



State of New Jersey
Department of Environmental Protection
New Jersey Pollutant Discharge Elimination System (NJPDES)



INSTRUCTIONS FOR COMPLETING HAB SUPPLEMENTAL FORM

(Harmful Algal Bloom (HAB) Management – NJ0356531) Discharge to Surface Water (DSW) Permit

A HAB Supplemental Form shall be submitted for any new or renewal HAB Management NJPDES DSW General Permit. Separate HAB Supplemental Forms shall be submitted for each product or waterbody requested for authorization under this master general permit. All applicable information must be provided to the Department at least thirty (30) days prior to product application via email to habgp@dep.nj.gov.

Following receiving authorization under this master general permit, a HAB Supplemental Form must be submitted to the Department for each additional product or waterbody not listed in the initial permit application.

1. **NJPDES Authorization Number:** If this is a new application, leave blank. If this is an existing application, provide your NJPDES Authorization Number that begins with **NJG**.
2. **Operator Identification:** The operator who is responsible for coverage under this general permit and assumes full responsibility for permit compliance. Provide the name and contact information of the operator. If applicable, provide the Operator's Commercial Pesticide Applicator License # certified in Category 5 – Aquatic Pest Control.
3. **For-hire Applicator Identification (if applicable):** If applicable, provide the name and contact information of the for-hire Applicator. Provide the for-hire Applicator's Commercial Pesticide Applicator License # where certification in Category 5 – Aquatic Pest Control is required.
4. **Waterbody Description:** Provide the name and description of the waterbody where the product will be applied. Provide the county and municipality where the waterbody is located. If known, identify if the waterbody is a state-owned lake.
5. **Product Application:** Provide the name of the chemical or biological product that will be applied to the waterbody.
6. **Projected Timeframe of Product Application:** Provide the start and end date of the product application. When applicable, provide the estimated dates for each product application based on the requirements listed in the applicable Product Sheet.
7. **Treatment Area:** Provide the size of treatment area including the total linear extent in miles and the surface area in acres where the chemical or biological product will be applied. Provide the approximate latitude and longitude of the treatment location.
8. **Dosage:** Provide the anticipated dose of the chemical or biological product to be applied. Include all doses that were tested.
9. **Pre-application Monitoring Data:** Indicate if the pre-application monitoring data is attached. Pre-application monitoring data must be submitted with this application form to receive authorization under this general permit. The water quality parameters required to be monitored are specified in the Product Sheets found in Appendix B of the permit. The Water Quality Sampling Template is available at https://dep.nj.gov/wp-content/uploads/dwq/pdf/permits_and_related_documents/water-quality-sampling-template.xlsx and can be used for submission of this data.
10. **Certification by the Operator:** Provide certification by the operator by signing the form.



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Please provide the NJPDES-1 Form and this HAB Supplemental Form to complete an application for authorization for any new or renewal HAB Management NJPDES DSW General Permit. Separate HAB Supplemental Forms shall be submitted for each product or waterbody requested for authorization under this master general permit. Provide all applicable information to the Department at least thirty (30) days prior to product application via email to habgp@dep.nj.gov.

Contact the Bureau of Surface Water and Pretreatment Permitting at (609) 292-4860 or via email at habgp@dep.nj.gov with any questions.

1. NJPDES General Permit Authorization Number (New Applicants Leave Blank)		
NJG:		
2. Operator Identification:		
Operator Name	Commercial Pesticide Applicator License # (if applicable)	
Company Name		
Mailing Address		
City or Town	State	Zip Code
Email	Telephone	
3. For-hire Applicator Identification (if applicable)		
For-hire Applicator Name	Commercial Pesticide Applicator License #	
Company Name		
Mailing Address		
City or Town	State	Zip Code
Email	Telephone	

4. Waterbody Description	
Type (Lake or Pond)	Is this waterbody a state-owned lake? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Unknown: <input type="checkbox"/>
Name of Waterbody	Receiving Water Classification
Municipality	County
5. Product Application	
Name of Chemical or Biological Product	
6. Projected Timeframe of Product Application	
Start and End Date (Month/Year)	Frequency (MM/DD/YY)
Start Date: End Date:	1. 2. 3. 4.
7. Treatment Area	
Total Estimated Treatment Area:	Acres
	Linear Miles
Approximate Latitude and Longitude:	Latitude
	Longitude
8. Dosage	
Anticipated dose and all doses tested	

9. Pre-Application Monitoring Data

Pre-Application Monitoring Data is attached

Yes: ☐

No: ☐

Pre-application monitoring data must be submitted with this application form to receive authorization under this general permit. The water quality parameters required to be monitored are specified in the Product Sheets found in Appendix B of the permit. The Water Quality Sampling Template is available at https://dep.nj.gov/wp-content/uploads/dwg/pdf/permits_and_related_documents/water-quality-sampling-template.xlsx and can be used for submission of this data.

10. Certification by the Operator

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information.”

Name (Type or Print)

Title (Type or Print)

Operator Signature

Date

For _____
NAME OF OPERATOR (Type or Print)

SUBMIT THIS HAB SUPPLEMENTAL FORM ALONG WITH THE NJPDES FORM 1 TO:

habgp@dep.nj.gov

Following receiving authorization under this master general permit, a HAB Supplemental Form must be submitted to the Department for each additional application of a product and/or application to a waterbody not listed in the initial permit application.