



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



INSTRUCTIONS FOR COMPLETING FORM NJPDES-4

This form is used to request a revocation of an existing NJPDES permit consistent with the provisions of N.J.A.C. 7:14A-16.3. ***Completion of Sections 1 through 6 of the form, where applicable, are mandatory for processing your request.*** Once the appropriate Water Compliance & Enforcement bureau has verified that the applicant no longer requires a NJPDES permit for the activity, they will advise the appropriate permitting bureau to revoke the NJPDES Individual Permit or NJPDES General Permit Authorization.

1. **Facility/Permit Information:** Enter the appropriate facility information, including its address. Identify the facility's program interest number, as well as the NJPDES permit number(s) and permitted category(ies) that are being requested to be revoked.

For Program Interest Number, NJPDES Permit Number, and Permit Category information, please refer to your NJPDES permit or contact the appropriate permitting program:

<u>NJPDES Permitting Program</u>	<u>Phone Number</u>	<u>Email Address</u>
Surface Water	(609) 292-4860	dwq_bswp@dep.nj.gov
Stormwater	(609) 633-7021	dwq_bnpc@dep.nj.gov
Ground Water	(609) 984-4428	dwq_groundwater@dep.nj.gov
Residuals	(609) 984-4428	dwq_residuals@dep.nj.gov
Pretreatment (SIU)	(609) 292-4860	dwq_pretreatment@dep.nj.gov

2. **Permittee/Operating Entity:** Provide the name, as it is legally referred to, of the permittee/operating entity(ies) in your request for revocation of the NJPDES permit. An "operating entity" is any firm, public agency, individual, or other entity which, alone or along with other operating entities, has primary management and operational decision-making authority over any part of a facility/site.
Provide the mailing address of the applicant(s). If the mailing address is outside the United States, provide the correct foreign mailing address. Provide the contact person, title, telephone number and e-mail address of the applicant(s).
3. **Application Contact:** If the contact person for the application is different than the contact identified in section 2, enter the name of the contact, their title, telephone number and email address. In addition, enter the contact's organization name and mailing address. If the application contact is the same as the contact identified in section 2, please leave this section blank.
4. **Reason Why Permit or Authorization Should be Revoked:** Check the appropriate box for the reason that the facility is requesting to revoke the NJPDES Individual Permit or NJPDES General Permit Authorization. Where additional information is necessary for a checkbox, please enter the appropriate information.
5. **Proper Management, Disposal, Security, and Containment of Waste and/or Components:** Please indicate that the activities listed in this section have been performed to ensure that all wastes and components of the facility have been properly managed, disposed, secured and/or contained (as applicable).

INSTRUCTIONS FOR COMPLETING FORM NJPDES-4 (CON'T)

- 6. Certification by Applicant:** The certification must be made by the applicant for the NJPDES permit(s) requesting to be revoked. The authority for certification 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;
- 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).

This completed form can be emailed to DWQ_PAS@dep.nj.gov or, alternatively, mailed to:

Mail Code: 401-02B
 NJDEP - Division of Water Quality
 Bureau of Ground Water, Residuals, and Permit Administration
 Permit Administration Section
 PO Box 420
 Trenton, NJ 08625-0420



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



Permit Revocation Request Form

1. FACILITY /PERMIT INFORMATION

Name of Facility/Site: _____

Street Address/Location: _____

City or Town: _____ State: _____ Zip Code: _____

Municipality: _____ County: _____

Program Interest (PI) #: _____

NJPDES PERMIT NUMBER(S) (NJ##### or NJG#####)	DISCHARGE CATEGORY CODE(S)

2. PERMITTEE / OPERATING ENTITY

Permittee/Entity Name: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

3. APPLICATION CONTACT (IF DIFFERENT THAN PERMITTEE CONTACT ABOVE)

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

Organization Name: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

4. REASON WHY PERMIT OR AUTHORIZATION SHOULD BE REVOKED :

- ☐ Facility has been closed.
- ☐ Facility operations no longer require the need for the NJPDES permit. Please describe below.

- ☐ Connection to Sewerage Entity - Name of Sewerage Entity: _____
- ☐ (Stormwater Permits Only) ALL the stormwater associated with industrial activity from the site is conveyed via an impervious surface AND is discharged to a combined sewer (one that carries sanitary wastewater and stormwater to a municipal treatment plant). See N.J.A.C. 7:14A-24.2(f). The following certification must be completed by a representative from a municipal sewer or public works department, sewerage agency, or municipal engineer.

I hereby certify that the this facility identified in 1. above, located at Block _____ and Lot _____, discharges to a combined sewer system.

Signature

Date

Print Name

Title

Name of Certifying Agency

- ☐ (Stormwater Permits Only) The stormwater discharge from the facility meets the eligibility requirements of Permanent No Exposure. A *Permanent No Exposure Certification Form* must be completed, signed, and submitted with this application and must be re-submitted to the Department every five (5) years.
- ☐ Other: (Please attach printed or typed explanation, if needed)

5. PROPER MANAGEMENT , DISPOSAL, SECURITY , AND CONTAINMENT OF WASTE AND /OR COMPONENTS

The below activities have been performed to ensure that all wastes and components of the facility have been properly managed, disposed, secured and/or contained (as applicable):

Activity	Yes	N/A
Influent and effluent pipes have been sealed	<input type="checkbox"/>	<input type="checkbox"/>
The affected units have been closed in such a manner so as to protect public safety and health, as well as to assure that no contamination of ground or surface water will occur as a result of removing such facilities and equipment from service. This can be accomplished either through the act of closure or through continuing the discharge of pollutants into or through equipment; or through leaking, leaching, or discharge of pollutants from wastewater or residuals or other by-products remaining in facilities or equipment which has been removed or remains on site.	<input type="checkbox"/>	<input type="checkbox"/>
For stormwater permits, no "Significant Material", as defined at N.J.A.C. 7:14A-1.2, remains exposed to stormwater.	<input type="checkbox"/>	<input type="checkbox"/>
All residual materials and all other solids from the treatment process including, but not limited to, liquid and dried sludges, grit and screenings, scum and sand bed materials have been removed and/or managed in a maner approved by the Department.	<input type="checkbox"/>	<input type="checkbox"/>
Other activities as explained below:		

6. CERTIFICATION BY APPLICANT

"I understand that it is a violation of the "Water Pollution Control Act", N.J.S.A. 58:10A-1 et seq., to discharge pollutants except in conformity with a NJPDES permit and that I may be subject to significant civil/criminal penalties for said violation."

"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 ensure 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."

Signature

Date

Print or Type Name

Print or Type Position

Email

Telephone