



**State of New Jersey  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Mail Code 401-04Q**

**Division of Water Supply & Geoscience – Bureau of Water System Engineering  
401 East State Street – P. O. Box 420, Trenton, New Jersey 08625-0420**

**Application Form for a Storage Waiver**

**1. Applicant Details**

Applicant/Owner/Company Name<sup>2</sup> \_\_\_\_\_

PWSID \_\_\_\_\_

Permanent Legal Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

**2. Details of Facility**

Name of Facility \_\_\_\_\_

Address of Facility (Street/Road) \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_

Zip Code \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

State Plane coordinates (NAD83 US Feet) X (Easting) = \_\_\_\_\_ Y = (Northing) \_\_\_\_\_

Coordinates are for the:  Entrance  Well  Treatment Plant  
 Survey Method:  Digital Image  GIS  Survey  Map  Other

**3. Type of Waiver Request**

This is an initial application  This is a renewal application of prior waiver ID: \_\_\_\_\_

I hereby request a waiver to the water storage requirement of N.J.A.C. 7:19-6.7. The water system is (check the applicable box and complete applicable section):

- A small water system with 500 or less service connections. Complete waiver criteria under Section A
- A 100 % bulk purchase system utilizing the supplying system’s storage. Complete waiver criteria under Section B
- A bulk distribution (wholesaler) water system with a transmission system without storage. Complete waiver criteria under Section C
- Requesting a hardship exemption to the small water system storage waiver requirements for a system with less than 100 service connections. Complete waiver criteria under Section D

**To avoid return of application ensure that all the fields are completed for pages 1 and 8 and Waiver Criteria section A, B, C or D (as applicable)**

**4. Waiver Criteria**

**Section A – Small Water System with 500 or less service connections**

(check applicable boxes and provide required data):

**i. System Demands**

- The water system has 500 or less service connections; Number of connections \_\_\_\_\_
- The water system does NOT provide any fire protection (no fire hydrants or fire suppression sprinklers);

The water system's average demand is:

Daily = \_\_\_\_\_ gpd; Monthly = \_\_\_\_\_ MGM; Yearly = \_\_\_\_\_ MGY

**ii. System Resiliency**

- The system has a backup well(s) capable of supplying the average day demand. Provide the following information.  
The primary well capacity = \_\_\_\_\_ gpd and the well permit number is \_\_\_\_\_  
The backup well capacity = \_\_\_\_\_ gpd and the well permit number is \_\_\_\_\_
- The system has an interconnection with another water system with a written agreement (enclose copy with application) that is capable of supplying the average day demand and the interconnection is with:  
Name \_\_\_\_\_ PWSID \_\_\_\_\_ Capacity = \_\_\_\_\_ gpm

Provide details of any other supplemental wells or interconnections:

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**iii. Auxiliary Power**

- The system has auxiliary power.
- Auxiliary power is adequate to power the equipment needed to supply and treat the average daily demand at a minimum pressure of 20 PSI at street level.
- The auxiliary power source is hard wired to the facility.
- The facility is wired for, and the auxiliary power is provided with, a "quick connect" type of connection.
  - The auxiliary power unit is located on-site. (A rental agreement & offsite storage is not acceptable).
- The water system has sufficient fuel for the auxiliary power source to maintain full operations for 12 hours<sup>1</sup>.

Fuel Type =  Diesel  Natural Gas  Battery  Gasoline  Hydroelectric  Propane  
 Other \_\_\_\_\_

Volume required for 12 hours<sup>1</sup> of full operation \_\_\_\_\_ gallons.

Volume of fuel stored \_\_\_\_\_ gallons.

Go to Section 5 **Certification**

**Section B – 100 % bulk purchase system utilizing the supplying system’s storage**

(check applicable boxes and provide required data):

Does the system receive all its water via one interconnection? Yes  Complete Section B1  
 No  Complete Section B2

**Section B1**

Name of supplying system \_\_\_\_\_ PWSID \_\_\_\_\_ Capacity = \_\_\_\_\_ gpm

Does the system have less than 100 service connections?  
 Yes  Are you applying for a hardship exemption? Yes  Complete Section 4C  
 No  Ineligible for a Storage Waiver need to comply with N.J.A.C. 7:19-6.7  
 No  Ineligible for a storage waiver.

**Section B2**

**i. System Demands**

The water system’s average demand is:  
 Daily = \_\_\_\_\_ MGD; Monthly = \_\_\_\_\_ MGM; Yearly = \_\_\_\_\_ MGY

The water system’s peak day demand is: \_\_\_\_\_ MGD;

**ii. System Interconnection**

Active and/or Emergency Interconnection(s) shall be maintained and tested at the required capacity in accordance with N.J.A.C. 7:19-6.9. The bulk purchaser shall be aware of and document any water quality or hydraulic differences and constraints in their system when operating/testing a back-up/emergency interconnection(s).

**iii. System Resiliency**

Itemize information pertaining to each interconnection (pipe) that can be utilized to supply peak demands. Note that peak demands must be able to be met if the largest interconnection is out of service.

Supplying Water System		Interconnection Name	Size (inches)	Capacity (MGD)	If Pumped		Contract		Interconnection used/tested at operational capacity in past 12 months?
Name	PWSID				Firm Capacity	Aux Power (Y/N)	Contract Limit MGD	Expiry Date	

Unless the purchase contract expressly references the provision of storage capacity (enclose a copy of the contract), written acknowledgement of each water system listed above is required on the next page because their storage requirements will need to accommodate your system demand.

Supplying System Name: \_\_\_\_\_ PWSID \_\_\_\_\_

The Public Community Water Supplier hereby acknowledges that if a storage waiver is granted, the storage requirement of the applicant lies with the supplying water system.

Authorized representative: \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

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Supplying System Name: \_\_\_\_\_ PWSID \_\_\_\_\_

The Public Community Water Supplier hereby acknowledges that if a storage waiver is granted, the storage requirement of the applicant lies with the supplying water system.

Authorized representative: \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

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Supplying System Name: \_\_\_\_\_ PWSID \_\_\_\_\_

The Public Community Water Supplier hereby acknowledges that if a storage waiver is granted, the storage requirement of the applicant lies with the supplying water system.

Authorized representative: \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

Go to Section 5 **Certification**

**Section C– A bulk distribution (wholesaler) water system with a transmission system without storage**

(check applicable boxes and provide required data):

**i. System Demands**

The water system’s average production is:

Daily = \_\_\_\_\_ MGD; Monthly = \_\_\_\_\_ MGM; Yearly = \_\_\_\_\_ MGY

Allocated Demand to other water system(s):

Receiving Water System Name \_\_\_\_\_ PWSID \_\_\_\_\_

Daily = \_\_\_\_\_ MGD; Monthly = \_\_\_\_\_ MGM; Yearly = \_\_\_\_\_ MGY

The receiving water system’s peak day demand is: \_\_\_\_\_ MGD

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Allocated Demand to other water system(s):

Receiving Water System Name \_\_\_\_\_ PWSID \_\_\_\_\_

Daily = \_\_\_\_\_ MGD; Monthly = \_\_\_\_\_ MGM; Yearly = \_\_\_\_\_ MGY

The receiving water system’s peak day demand is: \_\_\_\_\_ MGD

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Allocated Demand to other water system(s):

Receiving Water System Name \_\_\_\_\_ PWSID \_\_\_\_\_

Daily = \_\_\_\_\_ MGD; Monthly = \_\_\_\_\_ MGM; Yearly = \_\_\_\_\_ MGY

The receiving water system’s peak day demand is: \_\_\_\_\_ MGD

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Allocated Demand to other water system(s):

Receiving Water System Name \_\_\_\_\_ PWSID \_\_\_\_\_

Daily = \_\_\_\_\_ MGD; Monthly = \_\_\_\_\_ MGM; Yearly = \_\_\_\_\_ MGY

The receiving water system’s peak day demand is: \_\_\_\_\_ MGD

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Allocated Demand to other water system(s):

Receiving Water System Name \_\_\_\_\_ PWSID \_\_\_\_\_

Daily = \_\_\_\_\_ MGD; Monthly = \_\_\_\_\_ MGM; Yearly = \_\_\_\_\_ MGY

The receiving water system’s peak day demand is: \_\_\_\_\_ MGD

**ii. Storage Waiver Request**

Indicate if report is attached that addresses the following items:

Provide justification as to why no water storage is provided.

Provide justification as to how water supply will be maintained for the system and purchasing system(s) in the event of source failure.

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**iii. Auxiliary Power**

- The system has auxiliary power.
- Auxiliary power is adequate to power the equipment needed to supply and treat the average daily demand at a minimum pressure of 20 PSI at street level.
- The alternative power source is hard wired to the facility.
- The facility is wired for and the auxiliary power is provided with a "quick connect" type of connection.
  - The auxiliary power unit is located on-site. (A rental agreement and offsite storage is not acceptable).
- The auxiliary power source has sufficient fuel to maintain full operations for 12 hours<sup>1</sup>.
 

Fuel Type =  Diesel  Natural Gas  Battery  Gasoline  Hydroelectric  Propane

Other \_\_\_\_\_

Volume required for 12 hours<sup>1</sup> of full operation \_\_\_\_\_ gallons. Volume of fuel stored \_\_\_\_\_ gallons.

Go to Section 5 **Certification**

**Section D – Requesting a hardship exemption to the small water system requirements**

If an exemption is granted, it will relate to the provision of an alternate source of supply such as a backup well or interconnection. Auxiliary power will still be required.  
(check applicable boxes and provide required data)

**i. System Demands**

- The water system has less than 100 service connections; Number of connections \_\_\_\_\_
- The water system does NOT provide any fire protection (no fire hydrants or fire suppression sprinklers);  
The water systems average demand is:  
Daily = \_\_\_\_\_ gpd; Monthly = \_\_\_\_\_ MGM; Yearly = \_\_\_\_\_ MGY

**ii. Hardship Exemption Request**

- Indicate if report is attached that addresses the following items:

For system with own source, provide justification as to why the system cannot construct a backup well.

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For system with own source, provide explanation as to why an interconnection with another public water system cannot be constructed.

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For 100% bulk purchase system, provide justification as to why a second interconnection cannot be constructed.

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Provide explanation as to how water supply shall be maintained in the event of well / interconnection failure.

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**iii. Auxiliary Power**

- The system has auxiliary power.
- Auxiliary power is adequate to power the equipment needed to supply and treat the average daily demand at a minimum pressure of 20 PSI at street level.
- The alternative power source is hard wired to the facility.
- The facility is wired for and the auxiliary power is provided with a “quick connect” type of connection.
  - The auxiliary power unit is located on-site. (A rental agreement and offsite storage is not acceptable).
- The auxiliary power source has sufficient fuel to maintain full operations for 12 hours<sup>1</sup>.  
Fuel Type =  Diesel  Natural Gas  Battery  Gasoline  Hydroelectric  Propane  
 Other \_\_\_\_\_  
Volume required for 12 hours<sup>1</sup> of full operation \_\_\_\_\_ gallons. Volume of fuel stored \_\_\_\_\_ gallons.

Go to Section 5 **Certification**

**To avoid return of application ensure that all the fields are completed for pages 1 and 8 and Waiver Criteria section A, B, C or D (as applicable)**

**5. Applicant’s Certification:**

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.

Type: Name	 Signature of Applicant/Owner’s Authorized Representative <sup>2, 3</sup>
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Type: Position	Date of Application
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**6. Licensed Operator Certification:**

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.

Type: Name of Licensed Operator	 Signature of Licensed Operator <sup>3</sup>
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**Notes:**

1. While the service standard must always be the goal and the Department expects all systems to have the necessary equipment, technicians and fuel to meet that goal, it is also understood that there may be emergency circumstances that prevent a system from strictly complying with the standard. Accordingly, systems must establish contingency plans for circumstances where the continued function of certain system components is prioritized. In such a prioritization scheme, public health and safety are paramount.
2. Note that for all applications the applicant shall be the Public Water System and not a developer, land owner or engineering firm.
3. Please note that all signatures shall be originals and not photocopies.