

#### STATE OF NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF WATER QUALITY

### DETERMINATION OF ENVIRONMENTAL BENEFIT APPLICATION

----Refer to Instructions on Page 4 and Provide All Applicable Information. Please Print or Type. ----

APPLICANT				
lame		Telephone (	)	
Permanent Legal				
ity or Town		State	Zip Code	
PROJECT DESCRIPTIC	ON (Brief Description of	Effluent Reuse Project )		
		ACILITY (From Which the		
LOCATION OF WAST	EWATER TREATMENT FA	ACILITY (From Which the	Effluent Will Originates)	
LOCATION OF WAST	EWATER TREATMENT FA	ACILITY (From Which the	Effluent Will Originates)	
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LOCATION OF WAST	EWATER TREATMENT FA	ACILITY (From Which the State County ment facility, please attach list	Effluent Will Originates)	
LOCATION OF WAST	EWATER TREATMENT FA	ACILITY (From Which the	Effluent Will Originates)	
LOCATION OF WAST	EWATER TREATMENT FA	ACILITY (From Which the State County ment facility, please attach list	Effluent Will Originates)          Zip Code	
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LOCATION OF WAST	EWATER TREATMENT FA	ACILITY (From Which the 	Effluent Will Originates)          Zip Code	

# 5. OTHER REQUIRED PERMITS

If any of the following approvals have been issued for this project, provide the applicable information.

Permit Type	Approval No.	Approval Date
<ul> <li>Treatment Works Approval</li> </ul>		
• Exemption From Sewer Ban		
<ul> <li>Water Quality Management Plan Amendment</li> </ul>		
• CAFRA		
Stream Encroachment		
Freshwater Wetlands		
Tidal or Coastal Wetlands		
Waterfront Development		
• NJPDES (DSW, DGW or SIU)		
Pinelands Certificate		
Delaware & Raritan Canal Commission		
Delaware River Basin Commission Docket Approval		
Other Related Approvals		

6.

DATE OR ANTICIPATED DATE OF PURCHASE OF TREATMENT EQUIPMENT OR CONVEYANCE EQUIPMENT

#### **REQUIRED ADDITIONAL INFORMATION (in accordance with N.J.A.C. 7:14D-2.1)**

	Is the	ne following information submitted with this application?
1.	A re	port describing each specific industrial process for which the further treated effluent is or will be reused,
	incl	uding the following:
	a.	The physical and functional aspects of the treatment equipment or conveyance equipment;
	b.	The location of any site at which the wastewater that results from the reuse of the further treated
		effluent is or will be discharged;
	c.	The volume of the further treated effluent, including the daily average and maximum flow ratters, that
		is or will be reused:
	d.	The volume of further treated effluent that is or will be consumed in the reuse process; and
	e.	The volume of wastewater that is or will be discharged thereafter.
		<sup>o</sup>
2.	A li	ne item breakdown showing the cost of each component of the treatment equipment or conveyance
		pment for which this Determination is sought.
3.		pplicable, a copy of the agreements governing the wastewater treatment facility's supply and the
		Istrial facility's use of the effluent.
4.		escription of the impacts and benefits to the waters of the State resulting from the reuse of the further
••		ted effluent in the industrial process. The description shall, at a minimum, demonstrate that:
	a.	The reuse will not cause a violation of any minimum passing flow restrictions applicable in the
	а.	waterbody to which the effluent would otherwise have been discharged;
	b.	If the reuse will result in an interbasin transfer (that is, if the ultimate discharge of the wastewater is to
	υ.	a watershed other than the one to which the effluent would have been discharged if it were not
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		reused), then such interbasin transfer will not have an adverse impact on the water resources in the
		affected watersheds;
	C.	The pollutant load to the receiving waterbody to which the effluent would have been discharged if it
		were not reused is or will not be increased as a result of the reuse; and
	d.	The water resources of the State are or will be conserved as a result of the reuse.

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#### **CERTIFICATION BY APPLICANT (Responsible Official)**

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 certify that the treatment equipment is or will be used exclusively to treat effluent from a wastewater treatment facility, which effluent would otherwise have been legally discharged to the waters of the State, for purposes of reuse in an industrial process. I certify that the conveyance equipment is or will be used exclusively to transport effluent to the facility in which the treatment equipment has been or is to be installed and/or that the conveyance equipment is or will be used exclusively to transport effluent to an industrial facility for reuse in an industrial process.

I certify that all applicable Federal, State, and local permits and/or approvals for construction and/or operation of the treatment equipment or conveyance equipment have been obtained.

I certify that, to the best of my knowledge, the treatment equipment or conveyance equipment has not previously qualified for a tax credit pursuant to N.J.S.A. 54:10A-5.31 for the applicant or other owner or any previous owner of the equipment.

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 of Applicant

## INSTRUCTIONS FOR COMPLETING FORM DEB - 1

### This form should accompany all Determination of Environmental Benefit applications.

- 1. General Information (items #1 through #4, #6 and #7) Complete the requested applicant and project information.
- 2. Other Required Permits (item # 5) - Please list all permits issued for the subject project
- Signature (items #8) The signature must be from the responsible official of the applicant, in accordance 3. with N.J.A.C. 7:14D-1.2.
- 4. **Required Additional Information** (item #7) – All items listed must be submitted for the application to be processed. If the application is incomplete, the Department may inactivate and return the application within 30 calendar days of application receipt.
- 5. Submission of Application Please submit completed application to :

**Director's Office** NJDEP Division of Water Quality Bureau of Environmental Engineering and Permitting (BEEP) PO Box 420, Mail Code 401-03D Trenton, NJ 08625-0420 Attn: Reuse Tax Incentives Program

Should you need assistance in completing the application, please contact the Bureau of Environmental, Engineering & Permitting (BEEP) at (609) 984-4429.