

# REQUEST TO NJDEP FOR TEMPORARY DEBRIS MANAGEMENT AREA (TDMA) APPROVAL

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ENTITY REQUESTING: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL. #: (\_\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION WHERE DEBRIS MANAGEMENT AREA IS TO BE LOCATED: (if activity is to be conducted at more than one location, you must complete and submit a form for each location.)

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

STREET/INTERSECTION: \_\_\_\_\_ BLOCK # : \_\_\_\_\_ LOT # : \_\_\_\_\_

NORMAL USE OF SITE (ie playground, park, parking lot, etc.): \_\_\_\_\_

WHAT TYPE OF WASTE(S) DO YOU INTEND TO STORE:

☐ VEGETATIVE ☐ BULKY SW ☐ CONSTRUCTION & DEMOLITION\* ☐ PUTRESCIBLE SW\* ☐ HW\* ☐ HHW\*  
☐ OTHER: \_\_\_\_\_

IS THE LOCATION:

IN A PINELANDS MANAGEMENT AREA? ☐ NO ☐ YES If Yes, obtain prior approval from the Pinelands Commission  
IN A FLOODPLAIN? ☐ NO ☐ YES  
OWNED BY REQUESTOR? ☐ NO ☐ YES If No, attach agreement with property owner for TDMA use

HOW IS THE LOCATION SECURED? \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

DESCRIPTION OF STORAGE AREA FLOOR: ☐ PAVED ☐ CONCRETE ☐ GRASSY ☐ OTHER: \_\_\_\_\_

\*I am advised and aware that Putrescible Solid Waste, Wallboard, Gypsum, Sheetrock, Hazardous Waste, and Household Hazardous Waste areas must be paved \_\_\_\_\_ (Initial)

WILL WASTE BE STORED IN CONTAINERS: ☐ NO ☐ YES If Yes, what waste type: \_\_\_\_\_

STORAGE PILE(S) DIMENSIONS AND VOLUME: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Volume: \_\_\_\_\_

WILL PROCESSING BE PERFORMED AT THIS SITE: ☐ NO ☐ YES: ☐ CHIPPING ☐ GRINDING ☐ OTHER: \_\_\_\_\_

I am hereby advised and aware that only Vegetative Waste can be mechanically processed in this area. Also, I must attach a site drawing indicating storage pile locations (both processed & unprocessed) \_\_\_\_\_ (Initial)

## LOCAL FIRE MARSHAL AND COUNTY OEM APPROVALS MUST BE SUBMITTED WITH THIS FORM

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information and that submitting false information may be grounds for termination of any approval granted. I further certify that I have read and fully agree to the terms listed in the "New Jersey Department of Environmental Protection Emergency Debris Planning Fact Sheet", and if I am storing putrescible solid waste, the area will be paved and such waste cannot be processed.

Name (print) \_\_\_\_\_ Title (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Questions about completing this form: Contact (609) 292-9880

Please complete and e-mail (preferred) or fax **this form with the required Endorsement by the County Office Of Emergency Management; and Approval By the Local Fire Marshall to: NJDEP, Solid and Hazardous Waste Management Program, Bureau of Transfer Stations & Recycling Facilities.** Email [solidwasteemergencies@dep.state.nj.us](mailto:solidwasteemergencies@dep.state.nj.us) or fax: (609) 984-0565 Revised 11/21/12