



REQUEST FOR AUTHORIZATION CHECKLIST
NJPDES/Discharge to Surface Water Permit
Category B6 - General Swimming Pool Discharge
Permit Authorization

TO HELP US PROCESS YOUR APPLICATION MORE EFFICIENTLY, PLEASE PROVIDE ALL ITEMS LISTED BELOW.

This checklist is provided to you as guidance for completing a Request for Authorization under NJPDES/DSW permit NJ0128589. This permit applies to any entity that discharges water (either draining of pool water or filter backwash water) from a municipal, commercial, non-residential or community (e.g., townhouses and condominiums) swimming pool for most surface waters of the State of New Jersey. FAQs are available at: www.nj.gov/dep/dwq/gp_surfacewater.htm.

Should you have any questions regarding completion of the application, please contact Tara Klimowicz or Dwayne Kobesky of the Bureau of Surface Water Permitting by phone at (609) 292-4860 or by email at swimmingpoolgp@dep.nj.gov.

The completed and signed application (NJPDES Form-1, B6 Supplemental Form and associated Safety Data Sheets) must be submitted electronically to the Department at swimmingpoolgp@dep.nj.gov, at least seven (7) calendar days prior to discharge.

[] NJPDES FORM-1 (available at: www.nj.gov/dep/dwq/pdf/njpdess1f.pdf)

- 1. Applicant(s)/Operating Entities: Provide the name and contact information of the operating entity(ies). An "operating entity" is any individual that has primary management and operational decision-making authority over any part of a pool/site.
2. Property/Land Owner(s): Provide the name contact information of the owner(s) of the property/land upon which the discharge is taking place.
3. Location of Facility/Site: Provide the location of the pool/site including the street address, city, county, state and zip code.
4. Facility Contact: Provide a contact person for the pool/site including address, phone number and e-mail address.
5. Project and Discharge Description (Under This Application): Not applicable for this application, enter "N/A".
6. Requested NJPDES Permitting Action and Other NJPDES Permits: Under Table A, fill-in "B6" in the Discharge Category Codes column and "NJ0128589" NJPDES Permit Number Column. Place a checkmark in the "New" box:

Table with 7 columns: DISCHARGE CATEGORY CODES, NJPDES PERMIT NUMBER, NEW, RENEW, MOD., REVOKE/REISSUE, EXPIR.DATE. Row 1: B6, NJ0128589, [checkmark], [empty], [empty], [empty], [empty]

Table B is not applicable for this application, enter "N/A".

- 7. Consistency Determination (CD): Not applicable for this application, enter "N/A".
8. Other Permits: Not applicable for this application, enter "N/A".
9. Standard Industrial Classification Code: Not applicable for this application, enter "N/A".
10. Water Supply/Discharge Information: Provide information regarding the pool/site's water management practices including water sources and disposal methods.

11. **Monitoring Report Form Recipient Address:** Not applicable for this application, enter “N/A”.
12. **NJPDES Permit Fees:** Not applicable for this application, enter “N/A”.
13. **Licensed Operator (If Applicable):** Not applicable for this application, enter “N/A”.
14. **Applicant’s Agent (Optional):** Provide the name and contact information of the person who is authorized to act as agent/representative in all matters pertaining to this application.
15. **Property Owner’s Certification (For DGW Permits Only):** Not applicable for this application, enter “N/A”.
16. **Electronic Communications:** Not applicable for this application, enter “N/A”.
17. **Certification by Applicant:** Provide certification by the applicant(s), which is the operating entity(ies) for the pool/site

B6 Supplemental Form (available at: www.nj.gov/dep/dwq/pdf/B6_Supplemental_Form.pdf)

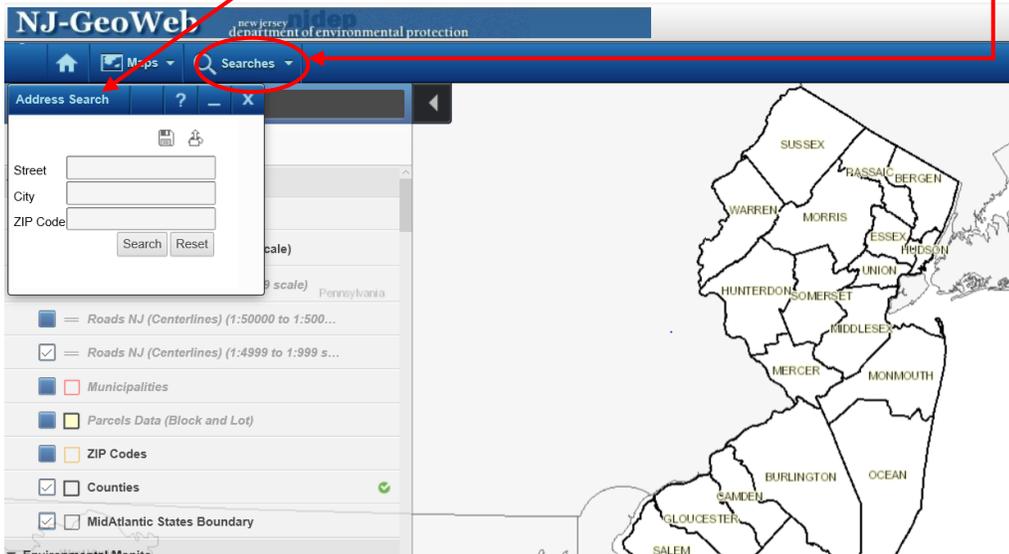
1. **Facility Name:** Provide the name of the facility.
2. **NJPDES Authorization Number:** If this is a New application leave blank. If this is an existing application, provide your NJPDES Authorization Number that begins with NJG_.
3. **Indicate when the Pool(s) Operate(s):** Check the box that indicates when the pool(s) is/are in operation.
4. **Discharge Information:** Provide information regarding any Filter Backwash and Pool Draining including average flow rate, total capacity of pool and frequency of discharge.
5. **Receiving Water Information:** Identify the name of the receiving water using the instructions for using NJ-GeoWeb below. Only if filter backwash is discharged, identify the receiving water classification by the following the steps below:

Step 1:

Go to www.nj.gov/dep/gis/geoweb splash.htm and click the “**Launch GeoWeb Profile**” button to launch the Department’s GIS mapping application. Note that the visual display may vary slightly, depending upon the type of internet browser used (Google Chrome, Microsoft Explorer or Firefox), but the verbiage and menu items will be identical.

Step 2:

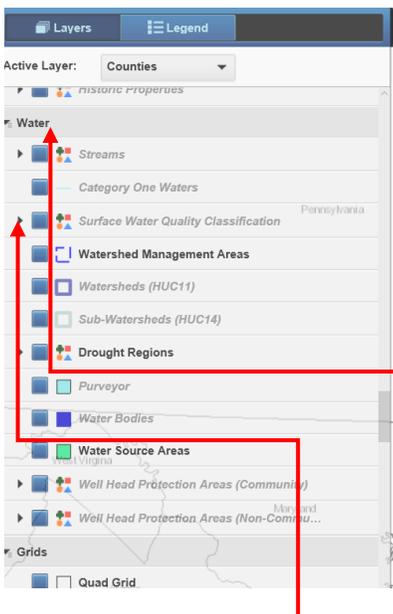
If the address near the discharge point is known, hover your pointer over the **Searches** button located on the top left corner and do an “Address Search” for the address near where the pool water will be discharged to a surface waterbody.



Once you search for your address, the map will take you to that location. Zoom in using the **zoom tool** at the top of the page to a level that allows you see your location. The zoom tool requires that you stretch open a box that includes the area instead of simply tapping the zoom icon.

Step 3:

On the left hand side, you will see a “Layers” window that looks like this:

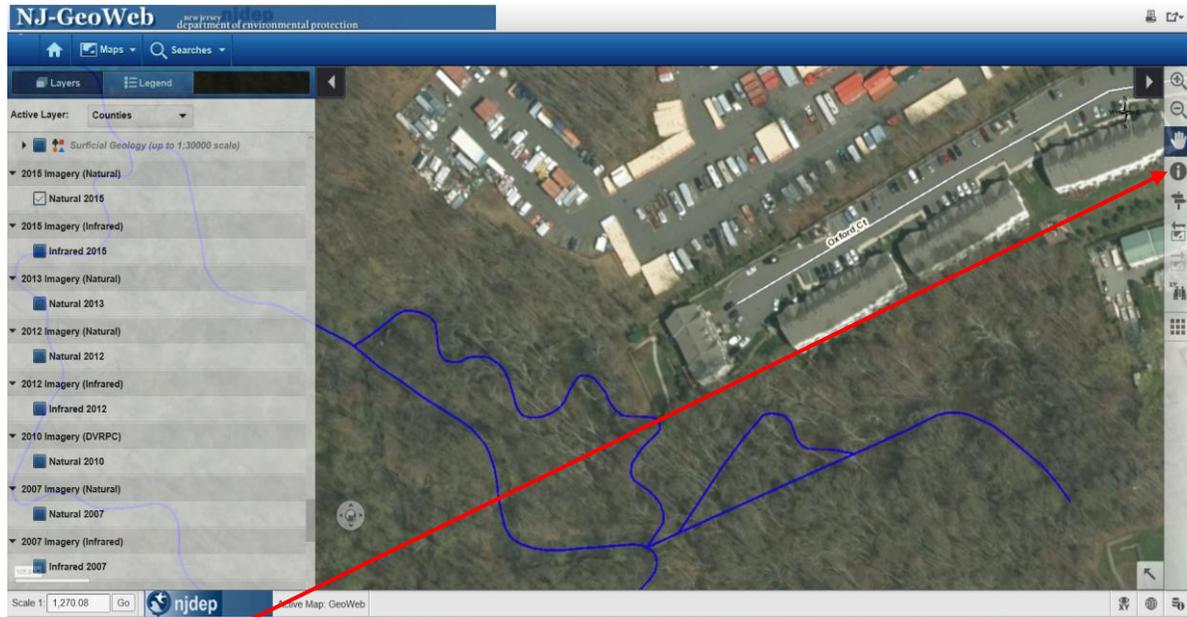


Scroll down till you see the heading “**Water**” in order to see the subheadings. Under the water heading, select the layer called **Surface Water Quality Classification** by checking the blue box to turn the layer on. This will display the streams within the state. Click the **Layer Options** icon next to the **Surface Water Quality Classification** and click the **gear icon’s** drop down menu (in that row) to “**Make Layer Active**” to allow you to identify the streams.

Next, scroll down to the heading “**2015 Imagery (Natural)**” and check the blue box for the layer to turn on the imagery. This will display aerial photography.

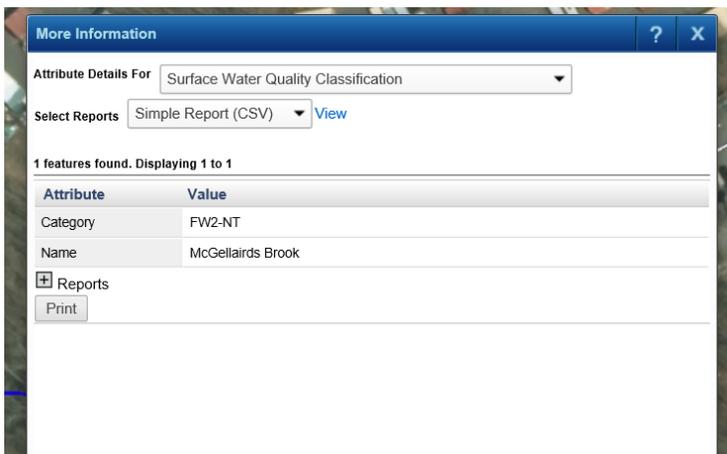
Step 4:

You should now be viewing something like this:



Select the **Identify** tool at the (right) side menu.

Click on the line on the map that represents the waterbody that the swimming pool water will discharge into. Once you click on the line representing the stream, you will see a pop-up box like this:



The Category listed on this table is the Stream Classification that you should report on your B6 (Swimming Pool Permit) Supplemental Form (#5.b.i). In the example above, the stream classification would be FW2-NT(C2). **If a classification of “C1” is not specified in parentheses in the table, the waterbody is automatically considered to be a “C2” classification and you must include this designation on the supplemental form (#5.b.i).**

- Best Management Practices:** Describe all Best Management Practices (BMPs) used, such as increased retention time and/or filter devices that are used prior to discharging pool water or filter backwash.
- Chemical Additives:** Provide a list of any chemical additives used including dechlorination/debromination agents, algaecides, stabilizers/balancers, etc. Attach all Safety Data Sheets (SDS). Put a check (√) in the box if included with this the application.

8. **Notification to POTW:** If you are discharging filter backwash to Category 2 designated receiving waters, you are required to notify the Publicly Owned Treatment Works (POTW) in the event that they can accept filter backwash water as a preferred disposal method. Provide proof of notification to the POTW and any received response and attach it to this supplement form. Put a check (✓) in the box if included with this the application.
 9. **Certification by the Applicant:** Provide certification by the applicant(s) by signing the form. The applicant is the operating entity(ies) for the pool/site.
- **The completed and signed application (NJPDES Form-1, B6 Supplemental Form and associated Safety Data Sheets) must be submitted electronically to the Department at swimmingpoolgp@dep.nj.gov, at least seven (7) calendar days prior to discharge.**