

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY
Bureau of Ground Water, Residuals, and Permit Administration
GWSD Inventory Form

Supplemental Application Form to NJPDES-1 for the Category GWSD (NJ0309672)
Discharge to Ground Water (DGW) Permit

Please provide this Supplemental Application Form as part of the application for authorization under the NJPDES GWSD General Permit. Contact the Bureau of Ground Water, Residuals, and Permit Administration at (609) 292-4428 or via email at dwq_groundwater@dep.nj.gov with any questions.

1. Facility Information:

Facility Name:					
Pinelands Area:	Yes	No	Highlands Region:	Yes	No
If “yes” to the above, please specify: Preservation Protection National Reserve			If “yes” to the above, please specify: Preservation Planning, Conforming Municipality Planning, Non-Conforming Municipality		

2. Eligibility:

A. Permit status:

- ☐ New
- ☐ Existing, not permitted under NJPDES
- ☐ Existing, permitted under NJPDES (permit number: NJ_____)

B. If Existing, is this facility proposing an expansion to the existing sewage-generating activities?
(For example: a facility adding a wing to the footprint of an existing building.)

- ☐ No
- ☐ Yes (Please explain:)

C. If Existing, is the facility proposing a change in use which alters the nature of the wastewater discharge? (For example: a facility changing from a commercial retail use to a restaurant.)

- i. No
- ii. Yes (Please explain:)

D. Is the facility a new or expanding school?

- i. No
- ii. Yes (NOTE: Please provide verification that the proposed sewage-generating activities are within the adopted sewer service area and that the proposed design flow is consistent with the approved WQMP amendment.)

E. If new or expanding, indicate whether the facility proposes a disturbance in any of the following environmentally sensitive areas:

- i. Landscape Maps of Habitat for Endangered, Threatened or Other Priority Wildlife as Rank 3, 4 or 5
 - 1. No
 - 2. Yes (NOTE: Please provide verification that the proposed sewage-generating activities are within the adopted sewer service area.)
- ii. Natural Heritage Priority Sites
 - 1. No
 - 2. Yes (NOTE: Please provide verification that the proposed sewage-generating activities are within the adopted sewer service area.)

3. Sanitary Sewage Generating Activities (as applicable)

Please provide the following information for all sewage-generating activities on the property.

Sewage Generating Activities Excluding Residential Occupancy Activities (describe each building below)	Square Footage	Maximum number of seats	Maximum number of staff	Food Service ¹ (Y/N)
<i>e.g.: Office</i>	<i>2,500 sf</i>	<i>n/a</i>	<i>20</i>	<i>N</i>
<i>e.g.: Restaurant</i>	<i>4,000 sf</i>	<i>120</i>	<i>15</i>	<i>Y</i>

¹“Food service” means those activities associated with the handling, preparing or serving of food and/or drinks for sale to any individual or group that does not work at the facility that will result in the generation of wastewater. These activities are typically characterized by the use of heating, cooling, cooking or cleaning equipment including walk-in refrigeration units, stoves, fryers, ovens, warmers, steamers, dishwashers and sinks typically used for food or dish washing.

Residential Occupancy Activities (apartments, duplexes, condos, etc., list each unit separately) ²	Total Number of Units	Total Number of Bedrooms in Each Unit	Served by its own septic system (Y/N)
<i>e.g.: Apartment Building 1</i>	<i>4</i>	<i>2 / 2 / 3 / 3</i>	<i>N</i>

²Excluding systems serving one single-family home on one individual property with a design flow less than 2,000 gallons per day.

Single-Family Home Served by its Own Septic System ³	Total Number of Bedrooms	Served by its own septic system (Y/N)
<i>e.g.: Home 1</i>	3	Y

³Systems serving one single-family home on one individual property with a design flow less than 2,000 gallons per day will be identified in the Fact Sheet of this permit. However, they will not be included in the monitoring program of this permit. These systems will continue to be regulated by the local health department.

Attach additional sheets if necessary.

Additional Descriptions (as needed):

4. Onsite Wastewater Disposal Systems for Sanitary Wastewater (as applicable)

Identify each septic system onsite and the structures served by that system.

System 1 (example): e.g. Apartment Building 1

Type of Unit	Number of Units	Size of Unit
Septic Tank(s)	4	2,500 each (gallons)
Dosing Tank(s)	1	1,600 (gallons)
Grease Trap(s)	1	4,500 (gallons)
Cesspool(s)		(gallons)
Seepage Pit(s)		(gallons)
Disposal Field(s)	1	8,400 (sq. ft.)
Holding Tank(s)		(gallons)
*Other:		

System 1:

Type of Unit	Number of Units	Size of Unit
Septic Tank(s)		(gallons)
Dosing Tank(s)		(gallons)
Grease Trap(s)		(gallons)
Cesspool(s)		(gallons)
Seepage Pit(s)		(gallons)
Disposal Field(s)		(sq. ft.)
Holding Tank(s)		(gallons)
*Other:		

System 2:

Type of Unit	Number of Units	Size of Unit
Septic Tank(s)		(gallons)
Dosing Tank(s)		(gallons)
Grease Trap(s)		(gallons)
Cesspool(s)		(gallons)
Seepage Pit(s)		(gallons)
Disposal Field(s)		(sq. ft.)
Holding Tank(s)		(gallons)
*Other:		

System 3:

Type of Unit	Number of Units	Size of Unit
Septic Tank(s)		(gallons)
Dosing Tank(s)		(gallons)
Grease Trap(s)		(gallons)
Cesspool(s)		(gallons)
Seepage Pit(s)		(gallons)
Disposal Field(s)		(sq. ft.)
Holding Tank(s)		(gallons)
*Other:		

**Provide additional information per building or dwelling as necessary.*