State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Code 401-4Q

Division of Water Supply & Geoscience – Bureau of Water System Engineering

401 East State Street – P. O. Box 420, Trenton, New Jersey 08625-0420

Application Form for a Temporary Treatment / Pilot Study Approval

1. Public Water System/Applicant_____
Permanent Legal Address: _____
City/Town _____ State _____ Zip Code _____
Telephone (_____) _____ Fax Number (_____)_____
PWSID # _____ Public Water System e-mail address _____

2. Brief description of the Temporary Treatment or Pilot Study:

_____
_____
_____
_____

(Note a pilot study that discharges the processed water to waste does not need Safe Drinking Water approval)

3. Reason for the Temporary Treatment or Pilot Study: Check if treatment is for Lead / Copper corrosion control ☐

_____
_____
_____
_____
_____

4. Period for which approval is required (not to exceed one year): Start Date: _____ End Date: _____

5. To demonstrate that the temporary treatment or pilot study is in compliance with N.J.A.C. 7:10-11 et seq., the following supporting documentation must be included, as applicable. (Indicate which items are included with this application).

☐ Engineer's / Licensed Operator's Report (N.J.A.C. 7:10-11.5(d))
☐ PA-12 Chemical Handling and Feeding (N.J.A.C. 7:10-11.12)
☐ PA-14 Filtration (N.J.A.C. 7:10-11.14)
☐ PA-15A Aeration (N.J.A.C. 7:10-11.15(a))
☐ PA-15G Packed Column Aeration (N.J.A.C. 7:10-11.15(g))
☐ PA-15H Granular Activated Carbon Contactors (N.J.A.C. 7:10-11.15(h))
☐ PA-16 Chlorination (N.J.A.C. 7:10-11.16)
☐ Drawings ☐ Specifications

If for Lead and Copper Corrosion Control either:
☐ Specify the Recommendation Approval Letter Number: LCR_____ or
☐ Enclose a Corrosion Control Recommendation Application. This application will have to be approved prior to evaluating the Temporary Treatment Approval application.

6. Location of Work Site _____
Name of Facility, if applicable _____
Address (Street/Road) _____ Zip Code: _____
Lot No. _____ Block No. _____
Municipality _____ County _____
State Plane coordinates (NAD 83 US Feet) X (Easting) _____ Y = (Northing) _____
Coordinates are for the: ☐ Well ☐ Treatment Plant
Survey Method: ☐ Digital Image ☐ GIS ☐ Survey ☐ Map

To avoid return of application ensure that all the fields are completed

7. *APPLICANT'S CERTIFICATION

I certify under penalty of law that the information provided in this document is true, accurate and complete and complies with N.J.A.C. 7:10-11.5(m). I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information.

Type: Name

*Signature of Applicant/Owner's Authorized Representative

Type: Position

Date of Application

8. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS, AND ENGINEER'S REPORT

(Required if applicable)

I hereby certify that the engineering plans, specifications and engineer's report applicable to this project comply with the current rules and regulations of the New Jersey Department of Environmental Protection with the exceptions as noted. I further certify that the facilities are designed so as to achieve the design intent.

Type: Name of Engineer

*Signature of Engineer

Type: Position, Name of Firm

N.J.P.E. License Number

Professional Engineer's Embossed Seal

9. STATEMENT(S) OF LICENSED OPERATOR

I hereby certify if the temporary treatment is approved, all water entering the distribution system from this facility will remain in compliance with the Safe Drinking Water Act and Regulations, and operations shall be in compliance with temporary treatment approval conditions and monitoring requirements.

☐ I hereby certify that the plans, specifications and report applicable to this project comply with the current rules and regulations of the New Jersey Department of Environmental Protection with the exceptions as noted.
(Required if plans and report have not been prepared by a New Jersey Licensed Professional Engineer)

Type: Name of Licensed Operator

*Signature of Licensed Operator

*** Please note that all signatures shall be originals and not photocopies.**

To avoid return of application ensure that all the fields are completed