



**State of New Jersey
Department of Environmental Protection
Division of Water Quality**



New Jersey Pollutant Discharge Elimination System Permit Application

*Refer to the attached Instructions and the Appropriate Completeness Checklist and Provide All Applicable Information.
Please Print or Type. (Attach additional sheets if necessary)*

1. REQUESTED NJPDES PERMIT ACTION

NJPDES PERMIT NUMBER	DISCHARGE CATEGORY CODES		EXPIRATION DATE	NEW	RENEW	REVOKE/ REISSUE	MODIFICATION
	CURRENT	REQUESTED					
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PERMITTEE/OPERATING ENTITY

Permittee/Entity Name: _____ Federal Tax Id#: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

Parent Corporation & Place of Incorporation: _____

Ownership Type: City/Town County Utility, Authority, or Commission State Federal

Public School District K-12 Religious/Charitable Organization Private

Other _____

3. PROPERTY/LAND OWNER(S)

Entity Name: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

4. LOCATION OF FACILITY/SITE

Name of Facility/Site: _____

Street Address/Location: _____

City or Town: _____ State: _____ Zip Code: _____

Municipality: _____ County: _____ Block(s): _____ Lot(s): _____

Mailing Address (if different than facility street address): _____

City or Town: _____ State: _____ Zip Code: _____

5. INDUSTRIAL CLASSIFICATION CODE(S)

TYPE	SIC CODE #	NAICS CODE #	PRODUCTS OR SERVICES PROVIDED BY FACILITY/SITE
Primary			
Auxiliary			
Auxiliary			
Auxiliary			

6. PROJECT AND DISCHARGE DESCRIPTION (Under This Application)

7. OTHER NJPDES PERMITS ASSOCIATED WITH THIS FACILITY

NJPDES PERMIT NUMBER	DISCHARGE CATEGORY CODE(S)	EXPIRATION DATE	PENDING
			<input type="checkbox"/>
			<input type="checkbox"/>

8. OTHER NON-NJPDES PERMITS

If any of the following applications have been submitted for this facility/site, complete the applicable information.

Permit Type	Application No. (if assigned)	Application Status		
		Approval Date	Denial Date	Pending
● Hazardous Waste Management Program under RCRA				
● Prevention of Significant Deterioration (PSD)				
● Nonattainment Program, Clean Air Act				
● National Emission Standards - Hazardous Pollutants				
● Dredge/Fill Permits - Federal Act Section 404				
● Potable Water Supply Well				
● Relevant Environmental Permits - Including Federal, State, & Local Approvals - Specify:				

9. PERMIT CONTACT(S) (Person Familiar with the Facility/Site and this Application)

a. *Contact Program Type:* Surface Water Storm Water Groundwater Pretreatment Residuals

Name: _____ Affiliation: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Additional Contact (if appropriate)

b. *Contact Program Type:* Surface Water Storm Water Groundwater Pretreatment Residuals

Name: _____ Affiliation: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

10. LICENSED OPERATOR(S) (If Applicable)

Name: _____ N.J. License No.: _____

Organization Name: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

11. MONITORING REPORT RECIPIENT (Not Applicable for Facilities Required to Report Electronically)

(Check if the information is the same as contained in: Section 2 above Section 3 above)

Organization Name: _____

Street Address: _____

City or Town: _____ State: _____ Zip Code: _____

Contact Name: _____

Telephone: _____ Email: _____

12. NJPDES PERMIT FEES INVOICE RECIPIENT

(Check if the information is the same as contained in: Section 2 above Section 3 above)

Organization Name: _____

Street Address: _____

City or Town: _____ State: _____ Zip Code: _____

Contact Name: _____

Telephone: _____ Email: _____

13. WATER SUPPLY/DISCHARGE INFORMATION

RAW WATER SOURCES: Please check all that apply.

____ Public Water Supply: Name of the water utility _____

____ Private Wells

____ Surface Water: Name of the water body(s) _____

A) Is this facility/site connected to a sanitary sewer? ____ Yes ____ No

If yes, list name, address, and phone number of receiving wastewater treatment plant: _____

B) Does this facility discharge to a storm drainage system? ____ Yes ____ No

If yes, please check : ____ Public ____ Private

C) Does this facility discharge to surface water? ____ Yes ____ No

D) Does this facility discharge to ground water? ____ Yes ____ No

E) For Sewage Treatment Plants:

i) Do you have combined sewers in your sewer service area? ____ Yes ____ No

ii) Do you have any outfalls in the combined areas? ____ Yes ____ No

14. APPLICANT'S AGENT (Optional)

The person listed below is authorized to act as agent/representative in all matters pertaining to this application.

Name: _____ Position: _____

Organization Name: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Signature of Agent Date Signature of Applicant Date

15. PROPERTY OWNER'S CERTIFICATION (For DGW Permits Only)

I hereby certify that _____ owns the property identified in (d.) below. The owner
 (Property Owner's Name)
 grants permission for the activity to be permitted under this application and authorizes the Department to conduct on-site inspections, if necessary.

In addition, I certify: (check "yes" or "no") **YES** **NO**

- a. The activity will take place in an easement?
- b. Part of the entire project (e.g. pipeline, disposal area, wells, etc.) is or will be located within property owned by the State of New Jersey?
- c. Part of the entire project (e.g. pipeline, disposal area, wells, etc.) is or will be located within property owned by a municipality or county? If yes, contact the Green Acres Program at (609) 984-0500 for a determination.

d. Lot (s) _____ Block (s) _____

 Signature for Owner Date

Print or Type: Name & Position

Note: If "yes" to statements a, b, or c, the applicant must provide evidence of obtaining permission from the other property owners (include copy with this application).

16. WATER QUALITY MANAGEMENT PLAN CONSISTENCY DETERMINATION (CD) CERTIFICATION

(For new or expanding projects or activities assigned a permit category of A, B, ASC, GW, or TI)

I hereby certify that the land area intended to be served by the proposed treatment works, and identified on the map accompanying this application, is within an area eligible for sewer service in accordance with the approved areawide Water Quality Management (WQM) plan identified below. Further, I understand that, consistent with the regulations at N.J.A.C. 7:15-3.2, a permit or approval can only be issued by the Department for projects or activities that are consistent with an approved areawide WQM plan.

 Water Quality Management Plan Signature for Applicant/Agent Date

Print or Type: Name & Position

17. ELECTRONIC COMMUNICATIONS

The Department's Division of Water Quality (DWQ) now processes permit applications and provides correspondence electronically. Issuance of this NJPDES permit or authorization under a general permit and all communications will be stored, retrieved, and transmitted electronically. The term "communications" means any notice, record, response or approval, or other type of information that is made available to you or received from you in connection with this permit or authorization. If you **DO NOT** want to receive all communications pertaining to the issuance of this permit or authorization electronically and, instead, would prefer to receive paper copies, please check the following box:

If you DID NOT check the box above, the Department will send all communications related to the issuance of this permit or authorization to the email address identified in Section 2 of this application. If you would like additional email addresses to be copied on the communications, please place a checkmark below identifying the section(s) of this application where those email address(es) are located.

- Section 3 Section 9 Section 10 Section 11 Section 12 Section 14

18. CERTIFICATION BY APPLICANT

"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 ensure 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 for Applicant

Date

Print or Type: Name and Position

INSTRUCTIONS FOR COMPLETING FORM NJPDES - 1

This form must accompany all NJPDES permit applications and Requests for Authorizations (RFA) with the exclusion of RFAs for certain General Permit Categories which use different forms. For further information on the additional required application forms or for additional assistance in completing this application form, please contact the appropriate NJPDES permitting program or visit the websites identified below.

<u>Program</u>	<u>Phone Number</u>	<u>Application Forms Website</u>
Surface Water	(609) 292-4860	http://www.nj.gov/dep/dwq/forms_surfacewater.htm
Stormwater	(609) 633-7021	http://www.nj.gov/dep/dwq/forms_storm.htm
Groundwater	(609) 633-7021	http://www.nj.gov/dep/dwq/forms_ground.htm
Residuals	(609) 984-4428	http://www.nj.gov/dep/dwq/forms_residuals.htm
Pretreatment (SIU)	(609) 984-4428	http://www.nj.gov/dep/dwq/forms_siu.htm

- 1. Requested NJPDES Permit Action** - For each requested permit action under this application, identify the NJPDES permit number, the current discharge category code of the permit (if applicable), and the requested discharge category code. For a list of the discharge category codes and their descriptions, please refer to the DWQ website at <http://www.nj.gov/dep/dwq/forms.htm>. In addition, place a check mark under the requested permit action (e.g. new, renewal, etc.) and, if available, provide the expiration date of the existing permit.

For information on the causes for modification and revocation and reissuance of a permit, please refer to [N.J.A.C. 7:14A-16.4 and 16.5](#). **Important Note:** Any changes in the permittee, property owner, or operating entity, including those changes under the provisions of N.J.A.C. 7:14A-16.5(a)4, does not constitute a “modification” action for the purposes of this application. In those cases, the applicant should provide updated information through the [Administrative Update](#) or [Application for Transfer of a Permit](#) forms which should be completed and submitted to the Department.

- 2. Applicant(s)/Operating Entities** - Provide the name, as it is legally referred to, of the operating entity(ies) that is the applicant(s) in your application for the NJPDES permit. An “operating entity” is any firm, public agency, individual, or other entity which, alone or along with other operating entities, has primary management and operational decision-making authority over any part of a facility/site.

It is the duty of the operating entity(ies) to obtain a NJPDES permit. When a facility/site or activity is owned by one or more entities, but is currently operated by another entity(ies), it is the duty of the operating entity(ies) to obtain a NJPDES permit. If the facility/site named in Item 3 has an operating entity(ies) which is not an applicant submitting your application, attach an additional sheet that contains a statement to that effect and as much Item 1 information as you have about that operating entity(ies).

Provide the mailing address of the applicant(s). If the mailing address is outside the United States, provide the correct foreign mailing address. Provide the 9-digit Federal Tax Identification Number (also called Federal Identification Number) assigned to the applicant(s) by the IRS for tax reporting purposes. Provide the contact person, telephone number and e-mail address of the applicant(s). If the applicant(s) has a parent corporation(s), provide that parent corporation’s name, place of incorporation, contact person and contact person’s e-mail address. Provide the ownership type of the applicant by checking the appropriate box.

- 3. Property/Land Owner(s)** - Provide the legal name and mailing address of the owner(s) of the property/land upon which the discharge is controlled and/or taking place. A “Property” includes all contiguous lots and blocks, including vacant land, owned or otherwise under the control of the owner or operating entity of the regulated facility. Provide an owner contact person, telephone number and email address for the contact person. **NOTE:** For all DGW applications, the property owner where the discharge takes place must also sign item 16.
- 4. Location of Facility/Site** - Provide the name and address/location of the facility/site. Street number and name must be used (PO Box numbers will not be acceptable). Use the municipality and county where the facility/site is physically located. Do not use local or neighborhood names. Please provide the lot and block numbers. Provide the mailing address of the facility/site if it is different than the locational information already provided.
- 5. Standard Industrial Classification Code** - List, in descending order of priority, up to four 4-digit Standard Industrial Classification (SIC) codes or the North American Industrial Classification System (NAICS) which best reflect the principal products or services provided by the facility/site. The following websites are available to research these codes: http://www.osha.gov/pls/imis/sic_manual.html (SIC only) and <http://www.naics.com/search.htm> (provides crosswalk information).

6. **Project and Discharge Description (Under This Application)** - Provide a brief description of the project relating to this application (e.g., municipal sewage treatment plant, factory, shopping center, school, housing development, restaurant, etc.). For each discharge which is the subject of this application, provide the general type of waste discharged (e.g., sanitary, industrial, sludge, etc.) including non-contact cooling water. If requesting a modification to your permit, state the reason for such.
7. **Other NJPDES Permits Associated With This Facility** - List the currently held NJPDES permits and/or pending applications for this facility/site. For existing permits, list the permit number(s) and expiration date.
8. **Other Permits** - This section provides the Department with a facility's permitting status and history. Next to each permit type, list the application number and the date of the approval or denial in the appropriate column. If the application is still pending, place a check in the far right hand column.
9. **Permit Contact(s)** - Identify the contact program type, by checking the appropriate box(es), and names of up to two people that the Department can contact for permit related information. People identified in this section should be familiar with the content of the application. For each person, provide their organization name, mailing address, telephone number, and email address.
10. **Licensed Operator(s) (If Applicable)** - Provide the name, NJ License Number, organizational name, mailing address, telephone number, and email address for all licensed operator(s) of the treatment work(s).
11. **Monitoring Report Recipient** – For facilities not required to electronically report Monitoring Report Form (MRFs) that wish to receive notices/forms at a different address than in section 2 or 3 of the application, please provide the organization name, address, contact name, telephone number and email address. If the MRF recipient is the same as the entity identified in sections 2 or 3 of the application, check the appropriate box indicating which section. For information on the type of permits required to electronically report MRFs, please visit the Department's website at <http://www.nj.gov/dep/dwq/mrf.htm>.
12. **NJPDES Permit Fees Invoice Recipient** – If you wish to receive NJPDES fee invoices at a different address than in section 2 or 3 of the application, please provide the organization name, address, contact name, telephone number and email address. If the invoice recipient is the same as the entity identified in sections 2 or 3 of the application, check the appropriate box indicating which section.
13. **Water Supply/Discharge Information** – Complete this section with the pertinent information.
14. **Applicant's Agent (Optional)** - Identify the person who is authorized to act as agent/representative in all matters pertaining to this application. Provide the name, position, organizational name, mailing address, telephone number and email address of the agent. Both the agent and the authorized official of the applicant must sign the application in this section.
15. **Property Owner's Certification (For DGW Permits Only)** - Provide the appropriate information under the certification for the property where the discharge takes place.
16. **Water Quality Management Plan Consistency Determination (CD) Certification** – For new or expanding projects or activities that will be assigned a permit category of A, B, ASC, GW, or T1, provide the necessary information and certification that the land area intended to be served by the proposed treatment works is within an area eligible for sewer service in accordance with the approved Water Quality Management Plan. A list of all Water Quality Management Plans in the State is provided below. The certification must be accompanied with a map identifying the land area intended to be served by the proposed treatment works on a U.S.G.S. quadrangle map or digital format map prepared in accordance with the Department's mapping standards at N.J.A.C. 7:1D Appendix A. The certification must be made by the applicant(s) for the NJPDES permit. The applicant(s) is the operating entity(ies) for the facility/site (see item 2 instructions). Water Quality Management Planning regulation information may be obtained on the Departments website at <http://www.nj.gov/dep/wrm/index.html>.

Water Quality Management Planning Areas

Atlantic County (all of Atlantic Co.)	Northeast New Jersey (Passiac, Essex, Bergen, Hudson, Union, Morris, & Somerset)
Cape May County (all of Cape May Co.)	Ocean County (all of Ocean Co.)
Lower Delaware (Salem & Cumberland Co.)	Sussex County (all of Sussex Co.)
Lower Raritan/MiddlesexCounty (Middlesex, Union & Somerset)	Tri-County (Burlington Co., Gloucester Co., & Camden Co.)
Mercer County (all of Mercer Co.)	Upper Delaware (Warren Co., Hunterdon & Morris)
Monmouth County (all of Mercer Co.)	Upper Raritan (Somerset & Hunterdon)

- 17. Electronic Communications** – If you DO NOT wish to receive communications related to the issuance of this NJPDES permit or authorization under a general permit electronically from the Department’s Division of Water Quality (DWQ), please check the checkbox. In addition, if you do not check the checkbox and wish for the electronic communications from DWQ related to the permit or authorization be sent to an email address(es) other than that which is identified in Section 2 of this application, please check the boxes associated with the applicable section(s) of the application where those email addresses are located.
- 18. Certification by Applicant** - The certification must be made by the applicant(s) for the NJPDES permit. The applicant(s) is the operating entity(ies) for the facility/site (see item 2 instructions).

Please complete this form in its entirety. The signed form can be scanned and emailed to DWQ_PAS@dep.nj.gov or, alternatively, mailed to:

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

Who may sign this form?

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:
 - 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
 - The authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures; or
- A duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).

For a partnership or sole proprietorship: A general partner or the proprietor or A duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).

For a government agency:

- A ranking elected official; or
- A 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); or
- A duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).