

**NEW JERSEY DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY  
NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM  
Mining and Quarrying Industry Specific General Stormwater  
Permit No. NJ0141950  
Supplemental Form**

*Refer to Instructions on Page 5 and 6, Providing All Applicable Information. Please Print or Type.  
(Attach additional sheets if necessary)*

<b>1. Applicant(s)/Operating Entity (Business Name)</b>	
Name of Facility _____	
Mailing Address _____	
City or Town _____	State _____ Zip Code _____
Bureau of Mine Safety Certificate Number _____	ID Number _____
Soil Erosion and Sediment Control Plan (251 Plan) ID Number _____	
<b>2. Discharge Information</b>	
<b>A. Does the facility discharge the following?</b>	
Stormwater discharge to ground water	<input type="checkbox"/> YES <input type="checkbox"/> NO
Stormwater discharge to surface water	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Check all that apply:</b>	
<input type="checkbox"/> Mine Dewatering	
<input type="checkbox"/> Contact cooling water	
<input type="checkbox"/> Non-contact cooling water	
<input type="checkbox"/> Discharge of vehicle/equipment wash water	
<input type="checkbox"/> Cooling water from crushing operations	
<input type="checkbox"/> Use settling aids containing cationic monomers	
<input type="checkbox"/> Use settling aids containing anionic monomers	
<input type="checkbox"/> Use surfactants	
<input type="checkbox"/> Other (specify) _____	
<b>B. Does the facility have a laboratory on-site?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>C. Does the facility have any of the following on-site? (check all that apply)</b>	
<input type="checkbox"/> Municipal sanitary sewer	
<input type="checkbox"/> Septic system (size if known) _____	
<input type="checkbox"/> Other (e.g. cesspools)	
<b>D. Does the facility control the pumping from basin(s) to surface water?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, pump capacity _____ gpm	
Pump type (check all that apply) <input type="checkbox"/> Electric <input type="checkbox"/> Air operated	
Other (Explain) _____	

**2. Discharge Information (Continued)**

**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 (hydraulic control is the capacity to hold the volume of a 10 year-24 hour storm)?**  YES  NO

**3. On-Site Material Information**

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

- Crushed and Broken Stone
- Construction Sand and Gravel
- Industrial Sand
- Sand for use in the glass industry
- Bentonite and/or magnesite
- Glauconite Sand
- Asbestos forming minerals from the Serpentine and/or Amphibole mineral groups (this includes crocidolite, chrysotile, tremolite & vermiculite)
- Other (describe) \_\_\_\_\_

**B. Does the facility store any of the following? (check all that apply)**

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

**C. Are the following operations on-site? (check all that apply)**

- Asphalt plant
- Concrete plant (submit Form R with this supplemental form)

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

- Petroleum-contaminated soil
- Other Class B materials
- Recycled Asphalt Products (RAP) / asphalt millings
- Cold patch
- Concrete/concrete debris/concrete fines
- Silt or clay sized materials
- Construction debris
- Treated quarry dredge materials
- Fly ash and/or kiln dust
- Residuals from a wastewater treatment process
- Marketable Residual Products (describe) \_\_\_\_\_
- Beneficial Use Materials (describe) \_\_\_\_\_
- Other: \_\_\_\_\_

**3. On-Site Material Information (Continued)**

**E. 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 ): \_\_\_\_\_

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**4. Equipment /Maintenance Information**

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

Street Sweeper  
 Electric Dredge  
 Diesel Dredge  
 Rock Crusher  
 Emergency Generators  
 Air Compressors (portable and permanent)  
 Cyclone  
 Fueling Station (mobile or otherwise)  
 Portable conveyors  
 Vehicle/equipment wash or rinse areas

**B. Does the facility operate a maintenance facility or garage on-site?**       YES     NO

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

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**5. Identification of all Mine Dewatering, Industrial Stormwater and Process Wastewater Discharge Locations**

Please list all identified outfalls that discharge to surface waters located at the facility (as shown on your drainage map as required in 6.B below). Check all that apply (for that specific outfall).

Surface Water Outfalls (DSN # or other label)	Mine Dewatering	Industrial Stormwater	Process Wastewater	Receiving Stream and Classification (e.g. PL,SC, TP)
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**6. Attachments**

**A. Attach a flow diagram outlining all facility processes including, but not limited to:**

- 1. The treatment train of the process water, including treatment units (e.g. settling basins, clarifiers);
- 2. Stormwater/surface water outfalls;
- 3. Sanitary units; and
- 4. Non-contact cooling water discharges and other non-process water flow diagrams.

**B. Attach a map of the existing drainage of the facility including, but not limited to:**

- 1. Drainage areas, locations of material stockpiles, locations of basins and outfalls (latitude and longitude or state plane coordinates);
- 2. Identity of receiving stream and stream classification;
- 3. All discharge locations identified in 5. above; and
- 4. The clearly shown outer-most boundary(ies) of the mining area.

**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 Form**  
 Mining and Quarrying Facilities  
 Industry Specific General Permit Stormwater Permit No. NJ0141950

### Supplemental Form

Please print or type all information. Complete the entire form, check all appropriate boxes 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.

1. Use the official name under which 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). Include NJ Department of Labor and Workforce Development, Office of Mine Safety Certificate Number.

For additional information on mine safety certification see New Jersey Department of Labor and Workforce Development Mine Safety webpage at:

[http://lwd.dol.state.nj.us/labor/lsse/employee/Mine\\_Safety\\_Section.html](http://lwd.dol.state.nj.us/labor/lsse/employee/Mine_Safety_Section.html)

- 2.A. Fill out "Other" if the facility operates additional processes or other processes than the ones listed.
- 2.F. Note: The hydraulic control design must be included in the Discharge Control Plan and be available to the Department for inspection upon request.
5. Check each applicable discharge type box for each listed outfall (only fill in outfalls that are existing, not proposed). Use additional sheets if necessary.

Receiving stream and stream classification information can be found at the New Jersey Department of Environmental Protection NJ-GeoWeb website at:

<http://www.nj.gov/dep/gis/geoweb splash.htm>

- 6.A. This diagram must show the beginning of the treatment train from the source(s) of water to the discharge point(s). This diagram shall include storage areas.
- 6.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, wetlands, areas of industrial activity and all areas of impervious surfaces (buildings, roadways secondary containment areas, etc.). The map shall 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, provided it includes the specific items reference above.

Information obtaining state plane coordinates, latitude and longitude and stream classifications can be found at the New Jersey Department of Environmental Protection NJ-GeoWeb website at: <http://www.nj.gov/dep/gis/geoweb splash.htm>

## 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).

### **Definitions as Directly Related to Part IV**

1. "Hydraulic control" means the ability to contain hydraulically a 10-year 24-hour storm event (6" of rain) and have no discharges to surface water.
2. "Process wastewater" means water used during manufacturing or processing that comes in direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product. This term does not include wastewater used in suction dredging of deposits in a body of water and returned directly to the body of water without being used for other purposes or combined with other wastewater. This definition includes the terms commercial wastewater and industrial wastewater as used in 40 CFR Part 503. For purposes of this permit, process wastewater does not include mine dewatering and/or stormwater which comes in contact with aggregate stockpiles.

The link to do business electronically for all correspondence can be found at <http://www.nj.gov/dep/dwq/pdf/adbe.pdf>.

Please send this completed form to:

Mail Code 401-02B  
Permit Administration Section  
Division of Water Quality  
P.O. Box 420  
Trenton New Jersey 08625-0420