

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**  
**MINOR MODIFICATION**

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

**A. LOCATION AND PROPERTY INFORMATION**

The Department maintains 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:  Authority/District/Commission  Municipal  County  State  
(Check one)  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 ( ) \_\_\_\_\_

Reporting 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:  Authority/District/Commission  Municipal  County  State  
 (Check one)  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/obtained in relation to this project.

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 or Public Development Approval (whichever is appropriate) 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 \_\_\_\_\_

E-Mail address \_\_\_\_\_

\_\_\_\_\_  
(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  
EMBOSSSED SEAL

**C. REASON FOR MINOR MODIFICATION**

Check the appropriate reason for minor modification request:

<input type="checkbox"/>	1.	A Replacement Diversion source within 100 feet of the original diversion source
<input type="checkbox"/>	2.	The Addition of a Backup Diversion source within 100 feet of the original diversion source
<input type="checkbox"/>	3.	Groundwater Remediation activities such as: -relocation or replacement of diversion source -increase of pump capacity -addition of diversion source
<input type="checkbox"/>	4.	The Addition of an Off-stream, bermed, lined pond
<input type="checkbox"/>	5.	Sale of Property: _____
<input type="checkbox"/>	6.	Other: _____

**D. REQUIRED SUBMITTALS/ APPLICATION ATTACHMENTS**

Check to ensure the following are included with the application:

Included		
<input type="checkbox"/>	1.	Map showing location(s) of any proposed/new source(s) in relation to existing source(s)
<input type="checkbox"/>	2.	Well Record any proposed/new source(s)
<input type="checkbox"/>	3.	Decommissioning Records for any wells being replaced

**E. DIVERSION REQUEST AND DIVERSION SOURCE INFORMATION**

This application is for a Minor 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.

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

2. Diversion to be used for \_\_\_\_\_.

3. Complete the following for each diversion source:

**a. Groundwater (wells)**

State Well Permit No. (mandatory)	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. <sup>2</sup>	Intake Local Name	Location Description	Existing (E) Proposed (P)	Proposed Maximum Withdrawal Rate (million gallons)	
				Per Month	Per Year

4. Complete Addendum A and B for each diversion source.

**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.

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

## 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:

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



## INSTRUCTIONS FOR COMPLETING BWA-001D

### 1. GENERAL INSTRUCTIONS

This form includes eight sections, A through H, plus 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. 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. Reason for Minor Modification – check the appropriate reason.

D. Provide all information as requested in this section.

E. Provide all information as requested in this 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	Elevation Method Description
Feet above sea level	Approximate address match
Meters above sea level	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*	Coordinate Method Description
22	Lat/Long (NAD27) – Decimal Degrees	GPS
27	Lat/Long (NAD27) – DMS	DEP Program Database
21	Lat/Long (NAD83) – Decimal Degrees	Exact Address Match
20	Lat/Long (NAD83) – DMS	Digital Image (such as i-Map)
09	New Jersey State Plane 27 – USFEET	Hard Copy Map
02	New Jersey State Plane 83 – Meters	Other (Describe)
01	New Jersey State Plane 83 – USFEET	Approximate Address Match
26	UTM (NAD27) – Meters	Proposed Location - Digital Image (such as i-Map)
08	UTM Zone 18N – Meters	Proposed Location - Hard Copy Map
03	UTM Zone 18N (78 W to 72 W) – Kilometers	

\*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.