

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY - BUREAU OF POINT SOURCE PERMITTING**

TECHNICAL FORM #1

Answer all of the questions on this form, attaching additional sheets if necessary. Enter "N/A" in the space provided for questions that are not applicable.

NJPDES Permit Number NJ0 .

Owner/Applicant: _____

Facility Name: _____

Facility Address: _____

City, State, Zip _____

Receiving Waterbody: _____ Classification: _____

The receiving waterbody is: Tidal Nontidal (check one).

For nontidal waterbodies, provide USGS receiving waterbody MA7CD10 flow value(s).

summer (May 1 through October 31) _____ cfs

winter (November 1 through April 30) _____ cfs

Effluent is discharged **DIRECTLY** into the indicated receiving waterbody. Yes No

If the discharge is not **DIRECTLY** into the indicated receiving waterbody (i.e., discharge is to a ditch or a tributary), provide details on an additional sheet. Attachment. Yes No

For nontidal receiving waterbodies provide the following information regarding the physical attributes of the receiving waterbody at the point of discharge during critical conditions (MA7CD10 flow).

Winter: width _____ depth _____ velocity _____ slope _____

Summer: width _____ depth _____ velocity _____ slope _____

For tidal and nontidal receiving waterbodies provide the following outfall information.

Check one.

The outfall is totally submerged at all times.

The outfall is not submerged at any time.

The submergence of the outfall depends on the tidal stage (tidal only). Provide details on an additional sheet. Attachment. Yes No

Other. Provide details on an additional sheet. Attachment. Yes No

Provide a diagram showing the outfall configuration and its position in the receiving waterbody during MA7CD10 flows (for nontidal-summer and winter) or mean low and mean high tide (for tidal). Attachment. Yes No

Are there bypasses in the collection system and/or at the treatment plant? Yes No

If yes, specify on additional sheets: (1) the owner of the portion of the treatment works where the bypass is located, (2) the bypass location (address, latitude and longitude), (3) an estimate of the frequency and volume of discharges from the bypass, and (4) a brief explanation of the nature of, and reason for, the bypass.

Attachment(s). Yes No

Total number of attached sheets. _____