



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



INSTRUCTIONS FOR COMPLETING FORM WQM003-S

Important Note: *This form is only needed for new, expanded, or changed (in nature of pollutants discharged) SIU discharges.*

1. **General Information** – Provide the applicant/permittee name, facility/site name, facility/site address, and NJPDES permit number (if available). The information provided in this section should match the information provided on the NJPDES-1 form accompanying this form as part of the application package.

2. **Certification by the Affected Local Agency** – Consistent with N.J.A.C. 7:14A-4.6(b)2, consent from the affected local agency, certifying that the discharge is acceptable, must accompany NJPDES applications for new, expanded, or changed (in nature of pollutants discharged) SIU discharges. A “local agency” means a political subdivision of the State, or an agency or instrumentality thereof, that owns or operates a municipal treatment works. In this section, provide the name of the local agency. In addition, the authorized representative must provide the necessary certifying information. This information includes their signature, date of signature, printed name, position, email address and telephone number. This section must also include the resolution number and date authorizing the representative to certify for the agency. The resolution must be submitted with this form. If no such resolution granting authority to sign exists, the Agency’s full resolution, consenting to the project, must be submitted with this form.

3. **Certification by the Wastewater Conveyance System Owner** – Consistent with N.J.A.C. 7:14A-4.6(b)2, consent from the owner(s) of the applicable wastewater conveyance system(s), certifying that the discharge is acceptable, must accompany NJPDES applications for new, expanded, or changed (in nature of pollutants discharged) SIU discharges. The owner is typically a municipality or authority. In this section, provide the name of the wastewater conveyance system owner(s). In addition, the authorized representative for the owner(s) must provide the necessary certifying information. This information includes their signature, date of signature, printed name, position, email address and telephone number. This section must also include the resolution number and date authorizing the representative(s) to certify for the municipality or authority. The resolution must be submitted with this form. If no such resolution granting authority to sign exists, the agency’s full resolution, consenting to the project, must be submitted with this form. If there are more than two applicable wastewater conveyance system owners, the required certification information must be submitted on a separate sheet accompanying this form.

A completed form can be scanned and emailed, along with the accompanying application materials, to DWO_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

IMPORTANT NOTICE: False statements, representations, or certifications, in any application, record, or document are subject to fines and penalties as set forth in the Water Pollution Control Act (N.J.S.A. 58:10A- 10F 2 and 3).



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Statements of Consent for NJPDES SIU applications

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

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1. GENERAL INFORMATION

Applicant/Permittee Name: _____

Name of Facility/Site: _____

Street Address/Location: _____

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

NJPDES Permit Number (if available): _____

2. CERTIFICATION BY THE AFFECTED LOCAL AGENCY

“As an authorized representative of the below identified agency, I hereby certify that the agency consents to the submission of the above listed application to the Department of Environmental Protection for approval. I further certify that the project as proposed conforms with the requirements of the agency and the agency agrees to accept wastewater from the project for treatment.”

 Name of Local Agency

 Signature of Authorized Representative *

 Date

 Print or Type Name

 Print or Type Position

 Email

 Telephone

* Authorization to sign for the agency:

 Resolution #

 Dated

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

3. CERTIFICATION BY THE WASTEWATER CONVEYANCE SYSTEM OWNER(S)

“By agreeing to accept wastewater from the project, I (we) hereby certify that to the best of my (our) knowledge the wastewater conveyance system, into which the project proposed under this application will connect, has adequate capacity in accordance with N.J.A.C. 7:14A-1.2 ("Adequate conveyance capacity"). Furthermore, I (we) am (are) not aware of inadequate conveyance capacity conditions in any portion of the downstream facilities necessary to convey the wastewater from this project to the treatment plant.”

Owner 1

Owner 2 (if applicable)

Name of Municipality or Authority	Name of Municipality or Authority
Signature of Authorized Representative *	Signature of Authorized Representative *
Date	Date
Print or Type Name	Print or Type Name
Print or Type Position	Print or Type Position
Email	Email
Telephone	Telephone
<p>* Authorization to sign for the agency:</p> <p>Resolution # _____ Dated _____</p> <p>(Note: Submit the resolution with the application. If no such resolution granting authority to sign exists, the Agency's full resolution, consenting to the project, must be submitted with the application.)</p>	<p>* Authorization to sign for the agency:</p> <p>Resolution # _____ Dated _____</p> <p>(Note: Submit the resolution with the application. If no such resolution granting authority to sign exists, the Agency's full resolution, consenting to the project, must be submitted with the application.)</p>