



REQUEST FOR AUTHORIZATION CHECKLIST
NJPDES/Discharge to Surface Water Permit
 Category PGP – General Pesticide Application
 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 NJ0178217. Should you have any questions regarding completion of the application, please contact the Bureau of Surface Water Permitting by phone at (609) 292-4860 or by email at pesticidegp@dep.nj.gov.

The completed and signed application (NJPDES Form-1 and PGP Supplemental Form must be submitted electronically to the Department at pesticidegp@dep.nj.gov.

Please Refer to the Table below for the requirements to submit a NJPDES Application:

Table 1. Annual Treatment Area Thresholds (Does not apply to Pinelands or FW1 waters)			
PGP Section	Pesticide Use	Entity Type	Annual Threshold
F.2	Mosquitoes and Other Flying Insect Pests ¹	Any Entity for which pest management for land resource stewardship is an integral part of the organization's operation.	None, all must submit an application (NJPDES Form-1 and PGP Supplemental Form)
		Local governments or other entities	Less than 6,400 acres of treatment area ¹ are exempt from submitting an application
F.3	Aquatic Weed and Algae Control ²	Any Entity for which pest management for land resource stewardship is an integral part of the organization's operation.	None, all must submit an application
		Local governments or other entities	Less than 80 acres of water (i.e. surface area) or less than 20 linear miles ² are exempt from submitting an application
F.4	Aquatic Nuisance Animal Pest Control ²	Any Entity for which pest management for land resource stewardship is an integral part of the organization's operation.	None, all must submit an application
		Local governments or other entities	Less than 80 acres of water (i.e. surface area) or less than 20 linear miles ² are exempt from submitting an application
F.5	Forest Canopy Pest Control ¹	Any Entity for which pest management for land resource stewardship is an integral part of the organization's operation.	None, all must submit an application
		Local governments or other entities	Less than 6,400 acres of treatment area ¹ are exempt from submitting an application
F.6	Agricultural Activities ²	All entities	Less than 100 acres of treatment area ³ are exempt from submitting an application
F.7.	Utility Transmission and Distribution Line Vegetation Control ²	All entities	None, all must submit an application

NJPDES FORM-1 (available at: https://www.nj.gov/dep/dwq/forms_surfacewater.htm)

1. **Requested NJPDES Permitting Action:** Enter the following in the table: NJPDES Permit Number NJ0178217, Discharge Category Codes Requested PGP, and Check the box in the “New” Column.

NJPDES PERMIT NUMBER	DISCHARGE CATEGORY CODES		EXPIRATION DATE	NEW	RENEW	REVOKE/ REISSUE	MODIFICATION
	CURRENT	REQUESTED					
NJ0178217	--Select--	PGP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	--Select--	--Select--		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. **Permittee/Operating Entities:** Provide the company name, contact name and contact information of the operator, who is the permittee/operating entity of the application for the PGP permit.
3. **Property/Land Owner(s):** Not applicable for this application, enter “N/A”.
4. **Location of Facility/Site:** Not applicable for this application, enter “N/A”.
5. **Industrial Classification Code(s):** Not applicable for this application, enter “N/A”.
6. **Project and Discharge Description (Under This Application):** Not applicable for this application, enter “N/A”.
7. **Other NJPDES Permits Associated with this Facility:** Not applicable for this application, leave blank.
8. **Other Non-NJPDES Permits:** Not applicable for this application, leave blank.
9. **Permit Contact(s):** Provide any additional Contacts.
10. **Licensed Operator(s):** Provide the name, contact information, License Number of the Operator.
11. **Monitoring Report Form Recipient Address:** Not applicable for this application, leave blank.
12. **NJPDES Permit Fees:** Not applicable for this application, leave blank.
13. **Water Supply/Discharge Information:** Not applicable for this application, leave blank.
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”.
17. **Electronic Communications:** Not applicable for this application, leave blank.
18. **Certification by Applicant:** Provide certification by the applicant, which is the operator.

PGP Supplemental Form (available at: https://www.nj.gov/dep/dwq/forms_surfacewater.htm)

- Following receiving Authorization under this Master General Permit, a PGP Supplemental Form must be submitted to the Department at pesticidegp@dep.nj.gov to use a pesticide or treat an area not listed in your existing NJPDES permit.
1. **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_.

2. **Operator Identification:** Provide the company name, as it is legally referred to. The Applicator Business License #, consistent with the Aquatic Pesticide Permit. The name of the operator, who is the applicant of the application for the PGP.

Provide the mailing address of the applicant. Provide the 9-digit Federal Tax Identification Number (also called Federal Identification Number) assigned to the applicant by the IRS for tax reporting purposes. Provide the telephone number, fax number, and e-mail address of the applicant.

3. **Waterbody Description:** Provide the name and type of all waterbody(ies) that are within your treatment area. Provide the county(ies) and municipality(ies) where the waterbody(ies) is located.

Total Estimated Treatment Area - (In order to avoid having to resubmit a revised Application to include additional areas, you may include all acreage and/or miles within your pest management area, even if those areas do not ultimately receive treatment.)

For calculating annual treatment areas for Mosquitoes and Other Flying Insect Pest Control and Forest Canopy Pest count each pesticide application activity to a treatment area (see Appendix A for the definition) as a separate area treated. For calculating annual treatment area totals, count each pesticide application activity as a separate activity. For example, applying pesticides twice a year to a ten acre site shall be counted as twenty acres of treatment area. The treatment area is additive over the calendar year.

For calculating annual treatment areas for Aquatic Weed and Algae Control, Animal Pest Control, Aquatic Agricultural Activities, and Utility Transmission and Distribution Line Vegetation Control calculations should include either the linear extent of or the surface area of waters for applications made into, over, or near waters of the State. For calculating annual treatment totals, count each treatment area only once, regardless of the number of pesticide application activities performed on that area in a given year. Also, for linear features (e.g. a canal or ditch), use the length of the linear feature whether treating in or adjacent to the feature, regardless of the number of applications made to that feature during the calendar year. For example, whether treating the bank on one side of a ten mile long ditch, banks on both sides of the ditch, and/ or water in that ditch, the total treatment area is ten miles for purposes of determining annual treatment totals. Additionally, if the same 10 mile area is treated more than once in a calendar year, the total area treated is still 10 miles for purposes of comparing with any threshold value.

4. **Pesticide Use Pattern:** Check off all the pesticide use patterns that are applicable to your operation(s).
 5. **Pesticide(s):** Provide the Aquatic Pesticide Permit Submittal Summaries for each discharge location, and provide the number of summaries attached.
 6. **Certification of FIFRA Compliance:** Provide certification by the operator by signing the form. The applicant is the operator as defined below:
 - **Operator** – any entity involved in the application of a pesticide, which results in a discharge to surface waters of the State that meets either of the following two criteria:
 - (i) The entity has control over the financing for, or the decision to perform pesticide applications that result in discharges, including the ability to modify those decisions; or
 - (ii) The entity has day-to-day control of or performs activities that are necessary to ensure compliance with the permit (e.g., they are authorized to direct workers to carry out activities required by the permit or perform such activities themselves).
 7. **Certification of Completion of a Pesticide Discharge Management Plan:** Provide certification by the operator by signing the form.
 8. **Certification by the Operator:** Provide certification by the operator by signing the form.
- **The completed and signed application (NJPDES Form-1 and PGP Supplemental Form) must be submitted electronically to the Department at pesticidegp@dep.nj.gov.**