

FACILITY SITE ADMINISTRATION (FSA) REQUEST FORM FOR WATER SUPPLY

Prior to submission of this form, you must create a User Profile for the NJDEP – Online Portal at <http://www.njdeponline.com> and add the facility to your My Workspace page. Please specify the User ID below.

Section A: Facility Information

Water Allocation Well Permitting Physical Connection
Community Water System

Facility IDs (enter one or more)

Facility Name: _____

Street Address: _____

City: _____ State: New Jersey Zip: _____

(Attach additional sheets if necessary)

Section B: Facility Administrator Information and Certification (Note: You must be an employee of the above facility or have written authorization from the facility)

Name of Person: _____ Title: _____ Email address: _____

Phone: _____ User ID (used to log on to Online Portal): _____

"I certify under penalty of law that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information. I, as the Facility Site Administrator, will be responsible for managing the security and authorization for other users for the program interest electronically."

Signature

Date

Return to: Mail Code 401-04Q
NJDEP – Division of Water Supply & Geoscience
401 East State Street – P.O. Box 420
Trenton, NJ 08625-0420

Do Not Write Below This Line – For NJDEP Use Only

Approved By: _____
Signature

_____ Date

Entered By: _____
Signature

_____ Date