



NEW JERSEY DIVISION OF FISH AND WILDLIFE

Bureau of Freshwater Fisheries
P.O. Box 394 Lebanon, NJ 08833
Phone: (908) 236-2118 Fax: (908) 236-7280



APPLICATION FOR A WATER LOWERING PERMIT
\$2.00 FEE
(Make Check Payable To: NJDFW)

ALL ITEMS MUST BE COMPLETED (PLEASE PRINT OR TYPE)

APPLICANT INFORMATION			OFFICIAL USE ONLY		
ORGANIZATION		CONTACT PERSON:		DATE RECEIVED	PERMIT #
STREET ADDRESS			FEE: CASH <input type="checkbox"/>		
			CHECK <input type="checkbox"/> EXMPT <input type="checkbox"/>		
CITY/TOWN	STATE	ZIP CODE	BIOLOGIST: (LAST NAME, DATE)		
TELEPHONE (DAYTIME) ()		TELEPHONE (EVENING) ()		DECISION:	
			APPROVE <input type="checkbox"/>		
			DENY <input type="checkbox"/> INITIALS _____ DATE _____		
PROJECT LOCATION - ATTACH MAP TO APPLICATION*					
NAME OF WATERBODY (ONE ONLY)			<input type="checkbox"/> OPEN TO THE GENERAL PUBLIC		
NEAREST ROAD			* A map that clearly shows the location of the pond in relation to the closest public roads or intersection must be submitted with each application.		
MUNICIPALITY		COUNTY		EFFECTIVE DATE:	
			EXPIRATION DATE:		
PROJECT DESCRIPTION			CONDITIONS:		
DATE REQUESTED TO BEGIN LOWERING		DATE REQUESTED TO BEGIN REFILLING		STANDARD <input type="checkbox"/>	
SIZE OF WATERBODY (ACRES)		MAXIMUM DEPTH (FT)	AVERAGE DEPTH (FT)	ADDITIONAL <input type="checkbox"/> _____	
				NORTH 195 <input type="checkbox"/>	
REASON FOR LOWERING (ONE ONLY)			LOWERING:		
<input type="checkbox"/> DREDGING		<input type="checkbox"/> BEACH/ SHORELINE CLEANUP		COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/>	
<input type="checkbox"/> DAM REPAIR		<input type="checkbox"/> DAM SAFETY		PERMANENT <input type="checkbox"/> TR EXEMPT <input type="checkbox"/>	
<input type="checkbox"/> DAM INSPECTION		DEP DAM SAFETY MANDATED <input type="checkbox"/> YES* <input type="checkbox"/> NO		SALVAGE: REQUIRED <input type="checkbox"/>	
<input type="checkbox"/> WEED CONTROL		<input type="checkbox"/> DOCK REPAIRS		PERFORMED BY _____ DATE _____	
<input type="checkbox"/> GENERAL MAINTENANCE		<input type="checkbox"/> OTHER _____		RELOCATED _____	
			* If mandated by DEP Division of Dam Safety, documentation mandating the lowering MUST accompany the application.		
EXTENT OF LOWERING			Stocking Permit No: _____		
			Scientific Collecting Permit No: _____		
			CC: LAW ENFORCEMENT		
			North <input type="checkbox"/> Central <input type="checkbox"/> South <input type="checkbox"/>		
DESCRIBE METHOD OF WATER RELEASE		DEPTH WATER WILL BE INITIALLY RELEASED		ACTUAL DATE OF LOWERING:	
				ACTUAL DATE OF REFILLING:	
FOR EXAMPLE: SIPHONED, OUTLET VALVE OPENED, SPILL BOARD REMOVED ETC.		FOR EXAMPLE: RELEASE WATER 3 FT BELOW THE SURFACE; RELEASE SURFACE WATERS			



N.J.A.C. 7:25-6.25



WATERBODY: _____

I hereby acknowledge that I am aware that all waters in New Jersey located north of Route 195 must be drawn down to their full permitted extent by November 1, and all waters located south of Route 195 by November 15, in order to protect hibernating aquatic biota. In addition, no waters should be lowered or within a lowered state from July 1 to September 15.

Except in the event of a DEP Dam Safety mandated lowering, it is the responsibility of the permittee to plan, and implement all lowerings in accordance with these timeframes. Additional timeframes and permit conditions may apply.

Date

Signature of Applicant