

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Code 401-04Q

Div of Water Supply & Geoscience - Bureau of Water Allocation & Well Permitting 401 East State Street – P. O. Box 420, Trenton, New Jersey 08625-0420

Administrative Hearing Checklist

Title a	ind Type of I		1 5	. CD	
Progra Permi	im Interest II t / Document	D: t Number:	Issuance D	ate of Decision:	
	n Requesting				
Name	Company:_	1\			
Addre	ss (street/roa	nd)		C + +	7' 0 1
City/ I	own			State	Zip Code
Name	of Attorney	(if applicable):			
Addre	es of Attorne	(II applicable)			
City/T	own			State	Zip Code
City/ I				State	Zip code
The fo	ollowing mus	st be included with th	ne request:		
	_	e appellant received t	•		
	A copy of the permit with a list of all permit conditions and issues contested;				
		nd factual questions a			-,
				each legal and factual	issues during the public con
u.	period of th		the permittee raised (acii iegai ana iactuai	issues during the public con
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	Suggested 1	ravicad or alternative	permit conditions:		
		revised or alternative			
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