

**CATEGORY B7 REQUEST FOR AUTHORIZATION (RFA)
APPLICATION FORM**



**NJPDES – Discharge to Surface Water
Short-term De Minimis Discharge General Permit (NJ0134511)**

**DIVISION OF WATER QUALITY
Bureau of Surface Water & Pretreatment Permitting**
deminimisgp@dep.nj.gov

Please Refer to RFA Checklist and Provide All Applicable Information

Each applicant who requests authorization under the New Jersey Pollutant Discharge Elimination System (NJPDES) General Permit Number NJ0134511, is required to designate an authorized agent who will be responsible for ensuring that the discharge to be authorized by this general permit complies with all applicable requirements of this permit and has certified this in writing. The Department shall receive via email only, a filled out B7 RFA Application Form, the **raw unfiltered and untreated** discharge analysis, and any other required documentation at least 14 days prior to the proposed commencement of discharge. All submittals shall simultaneously be submitted via email to the applicable Regional Enforcement Office (refer to the checklist).

- Discharges to waters classified as Pinelands (PL) will require prior approval by the Pinelands Commission. The Pinelands Commission can be reached at (609) 894-7300.
- Discharges to Shellfish waters will require prior approval by the Bureau of Marine Water Monitoring. The Bureau of Marine Water Monitoring can be reached at (609) 748-2000.

Please complete the following Certification to request authorization under the Master General Permit for Short-term De Minimis Discharge(s):

If the answer is **Yes**, for any of the below questions, then this discharge activity is **not authorized** under the B7 Master General Permit, please consider applying for either the BGR or B4B permit.

1. Is the Project Site adjacent to, or associated with any site remediation activities directly or indirectly (including an existing B4B or BGR permit for this site), due to water/soil/aquifer contamination?
Please indicate: ☐ Yes ☐ No
2. Was the raw sample **filtered or physically/chemically treated** prior to being analyzed by a New Jersey certified laboratory?
Please indicate: ☐ Yes ☐ No
3. Will the proposed discharge be greater than 1 Million Gallons per Day (MGD)?
Please indicate: ☐ Yes ☐ No

If you have answered **No** to all three of the above questions, please complete the following:

Form Instructions

Section 1: Discharge Information

1. **Section 1.0:** Provide the Name of the Site, Physical Address, Contact Name, Contact Information, Municipality, Block & Lot, and add Mailing Address (if different from physical address).
2. **Section 1.1:** Provide the Company Name, Contact Name and Contact Information of the Property Owner for the site.
3. **Section 1.2:** Provide the Company Name, Contact Name and Contact Information of the Operator, who is the Operating Entity of the application for the B7 permit.
4. **Section 1.3:** Provide the discharge location information, receiving water name and classification, method of conveyance. If your discharge is to a **category 1 waterbody**, please also supply the 7Q10 low flow values.
5. **Section 1.4:** Provide the projected start and end dates for the proposed discharge, the total quantity of water to be discharged, the duration of the discharge, and the daily maximum flow rate.
6. **Section 1.5:** If the proposed discharge is to a waterbody classified as Pinelands (PL) and you have received the required approval from the Pinelands Commission please check “Yes” (Please also provide a copy of the approval letter). If the proposed discharge is not to a PL waterbody, please check “N/A”.
7. **Section 1.6:** If the proposed discharge is to shellfish waters and you have received the required approval from the Bureau of Marine Water Monitoring, please check “Yes” (Please also provide a copy of the approval letter). If the proposed discharge is not to shellfish waters, please check “N/A”.
8. **Section 1.7:** Please indicate if you have attached the required **Map** indicating the location of the Site and the location of the discharge to the receiving waterbody(ies).
9. **Section 1.8:** Provide a full description of all best management practices to used at the site during discharge.
10. **Section 1.9:** Provide a full description of the project and each source of effluent to be discharged. Please indicate if you have provided the required (for all applications) unfiltered and untreated effluent analytical lab results.
If your proposed discharge is to Category 1 waters – Please indicate if you have provided the required Acute WET test results. If your discharge is not to Category 1 waters, please check “N/A”.

Section 2: Certification Statement

11. **Section 2.0:** Provide certification by the operator by signing the form.

SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS

Facility Information	1.0	Facility/Site Name		
		Mailing Address (Street or P.O. Box)		
		City or Municipality	State	Zip Code
		Facility Contact Name (First and Last)	Title	Phone Number
		Email Address		
		Location Address <input type="checkbox"/> Same as Mailing Address	Block(s)	Lot(s)
		City or Municipality	State	Zip Code
Property Owner	1.1	Property Owner Name		
		Mailing Address (Street or P.O. Box)		
		City or Municipality	State	Zip Code
		Contact Name (First and Last)	Title	Phone Number
		Email Address		
Operating Entity	1.2	Operating Entity Name		
		Mailing Address (Street or P.O. Box)		
		City or Municipality	State	Zip Code
		Contact Name (First and Last)	Title	Phone Number
		Email Address		

Discharge Information	1.3	For Each Discharge Point, Provide the Latitude, Longitude, Name of Receiving Water, Stream Classification, Method of Conveyance, and for C1 Waters Only provide the Stream 7Q10 Low Flow value:				
	Discharge Point #	Latitude (Deg., Min., Sec.)	Longitude (Deg., Min., Sec.)	Receiving Water & Classification	Method of Conveyance	7Q10 ¹ (cfs)
	¹ – 7Q10 flows are only required for Discharges to Category 1 Waters Only.					
	1.4	Please provide the scheduled date(s) of the proposed discharge events, total quantity of discharge, duration of the discharge and estimated daily maximum flow rates:				
	Discharge Point #	Proposed Start and End Date (MM/DD/YYYY)		Total Quantity (Gallons)	Duration (# of Days)	Max. Flow Rate (gallons per day) (GPD)
		Start Date	End Date	Gallons	Days	GPD
		Start Date	End Date	Gallons	Days	GPD
		Start Date	End Date	Gallons	Days	GPD
		Start Date	End Date	Gallons	Days	GPD
	The Department must be notified within 24-hours via e-mail (deminimisgp@dep.nj.gov) and the DEP HOTLINE (1-877-WARNDEP) regarding (1) the date when the discharge physically begins and (2) the date when the discharge has ceased.					
	1.5	Discharges to waters classified as Pinelands (PL) will require prior approval by the Pinelands Commission. The Pinelands Commission can be reached at (609) 894-7300. If approved, please provide proof of their approval.			Approved? <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
	1.6	Discharges to Shellfish waters will require prior approval by the Bureau of Marine Water Monitoring. The Bureau of Marine Water Monitoring can be reached at (609) 748-2000. If approved, please provide proof of their approval.			Approved? <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
	1.7	All applications require a Map indicating the location of the Site and the location of the discharge to the receiving waterbody(ies)			Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	1.8	Describe all best management practices (BMP) to be used (e.g. Filter fabric, hay bales, absorbent socks, silt fences, stone covered areas, or frac tanks, and holding tanks for settling suspended solids):				

Source Water	1.9	Describe the project and each source of effluent to be discharged:		
	The applicant must submit the analytical lab results of at least <u>One Representative Sample of The Unfiltered and Untreated Effluent</u> from the proposed site. The analysis shall address all of the parameters in Attachment 1 and must be performed by a NJ certified laboratory.			Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	For Category 1 Discharges: If the RFA to discharge is to a Category 1 waterbody, the applicant must submit the analytical Acute WET test results from the proposed site. The WET analysis must be performed by a NJ certified laboratory.			Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A
SECTION 2. CERTIFICATION STATEMENT – N.J.A.C. 7:14A-4.9				
Certification Statement	2.0	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 information submitted. Based on my inquiry of the person or persons who managed 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 of Responsible Official		Title
		Signature	Date	Phone Number
		Email Address		
	2.1	A Responsible Official is defined in N.J.A.C. 7:14A – 4.9 as follows: <u>For a corporation:</u> <ul style="list-style-type: none"> 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; or the manager of one or more manufacturing, production, or operating facilities, provided: <ul style="list-style-type: none"> 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. <u>For a partnership or sole proprietorship:</u> A general partner or the proprietor. <u>For a government agency:</u> A ranking elected official; or the 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.		