



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



INSTRUCTIONS FOR COMPLETING FORM TWA-2

This form must be submitted for all requests of time extensions for Treatment Works Approval (TWA) permits submitted pursuant to the provisions of N.J.A.C. 7:14A-22.12. This form satisfies the requirement of N.J.A.C. 7:14A-22.12(b)1.ii that a request for an extension of time must include a "written request from the applicant or authorized agent".

Important Note: A TWA permit cannot be extended to an expiration date that is more than five (5) years from the original issuance date. In such cases, the applicant must file for a new TWA permit. In addition, time extension requests for expired (i.e. invalid) permits may result in a new permit number.

For technical assistance in completing this application form, please contact following programs:

<u>Treatment Works Approval 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	(609) 984-4428	Ch199@dep.nj.gov
All other treatment works	(609) 984-4429	dwq_twa@dep.nj.gov

For all other questions, please contact the Bureau of Ground Water, Residuals and Permit Administration at (609) 984-4428.

- 1) Treatment Works Approval (TWA) Permit Information** – This section must be completed in entirety. The required information can be found or derived from the TWA permit issued for the project/activity. A permit is defined as "valid" if the expiration date of the permit has yet to be reached as of the date this form is submitted.

Important Note: For time extension requests associated with expired TWA permits that are not authorized under the provisions of N.J.A.C. 7:9A (i.e. Chapter 199 Septic System), a completed WQM-003 form must be submitted with this application.

- 2) Certification by the Sewerage Authority** - This section must be completed in its entirety if (1) this request is for the extension of a valid (i.e. non-expired) TWA permit **and** (2) the sewerage authority has notified the Department, in writing, that all time extension requests under its jurisdiction must be accompanied by the authority's consent. In all other cases, completion of this section is not required.

Important Note: This section is not applicable for TWA permits issued consistent with the provisions of N.J.A.C. 7:9A (i.e. Chapter 199 Septic System).

- 3) Application Fee** – This section identifies the application review fees that are associated with time extension requests consistent with the provisions of N.J.A.C. 7:14A-22.25. In addition, this section requires the itemization and summation of the application review fees associated with the requested time extension.

For line items a, b, and c, enter appropriate application review fee in the identified boxes. If an application review fee is not applicable for a line item, enter "0". The sum of the values reported in line items a, b, and c will be displayed in item d.

Important Notes:

- A check for the application review fee must be submitted with this request consistent with the provisions of N.J.A.C. 7:14A-22.12(b)1.i. If the applicant wishes to submit this form electronically, please be advised that the check, along with a hard copy of this form, must be mailed to the Department for processing.

- For some types of TWA permits (e.g. those issued consistent with the provisions of N.J.A.C. 7:9A) where the status of the TWA is “expired” and a modification of the TWA is associated with the time extension request, it may be more cost effective to file for a new TWA rather than pursuing the request for a time extension. For further information, please contact the appropriate TWA program.

4) Certification by Applicant/Owner or Authorized Agent – This section must be completed in its entirety. The applicant/owner or authorized agent should be the same individual that was identified in, and endorsed, the previously approved TWA application for the project. Evidence, in the form of a copy of the applicable section in the previous application, must be submitted with this form.

Important Notes:

- If the person certifying this section as the applicant/owner is not the same person from the previously approved application, a person from the same applicant/owner agency that holds that same title would be an acceptable signee for this section.
- If the person certifying this section as the authorized agent is not the same person from the previously approved application, evidence of the person’s authority to act as an authorized agent for the applicant/owner must be submitted with this request. This evidence must be in the form of a formal letter from the applicant/owner designating the applicable person as their authorized agent with respect to the TWA permit.
- If a change has been made to the design of the project as described in the previously approved treatment works application, supporting documentation, or resulting Treatment Works Approval (TWA) permit, all necessary information associated with modification of a TWA must be submitted with this request. For a checklist identifying the submission requirements associated with modification of TWA permits authorized under the provisions of N.J.A.C. 7:9A (i.e. Chapter 199 Septic System), please visit https://www.nj.gov/dep/dwq/forms_ad_twa.htm. For a checklist of submission requirements associated with modification of all other types of TWA permits, please visit https://www.nj.gov/dep/dwq/forms_twa.htm

Please complete this form in its entirety. The completed form, along with all associated attachments and a hard copy of the original check, should be mailed to the address identified below and must contain the original wet-ink signature.

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) Time Extension Request Form

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

1. TREATMENT WORKS APPROVAL (TWA) PERMIT INFORMATION

Applicant/Permittee Name: _____

Applicant/Permittee Address: _____

Location of Activity:

Name of Facility/Site/Project: _____

Municipality: _____ County: _____

TWA Permit Number: _____

TWA Permit Status: ☐ Valid ☐ Expired *

* For time extension requests associated with expired TWA permits that are not authorized under the provisions of N.J.A.C. 7:9A (i.e. Chapter 199 Septic System), a completed WQM-003 form must be submitted with this request.

2. CERTIFICATION BY THE SEWERAGE AUTHORITY

Note: This section is only required if (1) this request is for the time extension of a valid TWA permit and (2) the sewerage authority has notified the Department, in writing, that all time extension requests under its jurisdiction must be accompanied by the authority's consent. This section is not applicable for TWA permits issued consistent with the provisions of N.J.A.C. 7:9A (i.e. Chapter 199 Septic System).

“As an authorized representative of the below identified agency, I hereby certify that the agency consents to the submission of this request, for an extension of time on the above identified TWA permit, to the Department of Environmental Protection for approval.”

Name of Agency

Signature of Authorized Representative *

Date

Print or Type Name

Print or Type Position

* Authorization to sign for the agency:

Resolution #

Date

(Note: Submit the resolution with the application. If no such resolution granting authority to sign exists, the full resolution, consenting to the project, must be submitted with this request.)

3. APPLICATION FEE

Note: A check for the application review fee must be submitted with this application.

- | | | |
|----|--|---|
| a. | Application Review Fee for Time Extension
<i>Notes: 1-year Extension = \$200, 2-year Extension = \$400 (for expired permits only),
3-year Extension = \$600 (for expired permits only)</i> | \$ <input style="width: 100px;" type="text"/> |
| b. | Application Review Fee for Modification Associated with Time Extension Request
<i>Notes: Fee calculated consistent with N.J.A.C. 7:14A-22.25(c) with a minimum fee of \$500.</i> | \$ <input style="width: 100px;" type="text"/> |
| c. | Additional Review Fee for Time Extension of Expired Permit
<i>Notes: Equal to \$850.</i> | \$ <input style="width: 100px;" type="text"/> |
| d. | Total Application Review Fee for Time Extension Request
<i>Notes: Sum of a + b + c.</i> | \$ <input style="width: 100px;" type="text"/> |

4. CERTIFICATION BY APPLICANT/OWNER OR AUTHORIZED AGENT

Note: The applicant/owner or authorized agent should be the same individual that was identified in, and endorsed, the previously approved TWA application for the project. Evidence from the previous application must be submitted with this form. If the person certifying this section is not the same, please refer to the instructions of this form for further guidance.

Certifying Statement on Project Design (check the box that applies)

- ☐ "I hereby certify that there has been *no change* to the design of the project as described in the previously approved treatment works application, supporting documentation, or resulting Treatment Works Approval (TWA) permit."
- ☐ "I hereby certify that *a change has been made* to the design of the project as described in the previously approved treatment works application, supporting documentation, or resulting Treatment Works Approval (TWA) permit and that all necessary information associated with modification of a TWA has been submitted with this request."

General Certifying Statement

"I certify, under penalty of law, that the information provided in this request for an extension of time on the above identified TWA permit, and any attachments included herein, are 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 or Authorized Agent

Date

Print or Type Name

Print or Type Position

Email

Telephone