

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY
NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM**

MS4 Application Form

Refer to Instructions and provide all applicable information. Please Print or Type.

1. Permittee Information

Name of Permittee _____	County _____
Mailing Address _____	
City or Town _____	State _____ Zip Code _____
NJPDES # _____	PI # _____
Name and/or Title of Stormwater Program Coordinator _____	
Mailing Address (if different from above) _____	
City or Town _____	State _____ Zip Code _____
Telephone _____	FAX _____ E-Mail _____

2. Check the Box of the Permit You Are Applying for:

- ☐ NJPDES permit NJ0141852 (Tier A Municipal Stormwater General Permit)
- ☐ NJPDES permit NJ0141861 (Tier B Municipal Stormwater General Permit)
- ☐ NJPDES permit NJ0141879 (Public Complex Stormwater General Permit)
- ☐ NJPDES permit NJ0141887 (Highway Agency Stormwater General Permit)
- ☐ NJPDES Individual Municipal Separate Storm Sewer System Permit

3. Location of Municipal Maintenance Yard(s)

Provide the location of your municipal maintenance yard(s) and any other ancillary operation (ancillary operations include but are not limited to impound yards, permanent and mobile fueling locations, and yard trimmings and wood waste management sites) (add additional rows if necessary)

- 1.
- 2.
- 3.
- 4.
- 5.

4. Maintenance Yard Information

At which location do you Vehicle Maintenance at your maintenance yards?

At which location do you operate a leaf composting and/or wood waste recycling facility?

At which location do you store wood waste at any municipal yards?

At which location do you perform composting at any municipal yards?

At which locations do you store salt and what type of structure is it in?

At which locations do you wash vehicles or equipment on-site?

5. MS4 Mapping Information

Do you have an electronic map of all of the municipality's outfalls?	Yes	No
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Have you submitted a copy to the Department?	Yes	No
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6. Certification

I certify under penalty of law that this document and all attached documents were prepared under my direction and 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. As far as I know, the permittee submitting this document may be eligible for authorization under Part I, Section A.2., of the application.

I certify that I am aware that the permittee requires that the municipality develop, implement, and enforce a stormwater program. I acknowledge that this stormwater program must include the implementation of Best Management Practices, measurable goals and implementation schedules as specified in the Statewide Basic Requirements (SBRs) that are listed in the permit.

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.

Signature for Permittee _____ Date _____

Print or Type Name _____

Print or Type Title _____

INSTRUCTIONS FOR COMPLETING FORM

Use this form for any Requests for Authorization (RFA) under this NJPDES stormwater general permit. This form is not to be used for administrative updates or revocation. These forms are available through the Bureau of Ground Water, Residuals, and Permit Administration at (609) 984-4428 or at www.state.nj.us/dep/dwq/forms.htm.

1. Municipal Information

- Provide the name, as it is legally referred to, of the applicant/permittee (i.e. Municipality, Public Complex, Highway Agency).
- Provide the mailing address, telephone number, FAX, and E-mail address for the applicant/permittee.
- Provide the Permittee's NJDPES # and PI #. (not the general permit number)
- Provide the name and title of the Stormwater Program Coordinator. The Stormwater Program Coordinator is the person who will submit any reports or certifications required by this permit and to whom the Department shall send all correspondence concerning the permit.
- Provide the mailing address, telephone number, FAX, and E-mail address of the Stormwater Program Coordinator, if different from above.

2. Check the box that corresponds to the applicable permit for which you are applying.

3. Location of Municipal Maintenance Yard(s)

- Provide the location of your municipal maintenance yard(s) and any other ancillary operation (ancillary operations include but are not limited to impound yards, permanent and mobile fueling locations, and yard trimmings and wood waste management sites) (add additional rows if necessary)

4. Maintenance Yard Information

- List the corresponding number from the list in Municipal Maintenance Yards that is applicable to each question.

5. MS4 Mapping Information

- Provide information regarding whether the MS4 outfalls have been mapped electronically.

6. Certification

- Please read the RFA certification and sign the application below. The signature must be an original signature.

Who may sign this form?

A Responsible Official is defined in N.J.A.C. 7:14A-4.9 as follows:

For a corporation:

- 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:
 - 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; or
- A duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).

For a partnership or sole proprietorship: A general partner or the proprietor or A duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).

For a government agency:

- A ranking elected official; or
- A 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 established consistent with N.J.A.C. 7:14A-4.9(b).