

**STATE OF NEW JERSEY**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
DIVISION OF WATER QUALITY  
P.O. Box 029  
Trenton, NJ 08625

**Clean Water Assurance Certification Form**  
**(Hydrostatic Test Water Discharge)**

Date Certification Received by the DEP: \_\_\_\_\_

Any applicant who requests authorization under the New Jersey Pollutant Discharge Elimination System (NJPDES) General Permit Number NJ0132993 is required to designate an authorized agent who will be responsible for ensuring that the discharge to be authorized by this general permit complies with all applicable requirements of this permit and has certified this in writing. The applicant shall submit the original Certification Form to the Department. The applicant shall submit the original Certification Form so that it is received **at least 14 days prior to commencement of discharge**.

Please complete the following Certification to request authorization under the Master General Permit for Hydrostatic Test Water Discharge:

a) Name of entity authorizing the work (company, town or municipality).

\_\_\_\_\_  
Name of principal officer in the company, town or municipality.

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Business address:

\_\_\_\_\_  
Telephone No.:

b) Name of authorized agent: \_\_\_\_\_

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Affiliation:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone No.:

c) Project Description and the scheduled date(s) of the discharge event(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Source of the water for hydrostatic test. \_\_\_\_\_

e) Approximate quantity or flow rate, as appropriate, of the discharge. \_\_\_\_\_

f) Approximate duration of the discharge. \_\_\_\_\_

g) Describe designated discharge point. \_\_\_\_\_

h) Location(s) of the discharge (street address, municipality, and county).

\_\_\_\_\_

i) The name of the receiving waters and classification of the receiving waters to which the discharge is directed, including the method of transport (i.e., via hose, storm sewer, ditch, tributary, etc.)

\_\_\_\_\_

\_\_\_\_\_

j) All best management practices (BMP) to be used, including any treatment provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

k) All tank, vessel and pipeline cleaning methods used (list procedures, source, and publication).

\_\_\_\_\_

\_\_\_\_\_

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information."

\_\_\_\_\_  
Signature of Authorizing Entity  
(Principal Officer or Specified Official)

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date of Signature

Please send completed forms to:

Division of Water Quality  
Bureau of Surface Water Permitting  
401 E. State Street  
P.O. Box 029  
Trenton, NJ 08625