

State of New Jersey
Department of Environmental Protection
Division of Water Quality

**APPLICATION FOR CERTIFICATION OF WATER POLLUTION ABATEMENT FACILITY
CLAIM FOR TAX EXEMPTION**

TO: Director
Mail Code 401-02B
Division of Water Quality
P.O. Box 420, 401 E. State St.
Trenton, NJ 08625-0420

Date _____

*The following information is submitted in accordance with the provisions of Chapter 127, P.L. 1966
(N.J.S.A. 54.4 - 3.56 et seq., as amended by Chapter 104, P.L. 1967) and to the best of my knowledge and
belief is true and correct.*

Signature _____

Title _____

Full Business Name _____
(Claimant as listed on local tax records)

Type Of Ownership
(check one below)

Person To Contact Regarding Additional Details

Individual

Name

Partnership

Street Address

Corporation

Municipality, State & Zip Code

Location of Abatement Facilities

Street Address

Municipality

County

and further described as Lot(s) No. _____ in Block(s) No. _____

on the Tax Map of said municipality (or Page(s) _____ Line(s) _____

on the _____ Tax List).
(year)

Nature of Wastewaters

Type of Treatment

Means of disposal of discharge, i.e. stream, sewer, lagooning or other

(continue on next page)

Were treatment facilities plans and specifications approved and permits issued by the New Jersey Department of Health or the New Jersey Department of Environmental Protection for the construction and operation of these facilities? **YES** **NO** ****** (check one)*

If YES is checked, please provide the permit(s) approval no. and issuance date(s) below.

Permit No. _____ Issuance Date _____

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Is there a pretreatment facility to permit the pretreated wastewater to be discharged into a public sewer system? ☐ YES ☒ NO *If YES is checked, the following statement is to be completed by the appropriate official of the sewage treatment plant receiving the pretreated wastewaters.*

“All pretreated wastewater is , or will be, accepted for treatment at the public sewage treatment facilities owned and operated by _____.”

Signed _____

Title _____

Date of Completion of Installation _____

Does the treatment recover any material of value, which, without treatment, would be lost? YES NO (*check one*)

Annual Dollar Volume _____ Attach a detail statement indicating the disposition of the material and the value in dollars reclaimed by sale or reuse of this material.

Were, or are, any side benefits to plant processes realized by use of treatment system? **YES** **NO** (*check one*)

If yes, describe and evaluate: (attach a detailed statement indicating benefits and value in dollars)

Description and Identification of Water Pollution Abatement Facility						
Unit	Description	Purpose or Use in Water Pollution Abatement Facility	Date of Purchase	Original Cost Reported if Considered Tangible Personal Property used in Business	Original Cost Reported if Considered Real Property	Net Book Value on Date of Application if Considered Real Property

NOTE: Original cost refers to the total cost including engineering, labor and materials. The original cost shall be identified as tangible personal property used in business and/or real property.

(Attach additional sheets if required)