

INSTRUCTIONS FOR COMPLETING FORM NJPDES-2

*This form is used to update specific contact information regarding personnel involved in handling different aspects of your NJPDES permit. **Completion of Items 1 and 8 of the form are mandatory for processing your request.***

1. **Facility/Permit Information:** Enter the appropriate facility information, including its address. Identify the facility's program interest number, as well as the NJPDES permit number(s) and permitted category(ies) for which the information is being updated.

For Program Interest Number, NJPDES Permit Number, and Permit Category information, please refer to your NJPDES permit or call your Permit Program Contact:

Bureau of Surface Water Permitting (for DSW permits) – (609) 292-4860

Bureau of Pretreatment and Residuals (for SIU and Residual permits) – (609) 984-4428

Bureau of Non-Point Pollution Control (for DST and DGW permits) – (609) 633-7021

2. **Permittee/Operating Entity Contact:** Enter the name of the new contact, their title, telephone number and email address. If there is no change, leave this section blank. Important Note: If there is a name change to the Permittee/Operating Entity (change in the organization name), you will need to complete a Transfer of Ownership form which can be found at <https://www.nj.gov/dep/dwq/pdf/transfer.pdf>.
3. **Property/Land Owner(s) Contact:** Enter the name of the new contact, their title, telephone number and email address. If there is no change, leave this section blank. Important Note: If there is a name change to the Property/Land Owner (change in the organization name), you will need to complete a Transfer of Ownership form which can be found at <https://www.nj.gov/dep/dwq/pdf/transfer.pdf>.
4. **Facility Contact:** Check the appropriate box of the contact's program area that is being updated. Enter the name of the new contact, their title, telephone number, and email address. In addition, enter the name of the contact's organization, as well as the organization's mailing address. If there is no change, leave this section blank. This item is also to be used for a change in the Stormwater Program Coordinator.
5. **Additional Facility Contact:** Only complete this item if the facility has another contact person and that person has changed. Check the appropriate box of the contact's program area that is being updated. Enter the name of the new contact, their title, telephone number, and email address. In addition, enter the name of the contact's organization, as well as the organization's mailing address. If there is no change, leave this section blank.
6. **NJPDES Permit Fees/Invoices Recipient:** Enter the name of the new contact, their title, telephone number and email address. In addition, enter the name of the contact's organization, as well as the organization's mailing address. If there is no change, leave this section blank.
7. **Monitoring Report Recipient:** This section applies only to permittees (Residuals and/or Ground Water facilities) that currently receive monitoring report forms by mail. Enter the name of the new contact, their title, telephone number and email address. In addition, enter the name of the contact's organization, as well as the organization's mailing address. If there is no change, leave this section blank.

INSTRUCTIONS FOR COMPLETING FORM NJPDES-2 (CON'T)

8. **Certification by Applicant:** The certification must be made by the applicant for the NJPDES permit(s). The authority for certification is defined in N.J.A.C. 7:14A – 4.9 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;
- The manager of one or more manufacturing, production, or operating facilities, provided:
 - 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
 - The authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures; or
- A duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).

For a partnership or sole proprietorship: A general partner or the proprietor or a duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).

For a government agency:

- A ranking elected official; or
- A 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); or
- A duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).

This completed form can be scanned and emailed to DWQ_PAS@dep.nj.gov or, alternatively, mailed to:

Mail Code: 401-02B
NJDEP - Division of Water Quality
Bureau of Pretreatment and Residuals – Permit Administration Section
PO Box 420
Trenton, NJ 08625-0420



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



**New Jersey Pollutant Discharge Elimination System (NJPDES)
Contact Information Update Form**

This form is used to update specific contact information of personnel associated with different aspects of your NJPDES permit. Completion of items 1 and 8 are mandatory. Completion of the remaining sections (2-7) are only necessary if a change has occurred.

1. FACILITY/PERMIT INFORMATION

Name of Facility/Site: _____
 Street Address/Location: _____
 City or Town: _____ State: _____ Zip Code: _____
 Municipality: _____ County: _____
 Program Interest (PI) #: _____

NJPDES PERMIT NUMBER(S) <i>(NJ##### or NJG#####)</i>	DISCHARGE CATEGORY CODE(S)

2. PERMITTEE/OPERATING ENTITY CONTACT

Contact Person: _____ Title: _____
 Telephone: _____ Email: _____

3. PROPERTY/LAND OWNER(S) CONTACT

Contact Person: _____ Title: _____
 Telephone: _____ Email: _____

4. FACILITY CONTACT

Associated Program: Surface Water Stormwater Ground Water Pretreatment Residuals

Contact Person: _____ Title: _____
 Telephone: _____ Email: _____
 Organization Name: _____
 Mailing Address: _____
 City or Town: _____ State: _____ Zip Code: _____

5. ADDITIONAL FACILITY CONTACT (IF APPLICABLE)

Associated Program: Surface Water Stormwater Ground Water Pretreatment Residuals

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

Organization Name: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

6. NJPDES PERMIT FEES/INVOICES RECIPIENT

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

Organization Name: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

7. MONITORING REPORT RECIPIENT (RESIDUAL AND/OR GROUND WATER PERMITS ONLY)

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

Organization Name: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

8. CERTIFICATION BY APPLICANT

"I certify under penalty of law that this document and any attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information."

Signature Date Telephone

Print or Type Name Print or Type Position