

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Quality

TREATMENT WORKS APPROVAL PERMIT APPLICATION

— Refer to Instructions on Page 4 and Provide All Applicable Information. Please Print or Type. —

1. APPLICANT/OWNER *

Name Telephone ()

Permanent Legal Address

City or Town State Zip Code

* Applicant/Owner should be the eventual owner of the proposed Treatment Works.

2. LOCATION OF ACTIVITY

Name of Facility/Site

Street Address/Location

Lot No. Block No.

City or Town State Zip Code

Municipality County

3. NEW JERSEY LICENSED PROFESSIONAL ENGINEER

Name N.J. License No.

Name of Firm, if employee

Mailing Address

City or Town State Zip Code

Telephone () Telefax ()

4. ESTIMATED CONSTRUCTION COST AND APPLICATION FEE

A. Cost of treatment works proposed in this application \$
(attach a breakdown of the cost of all items related to the construction of the proposed treatment works)

B. Application Fee \$
(in accordance with N.J.A.C. 7:1C-1.5 et seq., made payable to Treasurer, State of NJ, Environmental Services Fund)

5. OTHER REQUIRED PERMITS

If any of the following applications have been submitted for this project, provide the applicable information.

Permit Type	Application Status		Application Date (or Application No.)
	<u>Pending</u> (check one)	<u>Approved*</u>	
● Treatment Works Approval	_____	_____	_____
● Exemption From Sewer Ban	_____	_____	_____
● Water Quality Management Plan Amendment	_____	_____	_____
● CAFRA	_____	_____	_____
● Stream Encroachment	_____	_____	_____
● Freshwater Wetlands	_____	_____	_____
● Tidal or Coastal Wetlands	_____	_____	_____
● Waterfront Development	_____	_____	_____
● NJPDES (DSW, DGW or SIU)	_____	_____	_____
● Pinelands Certificate	_____	_____	_____
● Delaware & Raritan Canal Commission	_____	_____	_____
● Hackensack/Meadowlands Commission	_____	_____	_____
● Other Related Approvals	_____	_____	_____

(* - If any of the above applications were approved, please provide a copy of the approval with this application)

6. PROJECT DESCRIPTION (Brief Description of Proposed Treatment Works and Intended Use)

7. APPLICANT'S AGENT (Optional)

I, _____,
(Applicant/Owner's Name)
authorize to act as my agent/representative in all matters pertaining to my application the following person:

Name _____ Position _____

Address _____ City _____

State _____ Zip Code _____ Telephone () _____

Signature of Agent Date Signature of Applicant/Owner Date

8. PROPERTY OWNER'S CERTIFICATION

I hereby certify that I, _____
(Property Owner's Name)
own the property identified in this application. As owner, I grant permission for the activity to be permitted under this application and authorize the Department of Environmental Protection to conduct on-site inspections, if necessary. If the construction activity will take place in an easement, I certify that with this application, I presently have or will obtain permission of the property owner(s) prior to initiation of construction of the proposed treatment works.

Signature of Owner Date

Print or Type: Name and Position

9. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS AND ENGINEER'S REPORT AND/OR ABSTRACT

I hereby certify that the engineering plans, specifications, and engineer's report and/or abstract applicable to this project comply with the current rules and regulations of the Department of Environmental Protection with the exceptions as noted.

Signature of Engineer Date

Print or Type: Name and Position

*PROFESSIONAL ENGINEER'S
EMBOSSSED SEAL*

10. PROPER CONSTRUCTION AND OPERATION CLAUSE

I, the Applicant/Owner, _____, agree that the treatment works will be properly constructed and operated in accordance with the engineering plans, specifications and conditions under which approval is granted by the Department of Environmental Protection.

Signature of Applicant/Owner Date

Print or Type: Name and Position

11. CERTIFICATION BY APPLICANT/OWNER

I certify, under penalty of law, that the information provided in this application and the attachments is true, accurate, and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment.

Signature of Applicant/Owner Date

Print or Type: Name and Position

INSTRUCTIONS FOR COMPLETING FORM TWA - 1

This form should accompany all Treatment Works Approval permit applications.

1. **General Information** - (items #1 through #4, #6) Complete the requested applicant and project information.
2. **Other Required Permits** (item # 5) - Please list all permits issued for the subject project (in addition to the permits being applied for at this time).
3. **Signatures** (items #7 through #11) - All signatures must comply with N.J.A.C. 7:14A-2.4 and N.J.A.C. 7:14A-22.8. Where indicated under items #1, #10 and #11, the applicant/owner should be the eventual owner of the proposed treatment works. Item #8 shall be completed by the owner of the property.

Should you need assistance in completing the application, please call the appropriate phone number listed below:

<p>◆ Bureau of Permit Management (609) 984-4429 Municipal Treatment Works, Industrial Treatment Works, Sewer Extension, Sewer Ban Exemption, Subsurface Disposal Systems</p>	<p>◆ Bureau of Non-Point Pollution Control (609) 292-0407 Alternate Design Septic Systems (design flow less than 2,000 GPD)</p>
---	--