



State of New Jersey
Department of Environmental Protection
New Jersey Pollutant Discharge Elimination System (NJPDES)



INSTRUCTIONS FOR COMPLETING B6 SUPPLEMENTAL FORM

Swimming Pool Discharge (Category B6)
Discharge to Surface Water (DSW) General Permit - NJ0128589

A B6 Supplemental Form shall be submitted to complete an application for authorization for any new or renewal NJPDES/DSW B6 General Permit. If you have additional questions or require assistance in completing this application form, please contact the Bureau of Surface Water and Pretreatment Permitting at (609) 292-4860 or via email at swimmingpoolgp@dep.nj.gov.

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. **Indicate when the Pool(s) Operate(s):** Check the box that indicates when the pool(s) is/are in operation.
4. **Discharge Information:** Provide information regarding any filter backwash and pool draining including average flow rate, total capacity of pool and frequency of discharge.
5. **Receiving Water Information:** Identify the name and classification, i.e., C1 or C2, of the receiving water as well as the method of transport. Please note that discharges of filter backwash are not permitted to C1 designated waters.
6. **Best Management Practices (BMPs):** Describe all BMPs used, such as increased retention time and/or filter devices that are used prior to discharging pool water or filter backwash.
7. **Chemical Additives:** Provide a list of any chemical additives used including dechlorination/debromination agents, algaecides, stabilizers/balancers, etc. Attach all Safety Data Sheets (SDS).
8. **Certification by the Applicant:** Provide certification by the applicant(s) by signing the form. The applicant is the operating entity(ies) for the pool/site.



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Please refer to the attached instructions and provide all applicable information. Attach additional sheets if necessary.

1. Facility Name:		2. NJPDES Authorization Number (New Applicants Leave Blank) NJG:	
3. Indicate when the Pool(s) Operate(s):			
<u>Year Round:</u> <input type="checkbox"/>	<u>Summer Only (Memorial Day to Labor Day):</u> <input type="checkbox"/>	<u>Other:</u> <input type="checkbox"/>	
4. Discharge Information:			
<u>Filter Backwash:</u>		<u>Pool Draining:</u>	
<u>Average Flow Rate of the Discharge</u> (in gallons per day):		<u>Total Capacity of the Pool</u> (in gallons):	
<u>Frequency of the Discharge</u> (e.g., 1/week, 2/month):		<u>Frequency of the Discharge</u> (e.g., 1/year, 2/year):	
5. Receiving Water Information:			
<p>a) Identify the name of the receiving water: The receiving water name can be determined by using the Department's mapping software, NJ Geo-Web (https://dep.nj.gov/gis/nj-geoweb/) or the NJ Surface Water Quality Standards at N.J.A.C. 7:9B (https://dep.nj.gov/wp-content/uploads/rules/rules/njac7_9b.pdf)</p> <p>b) Identify the method of transport, i.e., by hose, pipe, via storm sewer, ditch, tributary:</p> <p>c) Identify the receiving water classification, i.e., C1 or C2: The receiving water classification can be determined by using the Department's mapping software, NJ Geo-Web (https://dep.nj.gov/gis/nj-geoweb/) or the NJ Surface Water Quality Standards at N.J.A.C. 7:9B-1.15 (https://dep.nj.gov/wp-content/uploads/rules/rules/njac7_9b.pdf).</p>			

6. Describe all Best Management Practices (BMPs) to be used, i.e., increased retention time and/or filtration devices such as hay bales or filter bags:			
7. Provide a list of any chemical additives, i.e., dechlorination/debromination agents, stabilizers/balancers, algaecides, etc., and attach the associated Safety Data Sheets:			
8. 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

For

NAME OF APPLICANT/OPERATING ENTITY (Type or Print)

SUBMIT THIS B6 SUPPLEMENTAL FORM ALONG WITH THE NJPDES FORM-1
 (AND NECESSARY ATTACHMENTS)
 TO:

swimmingpoolgp@dep.nj.gov