## NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF WATER QUALITY

SUPPLEMENTAL APPLICATION FORM TO NJPDES-1 – Discharge to Surface Water (DSW) Permit CATEGORY B4B- (General Groundwater Petroleum Product Cleanup)

CATEGORY BGR (General Groundwater Non-Petroleum Product Cleanup)

Please provide a cover letter, NJPDES-1 form and this form to complete a Request for Authorization (RFA) for any new or renewal B4B or BGR NJPDES DSW Permit. Provide all applicable information. Please print or type (attach additional sheets if necessary). Please contact the Bureau of Surface Water Permitting at (609) 292-4860 with any questions on this form.

**2. NJPDES NO. :** (New Applicant Leave Blank)

If you would like to do business electronically, please complete and submit the "Agreement To Do Business Electronically" form that is included with the NJPDES-1 form.

|   |                                 |                    | IN.                        | J:                            |                           |                |   |  |  |  |
|---|---------------------------------|--------------------|----------------------------|-------------------------------|---------------------------|----------------|---|--|--|--|
| 3. THE PERMIT APPLICATION SHALL INCLUDE THE FOLLOWING ATTACHMENTS:                                      |                                 |                    |                            |                               |                           |                |   |  |  |  |
| A. FACILITY DIAGRAM (Show facility and location of discharge)   |                                 |                    |                            |                               |                           |                |   |  |  |  |
| B. TREATMENT FLOW DIAGRAM (Show water flow and treatment)   |                                 |                    |                            |                               |                           |                |   |  |  |  |
| C. USGS MAP (U.S. Geological Survey Topographic Map, 7.5 minute Quadrangle Series) (Show                |                                 |                    |                            |                               |                           |                |   |  |  |  |
| facility and location of discharges to streams, storm sewers, and storm sewer discharges to streams as  |                                 |                    |                            |                               |                           |                |   |  |  |  |
| applicable)   |                                 |                    |                            |                               |                           |                |   |  |  |  |
| 4. Outfall Information:   |                                 |                    |                            |                               |                           |                |   |  |  |  |
| OUTFALL   | LATITUDE                        | LONGITUDE          | Conveyances (pipe,         |                               | RECEIVING WATER (name and |                |   |  |  |  |
| NUMBER  | (deg., min., sec.)              | (deg., min., sec.) | storm drain, ditch, other) |                               | classification)           |                |   |  |  |  |
| DSN001A   |                                 |                    |                            |                               |                           |                |   |  |  |  |
| DSN002A   |                                 |                    |                            |                               |                           |                | • |  |  |  |
| DSN003A   |                                 |                    |                            |                               |                           |                | • |  |  |  |
| DSN004A   |                                 |                    |                            |                               |                           |                | • |  |  |  |
| DSN005A   |                                 |                    |                            |                               |                           |                |   |  |  |  |
| 5. Duration of Discharge:   |                                 |                    |                            |                               |                           |                |   |  |  |  |
| OUTFALL   | START AND END DATE (Month/Year) |                    |                            | FREQUENCY                     |                           |                |   |  |  |  |
| NUMBER  | (for temporary discharges)      |                    |                            |                               |                           |                |   |  |  |  |
| DSN001A   | Start Date: End Date:           |                    |                            | Days Per Week: Hours Per Day: |                           |                |   |  |  |  |
| DSN002A   | Start Date:                     | End Date:          |                            | Days 1                        | Per Week:                 | Hours Per Day: |   |  |  |  |
| DSN003A   | Start Date: End Date:           |                    |                            | Days 1                        | Per Week:                 | Hours Per Day: |   |  |  |  |
| DSN004A   | Start Date: End Date:           |                    |                            | Days 1                        | Per Week:                 | Hours Per Day: |   |  |  |  |
| DSN005A   | Start Date:                     | End Date:          |                            | Days 1                        | Per Week:                 | Hours Per Day: |   |  |  |  |
| 6. Contaminant/Treatment Information  |                                 |                    |                            |                               |                           |                |   |  |  |  |
| a) List Source(s) Of Groundwater Contamination (i.e. Leak from a #2 Fuel Oil Underground Storage Tank): |                                 |                    |                            |                               |                           |                |   |  |  |  |

b) Summarize Contaminants of Concern- Attach the laboratory data (results only) of at least ONE REPRESENTATIVE SAMPLE OF UNTREATED GROUNDWATER, including but not limited to, from a recovery well, monitoring well and from an excavation. Volatiles, Acid Compounds, Base Neutral, Pesticides and Dioxin, Metals and Cyanide, Total Phenols, Methyl-*Tert*-Butyl Ether (MTBE) and *Tert*-Butyl-Alcohol (TBA) must be analyzed. See the attached list of required parameters to be sampled. The applicant may use historical data, as long as it is representative of the proposed discharge and provided that the data was collected no more than 12 months prior to the submittal of this application. Summarize Contaminants of Concern here:

1. FACILITY NAME:

| FACILITY NAM   | ИЕ:  |   |   |
|--|--|---|---|
| c) Describe t  | he treatment system (estimate proposed flo   | w if data is not available  | 2):   |
| OUTFALL<br>NUMBER  | NAME OF OPERATION OR PROCESS (i.e. Groundwater Remediation)  | AVERAGE DAILY<br>AND MAX. DESIGN<br>FLOW<br>(MGD or GPD)  | Treatment Technologies (i.e. Frac. Tank, Air Stripper, GAC Filter, etc.)  |
| DSN001A  |  |   |   |
| DSN002A  |  |   |   |
| DSN003A  |  |   |   |
| DSN004A  |  |   |   |
| DSN005A  |  |   |   |
| MUNICID discharge application means of wind with the second means of wind wind with the second means of wind wind with the second means of wind wind wind with the second means of wind wind wind wind wind wind wind wind | CE OF APPLICATION SUBMISSION TO PALITY: Applicable for NEW discharges of for EXISTING discharges. Submit copies on to the affected sewerage entity(ies) and municipality in accordance with N.J. A copy of the Application.  A written notice (certified mail return receipt in the tand date of receipt) that the sewerage entity (mments regarding or objections to the propose to Department shall consider these comments in partment can proceed with the authorization experience. | r activities or for a chan of the signed and dated no icipality via certified mail nail return receipts or other epartment, submit the following. A.C. 7:14A-4.3(a)13:  requested or by other meanies) and municipality must discharge or activity with determining whether to wen if comments are not so | age in the location or method of potices that were sent along with this all return receipts requested or by other there means of verification of receipt.  Illowing to the affected sewerage and which allows verification of the set submit to the Department written thin 30 days of receipt of said notice, issue an authorization. The submitted. |
| affected as "N. [na Pe. auto of j  | NOTICE: The permittee is required to publishe a for one day to request authorization under sotice is hereby given that pursuant to N.J.A.C. arme of applicant] intends to submit a request function of the product, No. NJ0155438] to the N.J. athorization will allow facility] to discharge decontaminated grounds ters of the State."  Passe submit documentation that a public notice).  | the General Permit pursua 7:14A-6.13(d)3,   | ant to N.J.A.C. 7:14A- 6.13(d)3:  e General Groundwater  NJ0102709 or Non  ental Protection. This  [name and address  rojects into select surface   |

| <b>9. TREATMENT WORKS APPROVAL:</b> Prior to discharge and upon issuance of a Final permit, a General Industrial Treatment Works Approval (GI TWA) may be required for the construction of a treatment works (N.J.A.C. 7:14A-22) which will enable you to meet limits and conditions of the NJPDES permit. If you have any questions or comments regarding the TWA, please contact the General Industrial TWA Permits Section of the Bureau of Construction and Connection Permits at (609) 984-4429.   |               |                       |                                   |  |  |  |  |  |  |
|---|---------------|-----------------------|-----------------------------------|--|--|--|--|--|--|
| and Residuals at (609) 633-3823 with a  |               |                       | ontact the Bureau of Pretreatment |  |  |  |  |  |  |
| 11. STORM DRAINAGE SYSTEMS UNDER THE JURISDICTION OF THE NJDOT If the applicant will make an attachment or install drainage facilities to any NJDOT storm drainage system or within the state highway system, it shall contact the appropriate NJDOT office below:  Northern Office 973-601-6625-5140, Counties: Bergen, Essex, Hudson, Morris, Passaic, Sussex, Union and portions of Warren (North of Route 57 only)  Central Office 732-625-4330, Counties: Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset and portions of Warren (Routes 22, 122, 173, 78 and including south of Route 57 only)  Southern Office 856-486-6688, Counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem                                 |               |                       |                                   |  |  |  |  |  |  |
| 12. CERTIFICATION BY THE APPLICANT:  "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure 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." |               |                       |                                   |  |  |  |  |  |  |
| NAME (Type or Print)  |               | TITLE (Type or Print) |                                   |  |  |  |  |  |  |
| SIGNATURE   | DATE          | PHONE NUMBER          | EMAIL ADDRESS                     |  |  |  |  |  |  |
| ForNAME OF A  | PPLICANT/OPER | ATING ENTITY (Type o  | or Print)                         |  |  |  |  |  |  |

FACILITY NAME:

SUBMIT THIS FORM ALONG WITH A COVER LETTER, THE NJPDES-1 FORM AND NECESSARY ATTACHMENTS TO:

Mail Code 401-02B
Permit Administration Section
Division of Water Quality
PO Box 420
Trenton, New Jersey 08625-0420

## ORGANIC TOXIC POLLUTANTS IN EACH OF FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)

**Volatiles** Base/Neutral Acenaphthene Acrolein Nitrobenzene Acrylonitrile Acenaphthylene N-Nitrosodiethylamine Anthracene Benzene N-Nitrosodimethylamine Bromoform Benzidine N-Nitrosodi-N butylamine Carbon Tetrachloride Benzo(a)Anthracene N-Nitrosodi-N-Propylamine Benzo(a)Pyrene (Di-N-Propylnitrosamine) Chlorobenzene Chlorodibromomethane 3,4-Benzofluoranthene N-Nitrosodiphenylamine (Dibromochloromethane) Benzo(ghi)Perylene N-Nitrosopyrrolidine Benzo(k)Fluoranthene Pentachlorobenzene Chloroethane 2-Chloroethylvinyl Ether Bis (2-Chloroethoxy) Methane Phenanthrene Chloroform Bis (2-Chloroethyl) Ether Pvrene Bis (2-Chloroisopropyl) Ether Dichlorobromomethane 1,2,4,5Tetrachlorobenzene 1.1-Dichloroethane Bis (2-Ethylhexyl) Phthalate 1.2.4-Trichlorobenzene 4-Bromophenyl Phenyl Ether 1,2-Dichloroethane Butyl Benzyl Phthalate 1,1-Dichloroethylene Pesticides and Dioxin 1,2-Dichloropropane Chloride Aldrin 2-Chloronaphthalene Alpha-BHC 1,3-Dichloropropylene 4-Chlorophenyl Phenyl Ether Beta-BHC Ethylbenzene Methyl Bromide Gamma-BHC (Lindane) Chrysene Methyl Chloride Dibenzo (a,h) Anthracene Delta-BHC Methylene Chloride 1.2-Dichlorobenzene Chlordane 1,1,2,2-Tetrachloroethane 1.3-Dichlorobenzene Chlorpyrifos 4,4'-DDT Tetrachloroethylene 1,4-Dichlorobenzene Toluene 3.3'-Dichlorobenzidine 4.4'-DDE 4,4'-DDD 1,2-trans-Dichloroethylene Diethyl Phthalate 1,1,1-Trichloroethane Dimethyl Phthalate Demeton 1,1,2-Trichloroethane Di-N-Butyl Phthalate Dieldrin 2,4-Dinitrotoluene Alpha-Endosulfan Trichloroethylene Vinyl Chloride 2,6-Dinitrotoluene Beta-Endosulfan Di-N-Octyl Phthalate Endosulfan Sulfate 1,2-Diphenylhydrazine(as Endosulfans, Total (alpha and Acid Compounds Azobenzene) 2-Chlorophenol beta) Fluoranthene 2,4-Dichlorophenol Endrin 2,4-Dimethylphenol Fluorene Endrin Aldehyde 4,6-Dinitro-O-Cresol Hexachlorobenzene Guthion 2,4-Dinitrophenol Hexachlorobutadiene Heptachlor Hexachlorocyclopentadiene Heptachlor Epoxide 2-Nitrophenol Hexachloroethane Malathion 4-Nitrophenol Indeno (1,2,3-cd) Pyrene Methoxychlor P-Chloro-M-Cresol Isophorone Pentachlorophenol Mirex Naphthalene Parathion Phenol PCB-1242, PCB-1254 2,4,5-Trichlorophenol PCB-1221, PCB-1232 2,4,6-Trichlorophenol PCB-1248, PCB-1260 PCB-1016

Toxaphene Polychlorinated biphenyls (PCBs)

2,3,7,8

Tetrachlorodibenzo-p-dioxin (TCDD) <sup>1</sup>

<sup>1</sup> It is acceptable to use the screening procedure for 2, 3, 7, 8-Tetrachlorodibenzo-p-dioxin (TCDD) using Method 625. Please note that Method 625 is approved for TCDD screening only and is not to be used for quantitation. Should TCDD be detected using Method 625, then Method 613, or another approved test procedure, must be used to conclusively determine the pollutant's presence and concentration level.

## OTHER TOXIC POLLUTANTS (METALS AND CYANIDE) AND TOTAL PHENOLS

CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS REQUIRED TO BE TESTED IF EXPECTED TO BE PRESENT

Antimony, Total
Arsenic, Total
Beryllium, Total
Cadmium, Total
Chromium, Total
Copper, Total
Lead, Total
Mercury, Total
Nickel, Total
Selenium, Total
Silver, Total
Thallium, Total
Zinc, Total
Cyanide, Total

Phenols, Total

Fecal Coliform Radioactivity Iron, Total

## ADDITIONAL PARAMETERS REQUIRED AS PART OF THE B4B AND BGR APPLICATION

Methyl-*Tert*-Butyl Ether (MTBE) *Tert*-Butyl-Alcohol (TBA)