



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



**INSTRUCTIONS FOR COMPLETING BG SUPPLEMENTAL FORM**

(Hydrostatic Test Water – NJ0132993) Discharge to Surface Water (DSW) General Permit

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Please provide the NJPDES-1 Form and this BG Supplemental Form (any necessary attachments) to complete an application for authorization for any new or renewal BG NJPDES DSW General Permit via email to [hydrostatictestgp@dep.nj.gov](mailto:hydrostatictestgp@dep.nj.gov)

1. **Facility Name:** Provide the name of the facility.
2. **NJPDES General Permit Authorization Number:** If this is an existing application, provide your NJPDES Authorization Number that begins with NJG: \_\_\_\_\_. If this is a new application, leave it blank.
3. **Project Description:** Provide a description of the tank(s) and pipeline(s) where the hydrostatic testing will occur.
4. **Duration of Discharge:** Provide the Start and End Date of the discharge, including the Frequency in days per week and hours per day. For scheduled multiple short-term discharges, provide information for each discharge.
5. **Discharge Information:** Provide information regarding the Source of Water used for the testing and Quantity or Flow Rate of the discharge. For scheduled multiple short-term discharges, provide information for each discharge.
6. **Receiving Water Information:** Identify the Name and Classification of the Receiving Water. Include the Method of Transport and if discharging via a storm sewer indicate if permission was obtained from the appropriate entity. For scheduled multiple short-term discharges, provide information for each discharge.
7. **Best Management Practices:** Describe all Best Management Practices (BMPs) used, such as increased retention time, filter fabric, hay bales, silt fences, filter bag, frac tanks and holding tanks.
8. **Cleaning Methods:** Describe all tank and pipeline cleaning methods including procedures, sources and publications.
9. **Certification by the Applicant:** Provide certification by the applicant by signing the form. The applicant is the operating entity for the facility/site.

**The completed and signed application (NJPDES Form-1, BG Supplemental Application Form) must be submitted electronically to the Department at [hydrostatictestgp@dep.nj.gov](mailto:hydrostatictestgp@dep.nj.gov)**



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(Hydrostatic Test Water – NJ0132993) Discharge to Surface Water (DSW) General Permit

Please provide the NJPDES-1 Form and this BG Supplemental Application Form to complete an application for Authorization for any new or renewal BG NJPDES DSW Permit. Following receiving Authorization under this general permit, a BG Supplemental Application Form must be submitted to the Department for each discharge. All applicable information must be submitted to the Department at [hydrostatictestgp@dep.nj.gov](mailto:hydrostatictestgp@dep.nj.gov).

Contact the Bureau of Surface Water & Pretreatment Permitting at (609) 292-4860 or via email at [hydrostatictestgp@dep.nj.gov](mailto:hydrostatictestgp@dep.nj.gov) with any questions.

1. Facility Name:		2. NJPDES General Permit Authorization Number:	
		NJG:  (New Applicants Leave Blank)	
3. Project Description:			
Describe the tank(s) or pipeline(s) where the hydrostatic testing will occur.			
4. Duration of Discharge:			
	START AND END DATE (Month/Year)		FREQUENCY
a.	Start Date:	End Date:	Days Per Week:      Hours Per Day:
b.	Start Date:	End Date:	Days Per Week:      Hours Per Day:
c.	Start Date:	End Date:	Days Per Week:      Hours Per Day:
5. Discharge Information:			
	SOURCE OF WATER USED FOR TESTING (i.e., surface water, potable water)		QUANTITY OR FLOW RATE (i.e., gallons, gallons per minute)
a.			
b.			

**6. Receiving Water Information:**

The receiving water name and classification can be determined by using the Department's mapping software, NJ Geo-Web (<http://www.nj.gov/dep/gis/geoweb splash.htm>) or the NJ Surface Water Quality Standards at N.J.A.C. 7:9B ([http://www.nj.gov/dep/rules/rules/njac7\\_9b.pdf](http://www.nj.gov/dep/rules/rules/njac7_9b.pdf)).

	NAME OF RECEIVING WATER	CLASSIFICATION	METHOD OF TRANSPORT (i.e., hose, storm sewer, ditch, tributary)
a.			
b.			

If discharging via storm sewer, was permission obtained from the appropriate entity?

Yes: ☐

No: ☐

**7. Best Management Practices (BMPs):**

Describe all BMPs to be used (i.e., increased retention time, filter fabric, hay bales, silt fences, filter bag, frac tanks and holding tanks):

**8. Cleaning Methods:**

As per Part 1 D.1.a. of the general permit, "Prior to discharging wastewater from a hydrostatic test, at a minimum, the tank and/or pipeline must be cleaned pursuant to a recognized Federal, State, or general industry documented procedure". Describe all tank and pipeline cleaning methods used (i.e., procedures, sources and publications):

**9. 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 BG SUPPLEMENTAL FORM ALONG WITH THE  
NJPDES FORM-1 AND NECESSARY ATTACHMENTS TO:

[hydrostatictestgp@dep.nj.gov](mailto:hydrostatictestgp@dep.nj.gov)