



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



INSTRUCTIONS FOR COMPLETING FORM TWA-1

This form must accompany all TWA permit applications, with the exception of requests for extensions of time for TWAs. For time extension requests, a [Time Extension Request Form \(i.e. TWA-2 form\)](#) is required to be submitted.

For technical assistance in completing this application form, please contact the following programs within the Bureau of Ground Water, Residuals and Permit Administration (BGRPA):

<u>Treatment Works Type</u>	<u>Program</u>	<u>Phone Number</u>	<u>Email Address</u>
Onsite subsurface sewage disposal system (i.e. septic systems) with a design flow \leq 2000 gpd	Ground Water Permitting	(609) 984-4428	Ch199@dep.nj.gov
All other treatment works	TWA Permitting	(609) 984-4428	dwq_twa@dep.nj.gov

For all other questions, please contact the BGRPA Permit Administration Unit at (609) 984-4428 or via email at dwq_pas@dep.nj.gov.

- Type of TWA** – In Section A, select the type of TWA permit action requested by this application. If this application is to request an action on an existing TWA, identify the TWA permit number and type of action.

Important Information:

- If this application is for a Stage III (Operate Only) TWA, all items identified in N.J.A.C. 7:14A-22.10(c) must accompany this application.
- If this application is for a N.J.A.C. 7:9A Septic System TWA, completion of Section B is not needed. However, the applicant must proceed to completing Section C. These TWAs are issued for septic systems with a design flow \leq 2000 gpd, the property of which does not need or have a NJPDES permit.

In Section B, select the type(s) of treatment works associated with this application.

Important Information:

- If this application is associated with an Onsite Subsurface Sewage Disposal System that needs a NJPDES permit, information regarding the application for such NJPDES permit must be provided in Section 7 of this application.

Section C should only be completed if “N.J.A.C. 7:9A Septic System (i.e. Chapter 199)” was selected in Section A. In this section, select one of the TWA types provided.

- Applicant(s)/Owner** - Provide the name, as it is legally referred to, of the permit applicant. The applicant/owner is the **eventual owner** of the proposed treatment works. Provide the mailing address of the applicant. If the mailing address is outside the United States, provide the correct foreign mailing address. Provide the applicant’s responsible official and their title, telephone number and e-mail address. Identify the applicant’s organizational type by checking the appropriate box. Refer to Section 11 for the definition of “responsible official”.

Important Information: Applicant/owner shall be the eventual owner and shall be responsible for operation of the proposed treatment works after completion of construction. The governing public entity (Municipality, Township, City or Sewage Authority, etc.) shall be the eventual owner for any treatment works proposed on public roads, right-of ways and/or easements.

- Location of Activity** - Provide the name and address/location of the facility/site of the activity. Street number and name must be used (PO Box numbers will not be acceptable). Provide the municipality and county where the facility/site is physically located. Do not use local or neighborhood names. Provide the lot and block numbers. Provide the mailing address of the facility/site if it is different than the locational information already provided.

4. **New Jersey Licensed Professional Engineer** - Provide the name and license number of the applicant's professional engineer. If the professional engineer is employed by an organization, provide the name of the firm. Provide the mailing address, telephone number and email address of the professional engineer.
5. **Estimated Construction Costs and Application Fee** – In Section A, provide the total cost of the treatment works proposed in this application. A breakdown of the cost of all items related to the construction of the proposed treatment works must be attached and submitted with this application form. Section A is not applicable and does not need to be completed if this application is for a Stage III (Operate Only) TWA.

In Section B, identify the fee associated with this application. For guidance on how to calculate the application fee, please refer to N.J.A.C. 7:14A-22.25(a) through (c) and the most recent annual TWA fee schedule published on the Department's website. Consistent with N.J.A.C. 7:14A-22.25(d), a check for the application fee, made payable to "Treasurer, State of NJ, Environmental Services Fund", should accompany this application.

6. **Project Description** - Provide a brief description of the proposed treatment works and the intended use. If requesting a modification to your TWA permit, provide a detailed explanation of the changes.
7. **Other Associated Permits or Approvals** – For Section A, if applications for any of the permit or approval types identified in this section have been submitted for this project, provide the application status, application date and, if available, application, permit, or approval number for each permit or approval type. This section does not need to be completed if this application is for a Stage III (Operate Only) TWA.

For section B, identify if the project is associated with funding from the New Jersey Infrastructure/Water Bank. If the answer is yes, identify the H2Loans Project Number and how resiliency has been addressed with the NJDEP.

8. **Applicant's Agent (Optional)** - Identify the person who is authorized to act as agent/representative in all matters pertaining to this application. Provide the name, position, organizational name, mailing address, telephone number and email address of the agent. Original signatures from both the agent and the authorized official of the applicant must be provided in this section of the application. Please note that signatures in this section that are more than one year old will result in a deficient application.
9. **Property Owner's Certification** – The owner of the property where the treatment works are located shall certify to the statement in this section by providing their original signature and date. In addition, the property owner shall provide their name, position, email address and telephone number. A "Property" includes all contiguous lots and blocks, including vacant land, owned or otherwise under the control of the owner or operating entity of the regulated facility. Please note that a signature in this section that is more than one year old will result in a deficient application.
10. **Statement of Preparer of Plans, Specifications and Engineer's Report and/or Abstract:** The preparer of the engineering plans, specifications, and engineer's report and/or abstract shall certify to the statement in this section by providing their original signature and date. In addition, the engineer shall provide their name, position, email address, telephone number and embossed seal. Please note that a signature in this section that is more than one year old will result in a deficient application.
11. **Certification by Applicant/Owner:** Consistent with N.J.A.C. 7:14A-22.8(c), this application shall have an original signature by the applicant, a responsible official of the application as defined below, or an authorized agent. The signatory must certify to the *Proper Construction and Operation Clause*, as well as the statements pertaining to the information contained within this application. Please note that a signature on this application that is more than one year old will result in a deficient application.

A responsible official is an individual meeting the requirements set forth in N.J.A.C. 7:14A – 4.9(a) and identified below:

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).

Please complete this form in its entirety. The completed form should be submitted to the address identified below and must contain the original wet-ink signatures and raised seals:

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
Division of Water Quality



Treatment Works Approval (TWA) Permit Application Form

*Refer to the attached instructions and provide ALL applicable information.
Please Print or Type and attach additional sheets if necessary.*

1. TYPE OF TWA

A) Please select the type of TWA permit action requested by this application:

- | | |
|---|--|
| <input type="checkbox"/> Stage II & III (Construct and Operate)
<input type="checkbox"/> Stage II (Construction Only)
<input type="checkbox"/> Stage III (Operate Only)
<input type="checkbox"/> N.J.A.C. 7:9A Septic System (i.e. Chapter 199)
<i>(If this option is selected, Section B is not needed. Proceed to Section C below.)</i> | <input type="checkbox"/> Action on Existing TWA:
Permit #: _____
Action Type: <input type="checkbox"/> Modification
<input type="checkbox"/> Reactivation |
|---|--|

B) Please select the type of treatment works associated with this application (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Wastewater Treatment System
<input type="checkbox"/> Pump Station / Force Main
<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Onsite Subsurface Sewage Disposal System for a NJPDES Regulated Facility | <input type="checkbox"/> Collection / Conveyance Systems (e.g. Gravity)
<input type="checkbox"/> General Industrial Treatment Works
<input type="checkbox"/> Hauling / Diversion |
|--|--|

C) For N.J.A.C. 7:9A TWA permit actions only (excluding modification), select one of the below TWA types:

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Deviation from Standard | <input type="checkbox"/> Design Flow | <input type="checkbox"/> Grinder Pump |
|--|--------------------------------------|---------------------------------------|

2. APPLICANT/OWNER *

Applicant/Owner Name: _____

Mailing Address: _____

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

Responsible Official: _____ Title: _____

Telephone: _____ Email: _____

Organization Type: ☐ City/Town ☐ County/Municipal ☐ Authority/District/Commission ☐ Utility

☐ State ☐ Federal ☐ Corporation ☐ LLC ☐ LP ☐ Other Private

☐ Other: _____

** The applicant/owner is the eventual owner of the proposed treatment works and must complete Section 11, unless authority is given to the applicant's agent in Section 8.*

3. LOCATION OF ACTIVITY

Name of Facility/Site: _____

Street Address/Location: _____

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

Municipality: _____ County: _____ Block(s): _____ Lot(s): _____

Mailing Address (if different than facility street address): _____

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

4. NEW JERSEY LICENSED PROFESSIONAL ENGINEER

Name: _____ N.J. License No: _____

Name of Firm if employee: _____

Mailing Address: _____

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

Telephone: _____ Email: _____

5. ESTIMATED CONSTRUCTION COST AND APPLICATION FEE

A) Cost of treatment works proposed in this application: \$ _____

* *Attach a breakdown of the cost of all items related to the construction of the proposed treatment works.*

B) Application Fee: \$ _____

* *In accordance with N.J.A.C. 7:14A-22.25(d), made payable to Treasurer, State of NJ, Environmental Services Fund.***6. PROJECT DESCRIPTION (Brief Description of Proposed Treatment Works and Intended Use)**

7. OTHER ASSOCIATED PERMITS OR APPROVALS

A) If any of the following applications have been submitted for this project, provide the applicable information:

Type	Application Status (check one)		Application Date	Number (if available)
	Pending	Approved*		
• Treatment Works Approval	<input type="checkbox"/>	<input type="checkbox"/>		
• Exemption From Sewer Ban	<input type="checkbox"/>	<input type="checkbox"/>		
• Water Quality Management Plan Amendment	<input type="checkbox"/>	<input type="checkbox"/>		
• CAFRA	<input type="checkbox"/>	<input type="checkbox"/>		
• Stream Encroachment	<input type="checkbox"/>	<input type="checkbox"/>		
• Freshwater Wetlands	<input type="checkbox"/>	<input type="checkbox"/>		
• Tidal or Coastal Wetlands	<input type="checkbox"/>	<input type="checkbox"/>		
• Waterfront Development	<input type="checkbox"/>	<input type="checkbox"/>		
• NJPDES Permits	<input type="checkbox"/>	<input type="checkbox"/>		
• Pinelands Approval or Certificate of Filing		<input type="checkbox"/>		
• Highlands Preservation Area Approval		<input type="checkbox"/>		
• Delaware & Raritan Canal Commission Approval		<input type="checkbox"/>		
• Hackensack/Meadowlands Commission	<input type="checkbox"/>	<input type="checkbox"/>		
• Other Related Approvals	<input type="checkbox"/>	<input type="checkbox"/>		

* If application is approved or a certificate of filing has been filed, check the box below. For any approval or certificate of filing, provide a copy of the approval or certificate of filing with this application.

B) Is this project associated with funding from the New Jersey Infrastructure/Water Bank?

☐ Yes ☐ No

If responded 'Yes' to the question above...

i) Provide the H2Loans Project Number: _____

ii) Identify the status of NJDEP's review of resiliency requirements:

☐ Under NJDEP Review ☐ NJDEP Waiver Issued ☐ NJDEP Approval

8. APPLICANT'S AGENT (Optional)

The person listed below is authorized to act as agent/representative in all matters pertaining to this application.

Name: _____ Position: _____

Organization Name: _____

Mailing Address: _____

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

Telephone: _____ Email: _____

Signature of Agent

Date

Signature of Applicant/Owner

Date

9. PROPERTY OWNER'S CERTIFICATION

"I hereby certify that I own the property identified in this application. As owner, I grant permission for the activity to be permitted under this application and authorize the Department of Environmental Protection to conduct on-site inspections, if necessary. If the construction activity will take place in an easement, I certify that with this application, I presently have or will obtain permission of the property owner(s) prior to initiation of construction of this proposed treatment works."

Signature of Property Owner

Date

Print or Type Name

Print or Type Position

Email

Telephone

10. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS AND ENGINEER'S REPORT AND/OR ABSTRACT

"I hereby certify that the engineering plans, specifications, and engineer's report and/or abstract applicable to this project comply with the current rules and regulations of the Department of Environmental Protection with the exceptions as noted."

Signature of Engineer

Date

Print or Type Name

Print or Type Position

Telephone

Email

PROFESSIONAL ENGINEER'S EMBOSSED SEAL

11. CERTIFICATION BY APPLICANT/OWNER**Proper Construction and Operation Clause**

“I, the Applicant/Owner, agree that the treatment works will be, or has been, properly constructed and will be operated in accordance with the engineering plans, specifications and conditions under which the approval is granted by the Department of Environmental Protection.”

Application Certification Statement

“I certify, under penalty of law, that the information provided in this application and the attachments is true, accurate, and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment.”

Signature of Applicant/Owner

Date

Print or Type Name

Print or Type Position

Email

Telephone