



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

**New Jersey Pollutant Discharge Elimination System Permit Application**

*Refer to the attached Instructions 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 \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent Corporation & Place of Incorporation \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

**2. Property/Land Owner(s)**

Entity Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**3. Location of Facility/Site**

Name of Facility/Site \_\_\_\_\_

Street Address/Location \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Block (s) \_\_\_\_\_ Lot (s) \_\_\_\_\_

**4. Facility Contact ( Person Familiar with the Facility/Site and this Application)**

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact(s) (24hr) Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Alternate Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**5. Project and Discharge Description ( Under This Application)**

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**6. Requested NJPDES Permit Action and Other NJPDES Permits**

**Table A: Requested Permit Action Under This Application**

DISCHARGE CATEGORY CODES	NJPDES PERMIT NUMBER	NEW	RENEW	MOD	REVOKE/REISSUE	EXPIR. DATE

**Table B: Other NJPDES Permits Associated With This Facility**

DISCHARGE CATEGORY CODES	NJPDES PERMIT NUMBER	EXPIRATION DATE	PENDING

**7. Favorable Consistency Determination (CD) or WQMP Amendment Approval**

**Only For New Facilities, Expansions or Existing Discharge Location Change**

	Existing Y/N/NA	Applied for Y/N/NA
Consistency Determination		
WQMP Amendment		

**8. 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)	Approved	Application Status	
			Denied Date	Pending Date
● Potable Water Supply Well				
● Hazardous Waste Management Program				
● Prevention of Significant Deterioration (PSD)				
● Nonattainment Program, Clean Air Act				
● National Emission Standards - Hazardous Pollutants				
● Dredge/Fill Permits - Federal Act Section 404				
● Relevant Environmental Permits - Including Federal, State, & Local Approvals - Specify:				

**9. Industrial Classification Code(s):**

SIC Code #	NAICS Code #	Products or Service Provided by Facility/Site
_____	_____	_____
_____	_____	_____

**10. 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 water body(s) \_\_\_\_\_

A) Is this facility/site connected to a sanitary 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

E) For Sewage Treatment Plants:

i) Do you have combined sewers in your sewer service area? Yes No

ii) Do you have any outfalls in the combined areas? Yes No

<b>11. Monitoring Report Form Recipient Address</b> (Check if same as No. 1 / No. 2 / No. 3 )	<b>12. NJPDES Permit Fees</b> (Check if same as No. 1 / No. 2 / No. 3 )
Organization name and address: _____ _____ _____ Contact Name: _____ Phone: _____ Fax: _____ E-Mail: _____	Organization name and address: _____ _____ _____ Contact Name: _____ Phone: _____ Fax: _____ E-Mail: _____

**13. Licensed Operator(s) (If Applicable)**

Name \_\_\_\_\_ N.J. License No. \_\_\_\_\_

Affiliation \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_



## INSTRUCTIONS FOR COMPLETING FORM NJPDES - 1

**This form must accompany all NJPDES permit applications and Requests for Authorizations (RFA) - (excluding RFAs 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 e-mail address of the applicant(s). If the applicant(s) has a parent corporation(s), provide that parent corporation’s name, place of incorporation, contact person and contact person’s e-mail address.

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. Provide an owner contact person, telephone number and email address for the contact person. NOTE: For all DGW applications, the property owner where the discharge takes place must also sign item 14.
3. **Location of Facility/Site** - Provide the location of the facility/site. Street number and name must be used (PO Box numbers will not be acceptable). Use the municipality and county where the facility/site is physically located. Do not use local or neighborhood names. Please provide the lot and block numbers.
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. Include a telephone number, fax number and an email address. Also, please provide at least one emergency contact person (available 24 hours/day) with telephone numbers and email addresses.
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, A8, 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. **Consistency Determination (CD)** – For new facilities, expansions or existing discharge location changes, submit evidence that a Water Quality Management Plan (WQMP) amendment approval, or favorable CD has been applied for and/or received; or indicate the reasons otherwise.
8. **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.

9. **Standard Industrial Classification Code** - List, in descending order of priority, up to four 4-digit Standard Industrial Classification (SIC) codes or the North American Industrial Classification System (NAICS) which best reflect the principal products or services provided by the facility/site. The following websites are available to research these codes: [http://www.osha.gov/pls/imis/sic\\_manual.html](http://www.osha.gov/pls/imis/sic_manual.html) (SIC only) <http://www.census.gov/epcd/naics02/> and <http://www.naics.com/search.htm> (look at “Crosswalks” on the right side).
10. **Water Supply/Discharge Information** – Provide pertinent information.
11. **Monitoring Report Form (MRF) Recipient** – If you wish to receive MRF notices at a different address than #1, complete #11.
12. **NJPDES Permit Fees Recipient** – If you wish to receive Billing Notices at a different address than #1, complete #12.
13. **Licensed Operator (If Applicable)** - Provide information pertaining to all licensed operator(s) of the treatment work(s).
14. **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.
15. **Property Owner’s Certification (For DGW Permits Only)** - Provide this certification for the property where the discharge takes place.
16. **Electronic Communications** – If you wish to do business with the Department through electronic means, please check “yes” and refer to the Agreement to Do Business Electronically on page 8.
17. **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).

### **WHO MUST SIGN?**

A Responsible Official is defined in N.J.A.C. 7:14A – 4.9 in part as follows:

For a corporation: 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 the manager of one or more manufacturing, production, or operating facilities, provided:

- (1) The manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of recommending major capital investment, initiating and directing comprehensive measures to assure long term compliance with environmental laws and regulations, and ensuring that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; or
- (2) The 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.

For a government agency: A ranking elected official; or the chief executive officer of the agency; or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator).

A duly authorized representative.

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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>◆ Discharges to Surface Water (Industrial)<br/>(609) 292-4860</li> <li>◆ Discharges to Surface Water (Municipal)<br/>(609) 292-4860</li> <li>◆ Discharges to Surface Water (Stormwater)<br/>(609) 633-7021</li> </ul> | <ul style="list-style-type: none"> <li>◆ Sludge and Residuals Issues<br/>(609) 633-3823</li> <li>◆ Discharge to Sanitary Sewer (SIU)<br/>(609) 633-3823</li> <li>◆ Discharges to Ground Water<br/>(609) 633-7021</li> </ul> |
|--|---|

## Discharge Category Codes

For completing the left columns in the NJPDES 1 Form, item 8, tables A and B

<b>Discharge to Surface Water (DSW)</b>
• <b>A</b> Domestic Surface Water Discharge
• <b>CSO</b> Combined Sewer Overflow
• <b>B</b> Industrial/Commercial/Thermal DSW
• <b>ABR</b> General Reclaimed Water for Beneficial Reuse Permit Authorization
• <b>B4B</b> GW Petroleum Products Cleanup GP
• <b>BGR</b> General Remediation Clean-up GP
• <b>CG</b> Non-Contact Cooling Water GP
• <b>BPW</b> Consolidated Potable Water Treatment Plant GP
• <b>ASC</b> Consolidated School Permit
• <b>PGP</b> Pesticide Application Discharge GP
<b>Discharge to Ground Water (DGW)</b>
• <b>GW</b> Discharge to Ground Water
• <b>T1</b> GP Sanitary Subsurface Disposal
• <b>I1</b> GP Stormwater Basins/Sanitary Landfill
• <b>I2</b> GP Potable Water Treatment Plant Basins/Drying Beds
• <b>LSI</b> Lined Surface Impoundment
• <b>K2</b> GP Dental Facilities Onsite Wastewater Treatment Systems
<b>Discharge to Sanitary Sewer (SIU)</b>
• <b>L</b> Discharge to Sanitary Sewer (SIU)
<b>Residuals</b>
• <b>D</b> Land Application of Biosolids - Class B
• <b>V</b> Land Application of Biosolids - Class A
• <b>E</b> Land Application of Industrial Residuals
• <b>Z</b> Residuals Transfer Facilities
• <b>04</b> Residuals Phragmites Reed Beds
• <b>EG</b> Land Application Food Processing Residual GP
• <b>ZG</b> Residuals Transfer Facilities GP
• <b>4G</b> Residuals Phragmites Reed Beds GP
• <b>S4G</b> Sludge Quality GP – Category 4
<b>Stormwater Discharges</b>
• <b>RF</b> Stormwater
<b>General Stormwater Discharges:</b>
• <b>CPM</b> Concrete Products Management GP
• <b>SM</b> Scrap Metal Processing/Auto Recycling GP
• <b>5G2</b> Stormwater Basic GP
• <b>5G3</b> Construction Activity Stormwater GP
• <b>R4</b> Hot Mix Asphalt Producers GP
• <b>R5</b> Newark Airport Complex GP
• <b>R7</b> Wood Recyclers
• <b>R8</b> Concentrated Animal Feeding Operations (CAFO) GP
• <b>R9</b> Tier A Municipal Stormwater GP
• <b>R10</b> Tier B Municipal Stormwater GP
• <b>R11</b> Public Complex Stormwater GP
• <b>R12</b> Highway Agency Stormwater GP
• <b>R13</b> Mining and Quarrying Activity GP

**Agreement to Do Business Electronically**  
**Division of Water Quality (DWQ) Issuance of NJPDES Permit NJ \_\_\_\_\_**

1. **Electronic Communications:** Communications related to the Issuance of this DWQ NJPDES Permit or Authorization under a General Permit may be presented, delivered, stored, retrieved, and transmitted electronically. By signing this agreement, you agree that the New Jersey Department of Environmental Protection (Department) may send communications to you electronically (e.g. by e-mail and/or by notification of posting at one or more websites). The term communications means any notice, record, response or approval, or other type of information that is made available to you or received from you in connection with the Permit or Authorization.
2. **Limitations:** This agreement is limited to the processing of the DWQ NJPDES Permit Number cited above and does not extend to other transactions that you may have before the Department nor does it affect transactions offered through the Department’s internet portal.
3. **Agreeing to Do Business Electronically:** The decision whether to do business electronically is yours, and you should consider whether you have the required hardware and software capabilities described below.
4. **Hardware and Software Requirements:** In order to access and retain an electronic record of communications, you will need: a computer, a valid connection to the Internet, Internet browser software, and a valid Email address. By agreeing to do business electronically, you are confirming to us that you have the means to access, and to print or download, communications.
5. **Withdrawal of Agreement:** You have the right to withdraw your agreement to do business electronically at any time by notifying the Department via email to NJPDES\_ADBE\_signup@dep.state.nj.us, in writing by certified mail (return receipt requested) to the address below, or by other means that provide verification of the date of delivery to the Department. Any communications between us during the period after your agreement to doing business electronically, and before our receipt of your withdrawal of such agreement, will be valid and binding on all parties.
6. **Changes to Your Contact Information:** You must keep the Department informed of any change in your electronic mailing address or other contact information. Such changes must be submitted on an Administrative Update Form available on the Department's website at <http://www.state.nj.us/dep/dwq/pdf/adm.pdf>.

Facility Name	
Contact Name	Title
Signature	Date
E-Mail Address (print carefully)	Phone Number

Please complete this form in its entirety. The signed form can be scanned and emailed to NJPDES\_ADBE\_signup@dep.state.nj.us or, alternatively, mailed to:

Mail Code: 401-02B  
 Permit Administration Section  
 Division of Water Quality  
 P.O. Box 420  
 Trenton, New Jersey 08625-0420