State of New Jersey
Department of Environmental Protection
Division of Water Quality

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT APPLICATION

Refer to Instructions on Page 6 and the Appropriate Completeness Checklist and Provide All Applicable Information. Please Print or Type. (Attach additional sheets if necessary)

1. APPLICANT(S)/OPERATING ENTITY(IES)*

Name _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____

Federal Tax I.D.# _____ Telephone ( ) _____

Fax ( ) _____ E-Mail _____

Parent Corporation & Place of Incorporation _____

2. PROPERTY/LAND OWNER(S)

Name _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____

Federal Tax I.D.# _____ Telephone ( ) _____

3. LOCATION OF FACILITY/SITE

Name of Facility/Site _____

Street Address/Location _____

City or Town _____ State _____ Zip Code _____

Municipality _____ County _____ EPA I.D. # _____

4. FACILITY CONTACT (Person Familiar with the Facility/Site and this Application)

Name _____ Telephone ( ) _____

Affiliation _____

City or Town _____ State _____ Zip Code _____

Fax ( ) _____ E-Mail _____

*** If you wish to receive MRFs and/or Billing notices at a different address, please complete and submit the "Request to Send MRFs and/or Billing Notices to an Address Different Than Listed in NJPDES 1" form.**

5. PROJECT AND DISCHARGE DESCRIPTION (Under This Application)

_____

_____

_____

_____

6. REQUESTED NJPDES PERMIT ACTIONS AND OTHER NJPDES PERMITS

Under Table A, for each requested permit action under this application, list each discharge activity associated with this facility/site in the left column using the discharge activity category codes listed in the Discharge Activity Category Sheet (i.e., A, B, CSO, etc.) and check the requested permit action (new, renewal, etc.). Under Table B, list currently held permits and/or pending applications for this facility/site. For existing permits, list permit number(s) and expiration date.

TABLE A: REQUESTED PERMIT ACTION UNDER THIS APPLICATION

DISCHARGE ACTIVITY (CATEGORY) CODES	PERMIT NUMBER	EXPIR. DATE	NEW	RENEW.	MOD.	REVOC.	REVOC. & REISSUE

TABLE B: OTHER NJPDES PERMITS ASSOCIATED WITH THIS FACILITY

DISCHARGE ACTIVITY (CATEGORY) CODES	PERMIT NO.	EXPIRATION DATE	PENDING

7. OTHER PERMITS

If any of the following applications have been submitted for this facility/site, complete the applicable information.

Permit Type	Application No. (if assigned)	Application Status		
		Approved Date	Denied Date	Pending✓
● Treatment Works Approval (Municipal - Industrial)				
● Exemption From Sewer Ban				
● Water Quality Management Plan Amendment				
● Potable Water Supply Well				
● Hazardous Waste Management Program				
● Prevention of Significant Deterioration (PSD)				
● Nonattainment Program, Clean Air Act				
● National Emission Standards - Hazardous Pollutants				
● Ocean Dumping Permits (Marine Protection Act)				
● Dredge/Fill Permits - Federal Act Section 404				
● Relevant Environmental Permits - Including Federal, State, & Local Approvals - Specify:				

8. STANDARD INDUSTRIAL CLASSIFICATION CODE(S):

SIC Code #	(✓) if assigned by NJ Dept. of Labor	Products or Service Provided by Facility/Site
___ ___ ___ ___	_____	_____
___ ___ ___ ___	_____	_____
___ ___ ___ ___	_____	_____
___ ___ ___ ___	_____	_____

9. WATER SUPPLY/DISCHARGE INFORMATION

RAW WATER SOURCES: Please check ☑ all that apply.

_____ Public Water Supply: Name of the water utility _____

_____ Private Wells

_____ Surface Water: Name of the surface waters _____

A) Is this facility/site connected to a sanitary or combined sewer? ____ Yes ____ No

If yes, list name, address, and phone number of receiving wastewater treatment plant:

_____

B) Does this facility discharge to a storm drainage system? ____ Yes ____ No

If yes, please check ☑: ____ Public ____ Private

C) Does this facility discharge to surface water? ____Yes ____ No

D) Does this facility discharge to ground water? ____Yes ____No

10. LICENSED OPERATOR(S) (IF APPLICABLE)

Name _____ N.J. License No. _____

Affiliation _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____

Telephone ( ) _____ Fax ( ) _____

E-Mail _____

11. APPLICANT'S AGENT (Optional)

The person listed below is authorized to act as agent/representative in all matters pertaining to this application.

Name _____ Position _____

Company _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____

Telephone ( ) _____ Fax ( ) _____

E-Mail _____

_____ _____ _____ _____

Signature of Agent Date Signature for Applicant Date

12. PROPERTY OWNER'S CERTIFICATION (FOR DGW PERMITS ONLY)

I hereby certify that _____
(Property Owner's Name)
owns the property identified in (d.) below. The owner grants permission for the activity to be permitted under this application and authorizes the Department to conduct on-site inspections, if necessary.

In addition, I certify: (check "yes" or "no")	**YES**	**NO**
a. The activity will take place in an easement?	_____	_____
b. Part of the entire project (e.g. pipeline, disposal area, wells, etc.) is or will be located within property owned by the State of New Jersey?	_____	_____
c. Part of the entire project (e.g. pipeline, disposal area, wells, etc.) is or will be located within property owned by a municipality or county? (If "yes", contact the Green Acres Program at (609) 588-3461 for an applicability determination.)	_____	_____

d. LOT _____

BLOCK _____

_____ _____
Signature for Owner Date

_____
Print or Type: Name

_____
Print or Type: Position

Note: If "yes" to statements a, b, or c, the applicant must provide evidence of obtaining permission from the other property owners (include copy with this application).

13. CERTIFICATION BY APPLICANT

"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 for Applicant Date Print or Type: Name

_____
Print or Type: Position

INSTRUCTIONS FOR COMPLETING FORM NJPDES - 1

This form shall accompany all NJPDES permit applications and Requests for Authorizations (RFA) - (excluding RFA's for Stormwater General Permits which use different forms).

1. **Applicant(s)/Operating Entities** - Provide the name, as it is legally referred to, of the operating entity(ies) that is the applicant(s) in your application for the NJPDES permit. An "operating entity" is any firm, public agency, individual, or other entity which, alone or along with other operating entities, has primary management and operational decision-making authority over any part of a facility/site.

   It is the duty of the operating entity(ies) to obtain a NJPDES permit. When a facility/site or activity is owned by one or more entities, but is currently operated by another entity(ies), it is the duty of the operating entity(ies) to obtain a NJPDES permit. If the facility/site named in Item 3 has an operating entity(ies) which is not an applicant submitting your application, attach an additional sheet that contains a statement to that effect and as much Item 1 information as you have about that operating entity(ies).

   Provide the mailing address of the applicant(s). If the mailing address is outside the United States, provide the correct foreign mailing address. Provide the 9-digit Federal Tax Identification Number (also called Federal Identification Number) assigned to the applicant(s) by the IRS for tax reporting purposes. Provide the telephone number (and, if they exist, the fax number and e-mail address) of the applicant(s). If the applicant(s) has a parent corporation(s), provide that parent corporation's name and place of incorporation.
2. **Property/Land Owner(s)** - Provide the legal name of the owner(s) of the property/land upon which the discharge is controlled and/or taking place. A "Property" includes all contiguous lots and blocks, including vacant land, owned or otherwise under the control of the owner or operating entity of the regulated facility. NOTE: For all DGW applications, the property owner where the discharge takes place must also sign item 12.
3. **Location of Facility/Site** - Provide the location of the facility/site. Street number and name must be used (PO Box #'s will not be acceptable). Use the municipality and county where the facility/site is physically located. Do not use local or neighborhood names.
4. **Facility Contact** - Identify a person the Department can contact for facility/site related information. This person should be familiar with the content of the application.
5. **Project and Discharge Description (Under This Application)** - Provide a brief description of the project relating to this application (e.g., municipal sewage treatment plant, factory, shopping center, school, housing development, restaurant, etc.). For each discharge which is the subject of this application, provide the general type of waste discharged (e.g., sanitary, industrial, sludge, etc.) including non-contact cooling water. If requesting a modification to your permit, state the reason for such.
6. **Requested NJPDES Permitting Action and Other NJPDES Permits** - Under Table A, for each requested permit action under this application, list each discharge activity associated with this facility/site in the left column using the discharge activity category codes listed in the Discharge Activity Category Sheet (i.e., A, B, CSO, etc.) and check the requested permit action (new, renewal, etc.). Under Table B, list currently held permits and/or pending applications for this facility/site. For existing permits, list permit number(s) and expiration date.
7. **Other Permits -** This section provides the Department with a facility's permitting status and history. Next to each permit type, list the application number and the date of the approval or denial in the appropriate column. If the application is still pending, place a check in the far right hand column.
8. **Standard Industrial Classification Code -** List, in descending order of priority, up to four 4-digit Standard Industrial Classification (SIC) codes which best reflect the principal products or services provided by the facility/site. These codes are available in the Standard Industrial Classification Manual (1987) issued by the Federal Office of Management and Budget (OMB). (Do not use the codes in the North American Industrial Classification System (NAICS) for the United States adopted by OMB in 1997.) For each SIC code, list the products or services provided. If the NJ Dept. of Labor (NJDOL) has assigned the applicant an SIC code(s), the list of SIC codes shall include, but not necessarily be limited to, the SIC "Industry Code" located in the upper left hand corner of NJDOL's Quarterly Contributions Report (with a check mark next to that code).
9. **Water Supply/Discharge Information** - Provide the overall facility/site water management practices water usage, and disposal for the entire facility/site provided by the facility/site. Do not limit yourself to Item 8, Table A.

10. **Licensed Operator (If Applicable) -** Provide information pertaining to all licensed operator(s) of the treatment work(s).
11. **Applicant's Agent (Optional)** - Identify the person who is authorized to act as agent/representative in all matters pertaining to this application. Both the agent and the authorized official of the applicant must sign.
12. **Property Owner's Certification (For DGW Permits Only)** - Provide this certification for the property where the discharge takes place.
13. **Certification by Applicant** - The certification must be made by the applicant(s) for the NJPDES permit. The applicant(s) is the operating entity(ies) for the facility/site (see item 1 instructions). All signatures in items 11, 12 and 13 must be original signatures.

WHO MUST SIGN?

FOR A CORPORATION: a "responsible corporate officer" or duly authorized representative. A "responsible corporate officer" is (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

FOR A PARTNERSHIP OR SOLE PROPRIETORSHIP: a general partner or the proprietor, respectively, or duly authorized representative.

FOR A MUNICIPALITY, STATE, FEDERAL OR OTHER PUBLIC AGENCY: either a principal executive officer or ranking elected official, or duly authorized representative.

A "responsible corporate officer," general partner, proprietor, principal executive officer of a public agency, or ranking elected official may assign his or her signatory authority for this Certification to a duly authorized representative, which is a named individual or generic position (e.g., plant manager, operator of a well or a well field, superintendent) having overall responsibility for facility/site operation or the company's or public agency's environmental matters, by submitting a letter to the Bureau of Permit Management stating said authority and naming the individual or position.

Should you need assistance in completing the application, please call the appropriate phone number listed below:

- **Discharges to Surface Water (Industrial)**
  (609) 292-4860 or (609) 633-3869
- **Discharges to Surface Water (Municipal)**
  (609) 292-4860 or (609) 633-3869
- **Discharges to Surface Water (Stormwater)**
  (609) 633-7021
- **Sludge and Residuals Issues**
  (609) 633-3823
- **Indirect Discharges (SIU)**
  (609) 633-3823
- **Discharges to Ground Water**
  (609) 292-0407

Discharge Activity Category Sheet

For completing the left columns in the NJPDES 1 Form, item 6, tables A and B

Discharge to Surface Water (DSW)
• **A** Domestic Surface Water Discharge
• **CSO** Combined Sewer Overflow
• **B** Industrial/Commercial/Thermal DSW
• **B4B** GW Petroleum Products Cleanup GP
• **CG** Non-Contact Cooling Water GP
Discharge to Ground Water (DGW)
• **GW** Discharge to Ground Water
• **T1** GP Sanitary Subsurface Disposal
• **LSI** Lined Surface Impoundment
• **I1** GP Stormwater Basins/Sanitary Landfill
• **I2** GP Potable Water Treatment Plant Basins/Drying Beds
Residuals and SIU Discharges
• **L** Discharge to POTW (SIU)
• **D** Land Application of Biosolids - Class B
• **V** Land Application of Biosolids - Class A
• **E** Land Application of Industrial Residuals
• **Z** Residuals Transfer Facilities
• **04** Residuals Phragmites Reed Beds
• **EG** Land Application Food Processing Residual GP
• **ZG** Residuals Transfer Facilities GP
• **4G** Residuals Phragmites Reed Beds GP
Stormwater Discharges
• **RF** Stormwater
Use the following for Table B only
• **CPM** Concrete Products Management GP
• **SM** Scrap Metal Processing/Auto Recycling GP
• **5G2** Stormwater Basic GP
• **5G3** Construction Activity Stormwater GP
• **R4** Hot Mix Asphalt Producers GP
• **R5** Newark Airport Complex GP
• **R8** Concentrated Animal Feeding Operations (CAFO) GP
• **R9** Tier A Municipal Stormwater GP
• **R10** Tier B Municipal Stormwater GP
• **R11** Public Complex Stormwater GP
• **R12** Highway Agency Stormwater GP

Request to Send Monitoring Report Forms and/or Billing Notices to an Address Different Than Listed in NJPDES Form 1

Complete and submit with application package ***only*** if monitoring report forms and/or billing notices should sent to an address other than listed in item 1 of the NJPDES 1 form.

NJPDES Permit No. NJ_____

Please send *Monitoring Report Forms* to the following address:

Name: _____

Mailing Address: _____

City or Town: _____

State: _____ Zip Code: _____

Please send *Billing Notices* to the following address:

Company Name: _____

Mailing Address: _____

City or Town: _____

State: _____ Zip Code: _____

Billing Contact: _____

Contact Phone (_____) _____

Contact Email: _____