



*Refer to Appropriate Completeness Checklist and Instructions. Provide All Applicable Information. Please Print or Type (Attach Additional Sheets if Necessary).*

**SUPPLEMENTAL APPLICATION FORM TO NJPDES-1 FOR NJPDES-DSW PERMITS FOR STORMWATER DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITY**

|  |                |   |                            |
|--|----------------|---|----------------------------|
| <b>1. Facility Name:</b>   |                | <b>2. NJPDES No. (New application leave blank)</b><br>NJ _____  |                            |
| <b>3. The permit application shall include:</b>  |                | <b>A. Stormwater Pollution Prevention Plan Site Map(s)</b><br><b>B. Copy of applicable portion of a USGS map(s)</b> |                            |
| <b>4. Proposed Start Up Date for a New Source or New Discharge (If Applicable):</b>  |                |   |                            |
| <b>5. Corrective or Enforcement Actions at this Facility</b>   |                |   |                            |
| List below all administrative orders (AO), administrative consent orders (ACO), judicial consent orders (JCO), notices of violations (NOV), complaints filed (COMP), or other (OT) corrective or enforcement action(s) required by any governmental agency(ies) with regard to your operation at this facility concerning water pollution within the previous five years (and in earlier years, for open action(s) still in effect).                                 |                |   |                            |
| Date on Which Agency Imposed Requirement   | Type of Action | Name of Agency  | Summary of Required Action |
|  |                |   |                            |
|  |                |   |                            |
|  |                |   |                            |
| <b>6. Description of Construction Activity</b>   |                |   |                            |
| <b>A. Provide the following information about the location of the construction activity:</b><br>Block Number _____ Lot Number _____<br>Coordinates of Center of Site in State Plane Coordinates: X _____ Y _____   |                |   |                            |
| <b>B. Provide a narrative description of the location and nature of the construction activity. If the facility is within the Pinelands Area (as defined by N.J.S.A. 13:18A-11), attach documentation that the Pinelands Commission has reviewed and approved the facility, or that the Pinelands Commission will not review the facility based upon a certification or approval issued under the Soil Erosion and Sediment Control Act, N.J.S.A. 4:24-39 et seq.</b> |                |   |                            |
|  |                |   |                            |

**Facility Name:** \_\_\_\_\_

C. Provide a narrative description of the nature of fill material used or disturbed during the construction activity.

D. Provide a narrative description of existing data describing the soil.

E. Provide a narrative description of existing data describing the quality of the stormwater discharge.

**7. Stormwater Pollution Prevention Plan (also see Item 3A above)**

A. Identify the total land area of the site; the land area of the site that is expected to be cleared, graded, excavated, or otherwise disturbed during the term of the permit; and the name of the receiving water(s). In addition, if stormwater is discharged to a receiving water through an offsite public or private storm drainage system, also list the name of the owner(s) of that system.

Total Land Area of the Site \_\_\_\_\_ (in acres)

Land Area Expected to be Disturbed \_\_\_\_\_ (in acres)

Owner(s) of Offsite Storm Drainage System \_\_\_\_\_ (name)

| Receiving Water(s) (Name) | For Department Use Only |                           |
|---------------------------|-------------------------|---------------------------|
|                           | USEPA Reach Number      | Watershed Management Area |
|                           |                         |                           |
|                           |                         |                           |
|                           |                         |                           |
|                           |                         |                           |

**Facility Name:**

B. Provide a narrative description of proposed best management practices (BMPs) to control pollutants in stormwater discharges during construction, including:

- Appropriate erosion and sediment control BMPs that at a minimum meet standards established under the Soil Erosion and Sediment Control Act, N.J.S.A. 4:24-39 et seq., and implementing rules. Include a brief description of applicable State and local erosion and sediment control requirements.
- BMPs to control waste such as discarded building materials, concrete truck washout, chemicals, litter, sanitary waste, and other solid or hazardous waste at the construction site.

Also attach copies of approved State or local requirements for these BMPs.

C. Identify maintenance procedures and inspection procedures for BMPs under Item 7B above.

D. Identify any non-stormwater discharges expected at the site during construction.

**8. Post-Construction Runoff Coefficient and Increase in Impervious Surface**

Provide an estimate of the runoff coefficient of the site and the increase in impervious surface after the construction addressed in the permit application is completed.

Runoff coefficient after construction is completed \_\_\_\_\_

Increase in impervious surface after construction is completed \_\_\_\_\_ (provide units)

**Facility Name:** \_\_\_\_\_

|   |  |
|---|--|
| <b>9. Post-Construction Pollutant Control</b> |  |
|---|--|

Provide a narrative description of proposed best management practices to control pollutants in stormwater discharges that will occur after construction operations have been completed, including a brief description of applicable State or local stormwater management controls and erosion and sediment control requirements.

|                                       |  |
|---------------------------------------|--|
| <b>10. Certification by Applicant</b> |  |
|---------------------------------------|--|

**For** \_\_\_\_\_  
**Name of Applicant/Operating Entity (type or print)**

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.

|                             |                              |              |
|-----------------------------|------------------------------|--------------|
| <b>Name (type or print)</b> | <b>Title (type or print)</b> |              |
| <b>Signature</b>            | <b>Date</b>                  | <b>Phone</b> |