



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
MAIL CODE 401-04Q
DIVISION OF WATER SUPPLY & GEOSCIENCE
BUREAU OF WATER ALLOCATION & WELL PERMITTING
P.O. BOX 420
TRENTON, NEW JERSEY 08625-0420
(609) 984-6831



HIGHLANDS WATER PROTECTION AND PLANNING ACT
WATER USE REGISTRATION APPLICATION

This Water Use Registration Form is to be used for registering diversion source(s) within the Highlands Preservation Area with a combined pump capacity of 35 gallons per minute or more where less than 50,000 gallons of water per day (gpd) will be pumped. (If more than 50,000 gpd will be pumped, a Water Allocation Permit must be obtained. Contact the Bureau of Water Allocation & Well Permitting to obtain the proper forms for applying for a Water Allocation Permit.)

Upon our receipt of this completed form, a Registration Number will be assigned. You will be required to report, on an annual basis, the quantity of water that is diverted each month. Pursuant to N.J.A.C. 7:19-2.18, all diversion sources must be metered prior to use or within 60 days of registration.

PLEASE READ THE INSTRUCTIONS ON PAGES 7 AND 8 BEFORE COMPLETING THIS APPLICATION FORM.
Provide all requested information, as applicable.

This application is for:

- ☐ New Water Use Registration*
☐ Modification to existing Water Use Registration No. _____

* An initial application fee in the amount of \$400 must accompany the application. The check is to be made payable to "Treasurer, State of New Jersey".

A. LOCATION AND PROPERTY INFORMATION

1. ACTUAL DIVERSION LOCATION

Name of Facility Application is for (For facilities pending or under construction, please use the proposed facility name)

Street Address/Location (or nearest cross streets if no address is available; P.O. Boxes are not acceptable)

City or Town _____ State _____ Zip Code _____ + _____

Municipality _____ Does the Facility span multiple municipalities? Yes ☐ No ☐

Site Municipality 1: _____		Site Municipality 2: _____	
Block	Lot	Block	Lot

Site Municipality 1: _____		Site Municipality 2: _____	
Block	Lot	Block	Lot

County _____ Does the Facility span multiple counties? Yes ☐ No ☐

Are one or more diversion sources located within the Highlands Preservation Area? Yes ☐ No ☐

Will the requested diversion be used to serve a development within the Highlands Preservation Area? Yes ☐ No ☐

2. PROPERTY/LAND OWNERS(S) INFORMATION

Name _____ Telephone () _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____ + _____

Organization Type: ☐ Authority/District/Commission ☐ Municipal ☐ County ☐ State
(Check one) ☐ Commercial/Industry ☐ Individually Owned ☐ Utility ☐ Corporation
☐ Other _____

3. APPLICANT/OPERATING ENTITY(IES)*

Name _____ Telephone () _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____ + _____

CONTACT INFORMATION

Application Contact (contact at the above address for all application matters):

If an agent has been authorized under the certifications section of the application to act as the agent/representative in all matters pertaining to the application, please check here: ☐

If an agent has not been authorized, provide an Application Contact

Name _____ Telephone () _____

Report Form Recipient/Permit Contact (contact at the above address for monitoring reports and permit information:

Name _____ Telephone () _____

Title _____ Department _____

4. RESPONSIBLE ENTITY/ORGANIZATION

If the responsible organization is the Applicant located in No. 3 above, check here: ☐

If the responsible organization is different from the Applicant in No. 3 above, complete the following:

Organization Name _____ Telephone () _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____ + _____

Fax () _____ E-Mail _____

Organization Type: ☐ Authority/District/Commission ☐ Municipal ☐ County ☐ State
(Check one) ☐ Commercial/Industry ☐ Individually Owned ☐ Utility ☐ Corporation
 ☐ Other _____

5. BILLING CONTACT

Billing should go to mailing address of:

☐ Responsible Entity/Organization address in No. 4 ☐ Applicant/Operating Entities address in No. 3

Name _____ Telephone () _____

6. OTHER PERMITS/AGENCIES

Is the Registration for a Safe Drinking Water System/Potable Water Supply Well?

If so, please provide the Application No./ Permit No. _____

B. CERTIFICATIONS

1. APPLICANT'S CERTIFICATION

To the best of my knowledge, the information submitted in this application for a water usage registration application is true, accurate, and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including the possibility of fines.

Date

Signature

Name (please print)

Title

2. APPLICANT'S AGENT (IF APPLICABLE)

I, the Applicant/Owner _____ or Applicant/Operator (when the owner of the facility and the operator of the facility are distinct parties) _____ or Co-permittee (if applicable) _____ authorize to act as my agent/representative in all matters pertaining to my application the following person:

Name _____ Phone _____

Address _____ County _____

City or Town _____ State _____ Zip Code _____

Occupation/Profession _____

(Signature of Applicant/Owner)

(Signature of Applicant/Owner)

(Signature of Co-permittee)

AGENT'S CERTIFICATION

Sworn before me

this _____ day of
_____ 20 _____

Notary Public

I agree to serve as agent for the above mentioned applicant

(Signature of Agent)

C. DIVERSION REQUEST AND DIVERSION SOURCE INFORMATION

1. Present water use: _____ million gallons per month at a maximum rate of _____ gallons per minute.
2. Proposed water use: _____ million gallons per month (not to exceed 1.55 mgm) at a maximum rate of _____ gallons per minute.
3. Diversion to be used for _____.
4. If the diversion is to be used for irrigation, indicate the number of acres irrigated: _____ acres
5. Complete the following for each existing and proposed source:

a. Groundwater (wells)

State Well Permit No. (mandatory ¹)	Well Local Name	Location Description	Existing (E) Proposed (P)

b. Surface water (streams, reservoirs, ponds)

Intake Subject Item Identification No. ²	Intake Local Name	Location Description	Existing (E) Proposed (P)

5. Complete Addendum A and B for each existing and proposed diversion source.

D. SUBMITTAL REQUIREMENTS

Included		
<input type="checkbox"/>	1.	A photocopy of a U.S.G.S. 7½ minute quadrangle map depicting the location of the applicant's existing and proposed supply wells, ponds, and surface water intakes. Any structures required for the proposed diversion shall also be shown.
<input type="checkbox"/>	2.	Permit application fee of \$400. (new applicants only)
<input type="checkbox"/>	3.	Send a PDF version of this application and attachments to: waterallocation@dep.nj.gov

¹ State Well Permit No. is mandatory for existing wells (see instructions).

² Intake Subject Item Identification No. is the identification number assigned to the intake by the DEP. For existing, approved sources, this number can be found on the Pre-Printed Monitoring Report Forms or the existing registration.

ADDENDUM A

SOURCE DATA FOR GROUNDWATER (WELLS)

Complete Well information for all existing and proposed sources. This information is mandatory. Refer to instructions for acceptable values. Please reference the same State Well Permit Numbers and Well Names as indicated in Table 5a of the application. Attach additional copies of addendum as needed.

State Well Permit No.		State Well Permit No.	
Well Local Name		Well Local Name	
Date Drilled		Date Drilled	
Total Finished Depth (feet) (include tailpiece if any)		Total Finished Depth (feet) (include tailpiece if any)	
Depth to Top of Open Hole Interval or Screen (feet)		Depth to Top of Open Hole Interval or Screen (feet)	
Depth to Bottom of Open Hole Interval or Screen (feet)		Depth to Bottom of Open Hole Interval or Screen (feet)	
Rated Pump Capacity (gpm)		Rated Pump Capacity (gpm)	
Yield (gpm)		Yield (gpm)	
Aquifer/Geological Formation		Aquifer/Geological Formation	
Elevation Information:		Elevation Information:	
Site Elevation		Site Elevation	
Elevation System Description	FEET ABOVE SEA LEVEL	Elevation System Description	FEET ABOVE SEA LEVEL
Elevation Method Description		Elevation Method Description	
Absolute Elevation Accuracy		Absolute Elevation Accuracy	
Absolute Elevation Accuracy Units (feet or meters)		Absolute Elevation Accuracy Units (feet or meters)	
Locational Information:		Locational Information:	
X coordinate (e.g. Longitude) of well center		X coordinate (e.g. Longitude) of well center	
Y coordinate (e.g. Latitude) of well center		Y coordinate (e.g. Latitude) of well center	
Coordinate System Code and Description		Coordinate System Code and Description	
Coordinate Method Description		Coordinate Method Description	
Absolute Location Accuracy		Absolute Location Accuracy	
Accuracy Units (feet or meters)		Accuracy Units (feet or meters)	

ADDENDUM B

SOURCE DATA FOR SURFACE WATER (STREAMS, RESERVOIRS, PONDS)

Complete Intake information for all existing and proposed sources. This information is mandatory. Refer to instructions for acceptable values. Please reference the same Source Intake ID and Intake Local Name as referenced in Table 5b of the application. Attach additional copies of addendum as needed:

Source Intake SI ID (if already permitted)		Source Intake SI ID (if already permitted)	
Intake Local Name		Intake Local Name	
Rated Pump Capacity (gpm)		Rated Pump Capacity (gpm)	
Locational Information:		Locational Information:	
X coordinate (e.g. Longitude) of intake opening		X coordinate (e.g. Longitude) of intake opening	
Y coordinate (e.g. Latitude) of intake opening		Y coordinate (e.g. Latitude) of intake opening	
Coordinate System Code and Description		Coordinate System Code and Description	
Coordinate Method Description		Coordinate Method Description	
Absolute Location Accuracy		Absolute Location Accuracy	
Accuracy Units (feet or meters)		Accuracy Units (feet or meters)	

INSTRUCTIONS FOR COMPLETING DWR-188HL

1. GENERAL INSTRUCTIONS

This form includes four sections, A through D and Addenda A and B. Addenda A and B applies to each individual diversion source and applies to all applicants. **All applicable sections must be completed or the application will be returned.**

Applications must reference valid State Well Permit Numbers and wells must be permitted for their intended use. A well search can be scheduled by the applicant or performed by the Department for a fee. **Applications without valid State Well Permit Number for existing wells will be returned.**

A. Site Location Information

1. Actual Diversion Location - Provide the Name of the Facility of which the application is for, the physical street address or nearest cross streets of the diversion location. Attach additional sheets if more than one physical location applies.
2. Property/Land Owners – Provide the legal name for the owner of the property/land on which the diversion is located.
3. Applicant/Operating Entity(ies) – Provide the name, as it is legally referred to, of the operating entity of the subject facility. The operating entity is the firm, public agency, individual, or other entity which has the primary management and decision making authority over any part of the facility/site.

The Application Contact is the individual responsible for all aspects/inquiries regarding the application. Check the Agent box if an Agent has been designated in Section B3 of the Application. The Report Form Recipient/Permit Contact is the designated individual responsible for completing Quarterly Monitoring Report Forms. All Monitoring Report Forms will be mailed to the Report Form Recipient/Permit Contact designated at the Operating Entities address.

4. Responsible Entity/Organization – The person, company, or corporation financially responsible for the activity relating to the diversion and has overall legal responsibility of the activities occurring at the site. The organization liable or accountable for overall facility operations. The responsible entity may be the same as the Applicant/Operating Entity noted in Section A3. If so, check the appropriate box provided. If not, provide the requested information for the Responsible Entity
5. Billing Contact – Check the box of the appropriate address (either the Responsible Entity/Organization or the Applicant/Operating Entity) and indicate the individual contact for all billing inquiries.
6. Other Permits – Provide information for other permits, as indicated.

B. Certifications – Provide Certifications as indicated in Section B.

For Sections C through D, please provide all information as requested in the section.

2. INSTRUCTIONS FOR COMPLETING ADDENDA A AND B

The following tables provide the acceptable values for completing Addenda A and B.

Elevation Information

Elevation System Description
Feet above sea level

Elevation Method Description
DEP program database
Digital image
GPS
Hard copy match
Licensed Surveyor
Topographic Map
Plot Plan
Proposed Elevation-Digital Image
Proposed Elevation-Hard Copy Map

Locational Information

USGS quadrangle maps have the coordinate system printed on the map. GPS units can usually be set to display a variety of coordinate systems. New Jersey State Plane 83 – USFEET is the State standard.

Coordinate System Code	Coordinate System Description*
22	Lat/Long (NAD27) – Decimal Degrees
21	Lat/Long (NAD83) – Decimal Degrees
20	Lat/Long (NAD83) – DMS
01	New Jersey State Plane 83 – USFEET

Coordinate Method Description
GPS
DEP Program Database
Exact Address Match
Digital Image (such as i-Map)
Hard Copy Map
Approximate Address Match
Proposed Location - Digital Image (such as i-Map)
Proposed Location - Hard Copy Map

*Prior to May 2005, Coordinates obtained from BWA are likely to be Lat/Long (NAD27) – DMS. After that date, coordinates obtained from BWA are provided in New Jersey State Plane 83-USFEET.

Absolute accuracy for both elevation and location is the uncertainty in feet of the measurement. Modern GPS units can provide this number .