



REQUEST FOR AUTHORIZATION CHECKLIST
NJPDES/Discharge to Surface Water Permit
Category BG - General Hydrostatic Test Water 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 NJ0132993. Should you have any questions regarding completion of the application, please contact Dwayne Kobesky of the Bureau of Surface Water Permitting by phone at (609) 292-4860 or by email at hydrostatictestgp@dep.nj.gov.

The completed and signed application (NJPDES Form-1 and BG Supplemental Form (Clean Water Assurance Certification Form) must be submitted electronically to the Department at hydrostatictestgp@dep.nj.gov.

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

1. Requested NJPDES Permitting Action: Fill in "NJ0132993" in the NJPDES Permit Number Column. In the Discharge Category Codes Columns, select "BG" under Requested. Place a checkmark in the "New" box:

Table with 7 columns: NJPDES PERMIT NUMBER, DISCHARGE CATEGORY CODES (CURRENT, REQUESTED), EXPIRATION DATE, NEW, RENEW, REVOKE/ REISSUE, MODIFICATION. Row 1: NJ0132993, --Select--, BG, [checked], [ ], [ ], [ ]. Row 2: --Select--, --Select--, [ ], [ ], [ ], [ ].

- 2. Permittee/Operating Entity: Provide the name and contact information of the operating entity that is the applicant. An "operating entity" is any individual that has primary management and operational decision-making authority over any part of a facility/site.
3. Property/Land Owner(s): Provide the name contact information of the owner(s) of the property/land upon which the discharge is taking place.
4. Location of Facility/Site: Provide the location of the facility/site including the street address, city, county, state and zip code.
5. Standard Industrial Classification Code: Not applicable for this application, enter "N/A".
6. Project and Discharge Description (Under This Application): Provide a brief description of the project.
7. Other NJPDES Permits Associated with this Facility: Not applicable for this application, enter "N/A".
8. Other Non- NJPDES Permits: Not applicable for this application, enter "N/A".
9. Facility Contact: Provide a contact person for the facility/site including address, phone number and e-mail address.
10. Licensed Operator (If Applicable): Not applicable for this application, enter "N/A".
11. Monitoring Report Form Recipient Address: Not applicable for this application, enter "N/A".
12. NJPDES Permit Fees Invoice Recipient: Not applicable for this application, enter "N/A".
13. Water Supply/Discharge Information: Provide information regarding the facility/site's water management practices including water sources and disposal methods.

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. **Water Quality Management Plan Consistency Determination (CD) Certification:** 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, which is the operating entity for the facility/site.

**BG Supplemental Form (Clean Water Assurance Certification Form)**

(available at: [www.nj.gov/dep/dwq/pdf/BG\\_Supplemental\\_Form.pdf](http://www.nj.gov/dep/dwq/pdf/BG_Supplemental_Form.pdf))

- ★ **Following receiving Authorization under this general permit, a BG Supplemental Form (Clean Water Assurance Certification Form) must be submitted to the Department at [hydrostatictestgp@dep.nj.gov](mailto:hydrostatictestgp@dep.nj.gov) for each discharge prior to the expiration of the Master General Permit.**
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. **Duration of Discharge:** Provide the Start and End Date of the discharge, including the Frequency in days per week and hours per day. For scheduled multiple short-term discharges, provide information for each discharge.
  4. **Discharge Information:** Provide information regarding the Source of Water and Quantity or Flow Rate of the discharge. For scheduled multiple short-term discharges, provide information for each discharge.
  5. **Receiving Water Information:** Identify the Name and Classification of the Receiving Water. Include the Method of Transport and if discharging via a storm sewer indicate if permission was obtained from the appropriate entity. For scheduled multiple short-term discharges, provide information for each discharge.
  6. **Best Management Practices:** Describe all Best Management Practices (BMPs) used, such as increased retention time, filter fabric, hay bales, silt fences, filter bag, frac tanks and holding tanks.
  7. **Cleaning Methods:** Describe all tank and pipeline cleaning methods including procedures, sources and publications.
  8. **Certification by the Applicant:** Provide certification by the applicant by signing the form. The applicant is the operating entity for the facility/site.
- **The completed and signed application (NJPDES Form-1, BG Supplemental Form (Clean Water Assurance Certification Form) must be submitted electronically to the Department at [hydrostatictestgp@dep.nj.gov](mailto:hydrostatictestgp@dep.nj.gov), at least fourteen (14) calendar days prior to discharge.**