



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



New Jersey Pollutant Discharge Elimination System (NJPDES)
T1 Annual Report Form

Submission of this form is required consistent with the reporting requirements of the ground water Sanitary Subsurface Disposal (T1) master general permit. This form summarizes the status of compliance with the permit for the subject year between January 1 and December 31.

Submission Instructions: This form shall be completed by the permittee or their authorized agent and submitted by February 1 each year following the subject calendar year from January 1st to December 31st. When completing this form, NJDEP encourages permittees to refer to their permit authorization for details regarding the requirements referenced on this form. Please note that responses with an asterisk ("*") may indicate noncompliance with the permit authorization and must be addressed. However, this should not delay submission of this form. Please email this form to the Bureau of Ground Water, Residuals, and Permit Administration at dwq_groundwater@dep.nj.gov or alternatively this form can be mailed to: Mail Code: 401-02B, NJDEP - Division of Water Quality, Bureau of Ground Water, Residuals and Permit Administration - Ground Water Permitting Unit, PO Box 420, Trenton, NJ, 08625-0420.

Identify the Subject Calendar Year of Report: _____

1. FACILITY INFORMATION

Name of Facility/Site: _____

NJPDES Permit # ¹: NJG _____ Program Interest (PI) # ¹: _____

¹ The NJPDES permit number and Program Interest ID are located on your facility-specific permit authorization page.

2. SITE INFORMATION SHEET

- Review the Site Information Sheet contained in your T1 permit authorization issued by NJDEP. Is all the information on the Site Information Sheet accurate?

☐ Yes ☐ No (Submit a description of changes/updates to the Site Information Sheet with this form)

3. GENERAL CONDITIONS

A. Notification of Facility Changes (Refer to Part I.A.5 of the authorization)

- Have any planned physical or operational alterations or additions to the permitted facility occurred within the subject year?
☐ Yes ☐ No

- If 'yes' to question #A.1 above, briefly describe any alterations or additions below:

- If 'yes' to question #A.1 above, was the NJDEP notified prior to the alteration or addition to the facility?

☐ Yes If yes, enter the date of notification: _____
☐ No *

B. Licensed Operator Requirements (Refer to Part I.A.6 of the authorization)

- Does this facility have any wastewater system(s) that require a licensed operator?
☐ Yes ☐ No

2. If 'yes' to question #B.1 above, provide the licensed operator(s) name and certification level(s):

C. Ownership and/or Permittee/Operating Entity (Refer to Part I.A.7 of the authorization)

1. Have any changes in ownership and/or permittee/operating entity occurred within the subject year?
☐ Yes ☐ No
2. If 'yes' to question #C.1 above, was the NJDEP notified through the submission of a completed *Application for Transfer of a NJPDES Permit* form?
☐ Yes ☐ No * (Submit a completed [Application of Transfer of a NJPDES Permit](#) form with this form)

D. Facility Contacts (Refer to Part I.A.8 of the authorization)

(Note: To answer the below question, access the Department's [NJPDES Permit Summary Report](#), enter the facility's NJPDES permit authorization number, and click the "Submit" button.)

1. Is the Facility, Fees/Billing, Permittee and Property Owner contact information found on the *NJPDES Permit Summary Report* correct?
☐ Yes ☐ No * (Submit a completed [Contact Information Update \(NJPDES-2\)](#) form with this form)

4. OPERATING REQUIREMENTS

A. Plot Plan (Refer to Part I.C.1 of the authorization)

1. Is an up-to-date plot plan maintained onsite at all times?
☐ Yes ☐ No *

B. Operation and Maintenance (Refer to Part I.C.2 of the authorization)

1. Do all access openings for septic tanks have a cover that is bolted or locked to prevent access by children?
☐ Yes ☐ No *
2. If 'no' to question #B.1 above, provide details on the steps that will be taken to ensure that all access openings for septic tanks have a cover that is bolted or locked to prevent access by children:

3. Has each septic tank been pumped and inspected at least once every five (5) years by a licensed septic system hauler?
☐ Yes ☐ No *
4. Is a written record of the septic tank pumping events (including the locations and volumes removed) being maintained onsite for each system?
☐ Yes ☐ No *

C. Visual Inspections (Refer to Part I.C.3 of the authorization)

1. Are visual inspections of individual subsurface sewage disposal system(s) being conducted monthly?
☐ Yes ☐ No *
2. Is a visual inspection log being maintained onsite?
☐ Yes ☐ No *
3. Was evidence of malfunction discovered during the monthly inspections?
☐ Yes ☐ No

D. Advanced Wastewater Pretreatment Devices (Refer to Part I.C.4 of the authorization)

1. Do any onsite septic systems incorporate an advanced wastewater pretreatment device?
☐ Yes ☐ No
2. If 'yes' to question #D.1 above, is there a service contract in place with an authorized service provider?
☐ Yes ☐ No
 - a. If 'yes' to #D.2 above, provide authorized service provider name(s):
3. If 'yes' to question #D.1 above, was the advanced wastewater pretreatment device(s) inspected during the subject year?
☐ Yes ☐ No *
4. If 'yes' to question #D.1 above, is an advanced wastewater pretreatment inspection log, signed by the authorized service provider/licensed operator, being maintained onsite?
☐ Yes ☐ No *

E. Emergency Phone List (Refer to Part I.C.5 of the authorization)

1. Has an emergency phone list been developed for use in the event of an emergency?
☐ Yes ☐ No *

F. Training (Refer to Part I.C.6 of the authorization)

1. Has a training plan been implemented to ensure all current employees are aware of the requirements of the permit?
☐ Yes ☐ No *

5. CORRECTIVE ACTION

A. Malfunctioning Systems (Refer to Part I.D.1 of the authorization)

1. Was the system(s) found to be malfunctioning during the subject year?
☐ Yes ☐ No
2. If 'yes' to question #A.1 above, describe the malfunction and corrective actions taken:

B. Cesspools (Refer to Part I.D.2 of the authorization)

1. Are there cesspools on the facility's property that are NOT properly closed?
☐ Yes ☐ No
2. If 'yes' to question #B.1 above, is there an NJDEP-approved closure plan in place for the cesspools on the property?
☐ Yes ☐ No *

6. CERTIFICATION

"I confirm that the information and all attachments provided with this form is accurate and complete to the best of my knowledge."

Signature	Date
Print or Type Name	Print or Type Position
Email	Telephone