NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
MAIL CODE 401-04Q
DIVISION OF WATER SUPPLY & GEOSCIENCE
BUREAU OF WATER ALLOCATION & WELL PERMITTING
P.O. BOX 420
TRENTON, NEW JERSEY 08625-0420
(609) 984-6831

WATER ALLOCATION PERMIT APPLICATION

NEW OR MAJOR MODIFICATIONS

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION FORM.
Provide all requested information, as applicable.

A. LOCATION AND PROPERTY INFORMATION

The Department is now maintaining a single database of regulated sites. The following information will prevent unnecessary duplication of data.

1. ACTUAL DIVERSION LOCATION

Name of Facility Application is for (For facilities pending or under construction, please use the proposed facility name)

_____

Street Address/Location (or nearest cross streets if no address is available; P.O. Boxes are not acceptable)

_____

City or Town_____ State _____ Zip Code _____+_____

Municipality _____ Does the Facility span multiple municipalities? Yes ☐ No ☐

County _____ Does the Facility span multiple counties? Yes ☐ No ☐

2. PROPERTY/LAND OWNERS(S) INFORMATION

Name _____ Telephone ( ) _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____+_____

Organization Type: (Check one)
☐ Authority/District/Commission ☐ Municipal ☐ County ☐ State
☐ Commercial/Industry ☐ Individually Owned ☐ Utility ☐ Corporation
☐ Investor (Non-BPU) ☐ Investor (BPU) ☐ Other _____

3. APPLICANT/OPERATING ENTITY(IES)

Name _____ Telephone ( ) _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____+_____

Fax ( ) _____ E-Mail address _____

CONTACT INFORMATION

Application Contact (contact at the above address for all application matters):

If an agent has been authorized under the certification section of the application to act as the agent/representative in all matters pertaining to the application, please check here: ☐

If an agent has not been authorized, provide an Application Contact:

Name _____ Telephone ( ) _____

Report Form Recipient/Permit Contact (contact at the above address for permit information and monitoring reports):

Name _____ Telephone ( ) _____

Title _____ Department _____

4. RESPONSIBLE ENTITY/ORGANIZATION

If the responsible organization is the Applicant located in No. 3 above, check here: ☐

If the responsible organization is different from the Applicant in No. 3 above, complete the following:

Organization Name _____ Telephone ( ) _____

Mailing Address _____

City or Town_____ State _____ Zip Code _____+_____

Fax ( ) _____ E-Mail _____

Organization Type: (Check one)
☐ Authority/District/Commission ☐ Municipal ☐ County ☐ State
☐ Commercial/Industry ☐ Individually Owned ☐ Utility ☐ Corporation
☐ Investor (Non-BPU) ☐ Investor (BPU) ☐ Other _____

5. BILLING CONTACT

Billing should go to mailing address of:

☐ Responsible Entity/Organization address in No. 4 ☐ Applicant/Operating Entities address in No. 3

Name _____ Telephone ( ) _____

6. OTHER PERMITS/AGENCIES

Provide the following for any other state, local or federal permit that has been applied for <u>in relation to this project</u>.

Permit Type	Application No./ Permit No./Relevant DEP No.	Application Date	Application Status
● Water Quality Management Plan Amendment			
● Safe Drinking Water System/Potable Water Supply Well or Intake			
● Hazardous Waste Management Program			
● Land Use Permits (Freshwater Wetlands, etc.)			
● Relevant Environmental Permits – Including Federal, State, & Local Approvals – Specify:			

Is the project located within the New Jersey Pinelands Area? ___ Yes ___No

If this application includes a new source of supply, which is located in the New Jersey Pinelands Area, or is for an increase in allocation, then a Certificate of Filing from the New Jersey Pinelands Commission must be submitted with the application. The Pinelands Commission can be contacted at (609) 894-7300.

Is the project located in the Delaware River Basin? ___Yes ___No

If Yes, has a docket been issued for this project by the Delaware River Basin Commission?

___Yes Docket No. _____

___No Docket applied for on _____ (Date)

The Delaware River Basin Commission can be contacted at (609) 883-9500.

B. CERTIFICATIONS

In cases where the official required to sign Certification 1 below is the same person as the official required to sign the Certification 2 below, only Certification 1 need be signed. In all other cases, both certifications shall be completed.

1. HIGHEST RANKING INDIVIDUAL OF FACILITY

This certification is to be signed by the highest-ranking individual at the facility with overall responsibility for that facility.

I certify under penalty of law that the information provided in this document 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.

_____ _____

Date Signature

_____

Name (please print)

_____

Title

2. HIGHEST RANKING INDIVIDUAL

This certification shall be signed as follows:

(a) For a corporation, by a principal executive officer of at least the level of vice president; or
(b) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
(c) For a municipality, State, Federal or other public agency, by either the principal executive officer ranking elected official.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including the possibility of fines and/or imprisonment.

_____ _____

Date Signature

_____

Name (please print)

_____

Title

3. Applicant's Agent (if applicable)

I, the Applicant/Owner _____ *or Applicant/Operator (when the owner of the facility and the operator of the facility are distinct parties)* _____ *or Co-permittee (if applicable)* _____ *authorize to act as my agent/representative in all matters pertaining to my application the following person:*

Name _____ Phone _____

Company/Employer _____

Address _____ County _____

City or Town _____ State _____ Zip Code _____

Occupation/Profession _____

_____
(Signature of Applicant/Owner)

_____
(Signature of Applicant/Owner)

_____
(Signature of Co-permittee)

AGENT'S CERTIFICATION

Sworn before me
this _____ day of
_____ 20 _____

_____
Notary Public

I agree to serve as agent for the above mentioned applicant

_____
(Signature of Agent)

4. Statement of Preparer of Plans, Specifications, Surveyors or Technical Report (if applicable)

I hereby certify that the engineering plans, specifications and engineer's report applicable to this project comply with the current rules and regulations of the State Department of Environmental Protection with the exceptions as noted.

_____
(Signature of Engineer)

_____
Type: Name and Date

_____
Position, Name of Firm

PROFESSIONAL ENGINEER'S
EMBOSSED SEAL

C. Required Submittals/ Application Attachments

Check to ensure the following are included with the application:

Included		
☐	1.	Permit Application Fee submitted with copy of original signed application
☐	2.	Proof of Meter Calibration for each source
☐	3.	Technical Report
☐	4.	Aquifer Test Analysis/ Hydrogeologic Report Test Start Date _____ End Date _____ *If not required, please indicate why:*_____
☐	5.	Water conservation and Drought Management Plan *If not required, please indicate why:*_____
☐	6.	Information supporting Future Demands Projections listed in Section E.1.
☐	7.	**Send a PDF version of this application and attachments to: waterallocation@dep.nj.gov**

D. Diversion Request and Diversion Source Information

This application is for: (Please check one, as appropriate)

- ☐ Existing Diversion, not previously permitted
- ☐ New Diversion, not previously permitted
- ☐ Modification of existing Permit No. _____ Activity No. (if known) _____

1. Present Allocation:
   a. Groundwater: _____ million gallons of water per month at a maximum rate of _____ gallons per minute.

   Please note the present Aquifer Specific Allocation:

Aquifer/Formation Name	Present Allocation (million gallons)	
	Per Month (mgm)	Per Year (mgy)

   b. Surface water: _____ million gallons of water per month at a maximum rate of _____ gallons per minute.
   c. All sources: _____ million gallons of water per month at a maximum rate of _____ gallons per minute.
   d. All sources: _____ million gallons of water per year.

2. Requested Allocation:
   a. Groundwater: _____ million gallons of water per month at a maximum rate of _____ gallons per minute.

   Please note the requested Aquifer Specific Allocation:

Aquifer/Formation Name	Requested Allocation (million gallons)	
	Per Month (mgm)	Per Year (mgy)

   b. Surface water: _____ million gallons of water per month at a maximum rate of _____ gallons per minute.[1]

[1] *If source specific surface water allocations are requested, please attach requests as necessary.*

c. All sources: _____ million gallons of water per month at a maximum rate of _____ gallons per minute.

d. All sources: _____ million gallons of water per year.

Note: Monthly allocations are established based upon the maximum withdrawal expected during any one month (31 days) of the calendar year.

3. Diversion to be used for _____.

4. Complete the following for each existing and proposed diversion source:

a. Groundwater (wells)

State Well Permit No. (mandatory[1])	Well Local Name	Location Description	Existing (E) Proposed (P)	Proposed Maximum Withdrawal Rate (million gallons)	
				Per Month	Per Year

b. Surface water (streams, reservoirs, ponds)

Intake Subject Item Identification No. [2]	Intake Local Name	Location Description	Existing (E) Proposed (P)	Proposed Maximum Withdrawal Rate (million gallons)	
				Per Month	Per Year

5. Complete Addendum A and B for each existing and proposed diversion source.

[1] State Well Permit No. is mandatory for existing wells (see instructions).

[2] Intake Subject Item Identification No. is the identification number assigned to the intake by the DEP. For existing, approved sources, this number can be found on the Pre-Printed Monitoring Report Forms or the existing permit.

6. Complete the following for each existing and proposed surface water diversion:

Nearest USGS Gaging Station*	Drainage Area Above Gage (sq. miles)	FLOW AT GAGE (cfs)				
		Maximum	Minimum	Mean	Annual Average	MA7CD10

(*) The United States Geological Survey (USGS) can be contacted at (609) 771-3900.

E. WATER USE

1. The current and projected average and peak water demands in million of gallons for 5 year intervals are as follows:

WATER DEMAND	AVERAGE DEMAND			PEAK DEMAND	
	Daily	Monthly	Annual	Daily	Monthly
Current Demand					
5 Year Projections					
10 Year Projections					
15 Year Projections					

2. Present annual average water use:

WATER USE	Self Supplied		Other Sources (mgd)	Total (mgd)	Estimated Consumptive Use[1] (%)
	Ground (mgd)	Surface (mgd)			
Domestic Supply					
Industrial Process					
Industrial Cooling					
Irrigation					
Commercial					
Remediation					
Other					
Total Water Use					

[1] Consumptive use is water withdrawn that is not returned to the surface or ground waters at or near the point from which it was taken without substantial dimunition in quantity or substantial impairment of quality.

3. The water, after use for above purposes stated in D3, will discharge into _____ (Name of Stream, Sewage System, or Subsurface Disposal System). For wastewater discharged directly by the facility or via a sewerage system to treatment plant, provide the location of the plant and its NJPDES Permit Number.
   Location:_____

   NJPDES Permit No. _____

4. For non-potable diversions, what is the source of water for sanitary use? _____

F. MAPPING REQUIREMENTS

1. Attach a U.S.G.S. 7 ½ minute quadrangle map depict the location of the following:

Included		
☐	a.	Each existing and proposed withdrawal source such as: well, pond or stream.
☐	b.	All permitted and certified diversions within a one-mile radius, for proposed diversions from a water table aquifer. *If not required, please indicate why:*_____
☐	c.	All permitted and certified diversions within a five mile radius, for proposed diversions from a confined or semi-confined aquifer. *If not required, please indicate why:*_____
☐	d.	All water supply wells in the same or interconnected aquifer within the radius of influence of the proposed diversion.
☐	e.	Landfills and groundwater contamination sites within twice the radius of influence of the proposed diversion, up to one mile.
☐	f.	All upstream and downstream surface water diversions. (surface water applications only) *If not required, please indicate why:*_____
☐	g.	All upstream and downstream wastewater discharges to surface waters. (surface water applications only) *If not required, please indicate why:*_____
☐	h.	All freshwater wetlands within the radius of influence of all proposed wells in an unconfined formation. All wetlands at the site for proposed wells in a confined or semi-confined aquifer.

2. Associated Required Summary Tables for Mapping :

Included		
☐	a.	For Items 1 b, c, & d, provide a **summary table** with the owner's name, well permit number, well depth, pump capacity and setting, geological formation and the distance from the applicant's withdrawal sources. **DO NOT SUBMIT COPIES OF INDIVIDUAL WELL RECORDS.**
☐	b.	For Item 1 e, provide a summary table with the site name, geological formations impacted, and the distance from the applicant's withdrawal sources.
☐	c.	For Items 1 f & g, provide a summary table with the name, amount of water diverted or discharged, NJPDES Permit Number, and the distance from the applicant's withdrawal sources. *If not required, please indicate why:*_____

3. Attach a site map at a scale less than 1:10,000 depicting the following:

Included		
☐	a.	The location (include longitude and latitude) of applicant's supply and/or observation wells, ponds, and surface water intakes. Any structures required for the proposed diversion shall also be shown.

G. IRRIGATION

Complete if water is to be used for irrigation purposes.

1. Check to ensure the following is included:

Included	
☐	Attach a copy of the Agricultural Extension Service recommendation as to the rates of application, total amounts of water required, and soil types to which water is to be applied. The Rutgers Cooperative Extension Service can be contacted at (848) 932-6326.
☐	Attach a diagram of the irrigation system piping between the diversion sources, any storage ponds and wet wells, up to the irrigation system distribution piping. Include the position of all water meters.

2. Irrigation is to be used for (e.g. golf course, landscape, grounds maintenance)

   _____

3. Describe the types of grasses, acreage and maximum need for each in extreme dry weather, in gallons per week.

   _____

   _____

   _____

4. Describe the irrigation system (type, capacity of nozzles in gpm, maximum number of nozzles operating at one time, average and maximum irrigation time in hours per day, how diversion is metered, how the ponds are fed.)

   _____

   _____

   _____

5. Is there any treated wastewater used for irrigation? ___Yes ___No
6. Provide details as to whether plants/grass are a low water using variety. If low water using varieties are not being used, explain why.

   _____

   _____

H. PUBLIC WATER/SUPPLY SYSTEMS

Complete only if diversion is for public water supply.

1. The following must be included <u>if the application is requesting an increase in allocation:</u>

Included	
☐	A list of all developments (commercial, industrial and residential) to be served by the requested increase that are currently under construction or have preliminary or final Planning Board approval. The list shall include a detailed description of the anticipated water need for each project and the estimated construction completion date. *If not required, please indicate why:*_____

2. Population
   a. Population supplied at the time of application: _____
   b. Provide source or basis as to how figure in 2a. was determined: _____
   c. The population supplied is projected to be _____ by the year _____. The method used to calculate the population is (or include in attached report): _____

      _____

3. Estimated Consumption (average day of maximum month (MGD)):
   a. Immediate _____
   b. Future (_____ years) _____
4. Quantity or percentage of water supplied during the last calendar year for the following:

	Annual	Maximum Month
Total	_____	_____
Domestic	_____	_____
Commercial	_____	_____
Industrial	_____	_____
Other	_____	_____

5. Quantity or percentage of unaccounted-for water (as defined by N.J.A.C. 7:19-6.2): _____ for _____ (Year), of a total water production of _____ million gallons.
6. Number of Service Taps: Domestic _____ Commercial and Industrial _____

   Number of Meters: Domestic _____ Commercial and Industrial _____
7. Capacity of Plant (gallons daily) _____
8. Total System Storage (million gallons) _____
9. The following is required for all Public Water Supply Applications:

Included		
☐	a.	Provide a list of **all contracts** with other municipalities or water companies to supply or purchase water. Provide copies of the all contracts not previously approved by the Bureau.
☐	b.	List of **municipalities to be supplied**. Submit a map of the service area when not restricted by established municipal limits. (If not submitted previously.)
☐	c.	List of **all interconnections,** size of each interconnection, and the water system serviced.
☐	d.	Other drawings and information deemed pertinent.

I. AQUIFER TESTING

1. This section applies to the following types of Water Allocation permit applications for groundwater diversions:
   a. New diversion sources
   b. Request for an increase in monthly and/or annual allocation
   c. Request for an increase in pump capacity for an existing source (well)
2. All applicants required to perform an aquifer test as a part of an application should follow procedures established in "Hydrogeologic Testing and Reporting Procedures in Support of New Jersey Water Allocation Permit Applications" (TM12-2). A copy of this technical memo is available at http://www.nj.gov/dep/watersupply/a_allocat.html . All testing procedures, analysis, and reports must be in conformance with the Bureau's guidelines.
3. It is recommended that the applicant submit a hydrogeologic test proposal for all testing prior to submission of a complete application. Approved test proposals, fieldwork, and analysis submitted with an application will expedite the review of the application. Information on the contents of a complete proposal and final report can be found in Tables 1 and 4 of the guidelines document noted in number 2 above.

   Any aquifer test that is conducted without prior approval by the Bureau is done so "at risk" by the applicant. The Bureau may not accept the test results and/or may require additional tests to be performed.

ADDENDUM A
SOURCE DATA FOR GROUNDWATER (WELLS)

Complete Well information for all existing and proposed sources. This information is mandatory. Refer to instructions for acceptable values. Please reference the same State Well Permit Numbers and Well Names as referenced in Section D of the application. Attach additional copies of addendum as needed.

State Well Permit No.		**State Well Permit No.**	
Well Local Name		**Well Local Name**	
Date Drilled		**Date Drilled**	
Total Finished Depth (feet) (include tailpiece if any)		**Total Finished Depth (feet) (include tailpiece if any)**	
Depth to Top of Open Hole Interval or Screen (feet)		**Depth to Top of Open Hole Interval or Screen (feet)**	
Depth to Bottom of Open Hole Interval or Screen (feet)		**Depth to Bottom of Open Hole Interval or Screen (feet)**	
Rated Pump Capacity (gpm)		**Rated Pump Capacity (gpm)**	
Yield (gpm)		**Yield (gpm)**	
Aquifer/Geological Formation		**Aquifer/Geological Formation**	
Elevation Information:		**Elevation Information:**	
Site Elevation		**Site Elevation**	
Elevation System Description		**Elevation System Description**	
Elevation Method Description		**Elevation Method Description**	
Absolute Elevation Accuracy		**Absolute Elevation Accuracy**	
Absolute Elevation Accuracy Units (feet or meters)		**Absolute Elevation Accuracy Units (feet or meters)**	
Locational Information:		**Locational Information:**	
X coordinate (e.g. Longitude) of well center		**X coordinate (e.g. Longitude) of well center**	
Y coordinate (e.g. Latitude) of well center		**Y coordinate (e.g. Latitude) of well center**	
Coordinate System Code and Description		**Coordinate System Code and Description**	
Coordinate Method Description		**Coordinate Method Description**	
Absolute Location Accuracy		**Absolute Location Accuracy**	
Accuracy Units (feet or meters)		**Accuracy Units (feet or meters)**	

ADDENDUM B

SOURCE DATA FOR SURFACE WATER (STREAMS, RESERVOIRS, PONDS)

Complete Intake information for all existing and proposed sources. This information is mandatory. Refer to instructions for acceptable values. Please reference the same Source Intake ID and Intake Local Name as referenced in Section D of the application. Attach additional copies of addendum as needed:

Source Intake SI ID (if already permitted)	
Intake Local Name	
Rated Pump Capacity (gpm)	
MA7CD10 (cfs) at intake opening	
Requested Passing Flow (cfs)	
Surface Water Quality Classification	
Drainage Area Above Intake (square miles)	
Locational Information:	
X coordinate (e.g. Longitude) of intake opening	
Y coordinate (e.g. Latitude) of intake opening	
Coordinate System Code and Description	
Coordinate Method Description	
Absolute Location Accuracy	
Accuracy Units (feet or meters)	

Source Intake SI ID (if already permitted)	
Intake Local Name	
Rated Pump Capacity (gpm)	
MA7CD10 (cfs) at intake opening	
Requested Passing Flow (cfs)	
Surface Water Quality Classification	
Drainage Area Above Intake (square miles)	
Locational Information:	
X coordinate (e.g. Longitude) of intake opening	
Y coordinate (e.g. Latitude) of intake opening	
Coordinate System Code and Description	
Coordinate Method Description	
Absolute Location Accuracy	
Accuracy Units (feet or meters)	

INSTRUCTIONS FOR COMPLETING BWA-001A

1. GENERAL INSTRUCTIONS

This form includes nine sections, A through I and Addenda A and B. Section G applies to irrigation water users (other than Agricultural/Horticultural water users certified by the County Agricultural Agent under N.J.A.C. 7:20A-1 et seq.). Section H applies to Public Water Suppliers. Section I establishes the types of ground water diversions that require aquifer tests. Addenda A and B apply to each individual diversion source for all applicants. **All applicable sections must be completed or the application will be returned.**

Applications must reference valid State Well Permit Numbers and wells must be permitted for their intended use. A well search can be scheduled by the applicant or performed by the Department for a fee. **Applications without valid State Well Permit Numbers for existing wells will be returned.**

All information required by the regulations under N.J.A.C. 7:19-2.2 must be addressed in this application.

A. Site Location Information

1. Actual Diversion Location - Provide the Name of the Facility of which the application is for, the physical street address or nearest cross streets of the diversion location. Attach additional sheets if more than one physical location applies.
2. Property/Land Owners – Provide the legal name for the owner of the property/land on which the diversion is located.
3. Applicant/Operating Entity(ies) – Provide the name, as it is legally referred to, of the operating entity of the subject facility. The operating entity is the firm, public agency, individual, or other entity which has the primary management and decision making authority over any part of the facility/site.

   The Application Contact is the individual responsible for all aspects/inquiries regarding the application. Check the Agent box if an Agent has been designated in Section B3 of the Application. The Report Form Recipient/Permit Contact is the designated individual responsible for completing Quarterly Monitoring Report Forms. All Monitoring Report Forms will be mailed to the Report Form Recipient/Permit Contact designated at the Operating Entities address.
4. Responsible Entity/Organization – The person, company, or corporation financially responsible for the activity relating to the diversion and has overall legal responsibility of the activities occurring at the site. The organization liable or accountable for overall facility operations. The responsible entity may be the same as the Applicant/Operating Entity noted in Section A3. If so, check the appropriate box provided. If not, provide the requested information for the Responsible Entity
5. Billing Contact – Check the box of the appropriate address (either the Responsible Entity/Organization or the Applicant/Operating Entity) and indicate the individual contact for all billing inquiries.
6. Other Permits – Provide information for all other permits applied to in relation to the project and diversion activities, as indicated.

B. Certifications – Provide Certifications as indicated in Section B.

C. Required Submittals/Application Attachments

1. For new or modification applications the appropriate application processing fee shall be paid with submission of the application. Refer to Section 3 of the instructions for fee schedule.
2. All diversion sources must be metered prior to treatment. Submit evidence to demonstrate that the flow meter for each source has been calibrated within the past five years. Also include the type of meter for each source. Evidence of meter calibration is not required for proposed new sources (meters must be installed on all approved new sources, however). If the diversion is not metered at each source prior to treatment, please indicate why.
3. Include a technical report with appropriate maps, charts, calculations, etc., that substantiates (a) the necessity for the proposed supply and (b) that the diversion of the quantity of water requested will not unduly interfere with other existing supplies and is not likely to exceed the natural replenishment of the water resources or render them unfit for use by the intrusion of salt water, by contamination, or from any other cause.

   For new or modified surface water diversions only, the technical report must include appropriate maps, hydrological calculations including flow duration curves and hydrographs, charts, etc. demonstrating that the stream or reservoir will provide sufficient yield of water for the requested allocation and that the requested diversion will not unduly interfere with downstream water users, will not cause degradation of water quality, and will not produce unsanitary conditions downstream during dry season flow.

4. For new or modified ground water diversions, a hydrogeologic report or aquifer test, or both, may be required. Refer to Section I for criteria to determine whether such technical data is required. Two copies of the hydrogeologic report shall be submitted.
5. A completed Water Conservation and Drought Management Plan. Separate instructions and worksheets for completing the plan should be obtained by contacting the Bureau of Water Allocation & Well Permitting. A Conservation Plan is not required if the application is for ground water remediation, sand and gravel mining, or where diverted water is returned in undiminished quantity to its source.
6. Supporting information that shows how the future demands were determined in Section E.1. of the application.

For Sections D through I, please provide all information as requested in the section.

2. Instructions for Completing Addenda A and B

The following tables provide the acceptable values for completing Addenda A and B.

Elevation Information

Elevation System Description
Feet above sea level
Meters above sea level

Elevation Method Description
Approximate address match
DEP program database
Digital image
Exact address match
GPS
Hard copy match
Licensed Surveyor
Topographic Map
Plot Plan
Proposed Elevation-Digital Image
Proposed Elevation-Hard Copy Map

Absolute elevation accuracy is the uncertainty in feet or meters of the elevation measurement.

Locational Information

USGS quadrangle maps have the coordinate system printed on the map. GPS units can usually be set to display a variety of coordinate systems. New Jersey State Plane 83 – USFEET is the State standard.

Coordinate System Code	Coordinate System Description*
22	Lat/Long (NAD27) – Decimal Degrees
27	Lat/Long (NAD27) – DMS
21	Lat/Long (NAD83) – Decimal Degrees
20	Lat/Long (NAD83) – DMS
09	New Jersey State Plane 27 – USFEET
02	New Jersey State Plane 83 – Meters
01	New Jersey State Plane 83 – USFEET
26	UTM (NAD27) – Meters
08	UTM Zone 18N – Meters
03	UTM Zone 18N (78 W to 72 W) – Kilometers

Coordinate Method Description
GPS
DEP Program Database
Exact Address Match
Digital Image (such as i-Map)
Hard Copy Map
Other (Describe)
Approximate Address Match
Proposed Location - Digital Image (such as i-Map)
Proposed Location - Hard Copy Map

*Coordinates obtained historically from BWA are likely to be Lat/Long (NAD27) – DMS

Absolute location accuracy is the uncertainty in feet or meters of the location from actual ground truth. Modern GPS units can provide this number **.**

3. Permit Application Fee Schedules

From the following tables, determine the size of the allocation requested in terms of class, based upon the maximum monthly allocation (from all sources) requested.

Class 1: From 3.1 mgm to less than 15.5 mgm
Class 2: From 15.5 mgm to less than 31 mgm
Class 3: From 31 mgm to less than 62 mgm
Class 4: From 62 mgm to less than 155 mgm
Class 5: From 155 mgm to less than 310 mgm
Class 6: From 310 mgm and above

Find the proper fee in the following schedules according to the class (based on the requested rate above) and source of water for the intended diversion. An applicant with both surface and ground water sources is assessed at the ground water rate.

1. An applicant for a new or modified permit may pay the application fee in full in accordance with the following schedule:

Initial Fees for New Applications and Modification Fees:		**Class 1**	**Class 2**	**Class 3**	**Class 4**	**Class 5**	**Class 6**
i.	Surface water diversions	$7,445	$8,390	$10,830	$18,675	$20,400	$22,135
ii.	Ground water diversions	$9,325	$10,470	$13,530	$23,350	$25,435	$27,160
iii.	Ground and surface water diversions in which waters are returned undiminished to the source	$4,440	$5,950	$7,445	$8,960	$10,340	$11,720

2. An applicant for a new or modified permit may pay the application fee in three installments pursuant to N.J.S.A. 13:1D-124, in accordance with the following schedule:

Initial Fees/ Modification Fees:			**Class 1**	**Class 2**	**Class 3**	**Class 4**	**Class 5**	**Class 6**
i.	Surface water diversions	(1)	$2,485	$2,800	$3,610	$6,225	$6,800	$7,380
		(2)	$2,480	$2,795	$3,610	$6,225	$6,800	$7,380
		(3)	$2,480	$2,795	$3,610	$6,225	$6,800	$7,375
	TOTALS		$7,445	$8,390	$10,830	$18,675	$20,400	$22,135
ii.	Ground water diversions	(1)	$3,110	$3,490	$4,510	$7,785	$8,480	$9,055
		(2)	$3,110	$3,490	$4,510	$7,785	$8,480	$9,055
		(3)	$3,105	$3,490	$4,510	$7,780	$8,475	$9,050
	TOTALS		$9,325	$10,470	$13,530	$23,350	$25,435	$27,160
iii.	Ground and surface water diversions in which waters are returned undiminished to the source	(1)	$1,480	$1,985	$2,485	$2,990	$3,450	$3,910
		(2)	$1,480	$1,985	$2,480	$2,985	$3,445	$3,905
		(3)	$1,480	$1,980	$2,480	$2,985	$3,445	$3,905
	TOTALS		$4,440	$5,950	$7,445	$8,960	$10,340	$11,720

NOTE: (1) - First installment (due with application)
(2) - Second installment (due 20 days after notice of administrative completeness)
(3) - Third installment (due 20 days after notice of Department's final decision)

Please note that payment of the application fee in installments will delay the permitting process, as additional time is necessary for billing, payment processing and various administrative tasks associated with this option.

Please make checks payable to: "Treasurer, State of New Jersey". If you need assistance with determination of the fee, call the Bureau of Water Allocation & Well Permitting at (609) 984-6831.