



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

Treatment Works Approval Permit Application

Refer to Instructions on Page 4 and Provide All Applicable Information. Please Print or Type.

1. APPLICANT/OWNER*

Name Telephone ()

Permanent Legal Address

City or Town State Zip Code E-mail

* Applicant/Owner should be the eventual owner of the proposed Treatment Works.

2. LOCATION OF ACTIVITY

Name of Facility/Site

Street Address/Location

Lot No. Block No.

City or Town State Zip Code

Municipality County

3. NEW JERSEY LICENSED PROFESSIONAL ENGINEER

Name N.J. License No.

Name of Firm, if employee

Mailing Address

City or Town State Zip Code

Telephone () Fax () E-Mail

4. ESTIMATED CONSTRUCTION COST AND APPLICATION FEE

A. Cost of treatment works proposed in this application \$ (Attach a breakdown of the cost of all items related to the construction of the proposed treatment works).

B. Application Fee \$ (In accordance with N.J.A.C. 7:1C-1.5 et seq., made payable to Treasurer, State of NJ, Environmental Services Fund).

5. OTHER REQUIRED PERMITS

As a condition of the following applications have been submitted for this project, provide the applicable information.

Permit Type	Application Status		Application Date (or Application No.)
	<u>Pending</u>	<u>Approved*</u>	
● Treatment Works Approval			_____
● Exemption From Sewer Ban			_____
● Water Quality Management Plan Amendment			_____
● CAFRA			_____
● Stream Encroachment			_____
● Freshwater Wetlands			_____
● Tidal or Coastal Wetlands			_____
● Waterfront Development			_____
● NJPDES Permits			_____
● Pinelands Certificate			_____
● Delaware & Raritan Canal Commission			_____
● Hackensack/Meadowlands Commission			_____
● Other Related Approvals			_____

(* If any of the above applications were approved, please provide a copy of the approval with this application).

6. PROJECT DESCRIPTION (Brief Description of Proposed Treatment Works and Intended Use).

10. PROPER CONSTRUCTION AND OPERATION CLAUSE

I, the Applicant/Owner, _____ agree that the treatment works will be properly constructed and operated in accordance with the engineering plans, specifications and conditions under which approval is granted by the Department of Environmental Protection.

Signature of Applicant/Owner

Date

Print or Type: Name and Position _____

11. CERTIFICATION BY APPLICANT/OWNER

I certify, under penalty of law, that the information provided in this application and the attachments is true, accurate, and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment.

Signature of Applicant/Owner

Date

Print or Type: Name and Position _____

INSTRUCTIONS FOR COMPLETING FORM TWA - 1

This form should accompany all Treatment Works Approval permit applications.

1. **General Information** - (items #1 through #4, #6) Complete the requested applicant and project information.
2. **Other Required Permits** (item # 5) - Please list all permits issued for the subject project (in addition to the permits being applied for at this time).
3. **Signatures** (items #7 through #11) - All signatures must comply with N.J.A.C. 7:14A-4.9 and N.J.A.C. 7:14A-22.8. Where indicated under items #1, #10 and #11, the applicant/owner should be the eventual owner of the proposed treatment works. Item #8 shall be completed by the owner of the property.

Should you need assistance in completing the application, please call the appropriate phone number listed below:

◆ **Bureau of Construction & Connection Permits**
(609) 984-4429
Municipal Treatment Works, Industrial
Treatment Works, Sewer Extension, Sewer Ban
Exemption, Subsurface Disposal Systems

◆ **Bureau of Nonpoint Pollution Control**
(609) 633-7021
Alternate Design Septic Systems
(design flow less than 2,000 GPD)