: 401-02A
PO BOX 420
TRENTON, NJ 08625-0420**