

**New Jersey Department of Environmental Protection
Water Quality Management Plan
Site Specific Amendment & Revision Application Form
Form B**

For Office Use Only
Project Name _____
Project Identification Number _____
Activity Tracking Number _____

1. NAME OF PROPOSAL, PROJECTS OR DEVELOPMENT:

2. LOCATION OF PROPOSAL, PROJECTS OR DEVELOPMENT:

In addition, please note each municipality that is fully conforming (both Planning and Preservation Areas) to the Highlands Regional Master Plan or that is located within the Pinelands Area.

A. COUNTY: _____
MUNICIPALITY: _____

B. BLOCK / LOT NUMBERS:
Block _____ Lots _____

C. STATE PLANE COORDINATES:
X _____ Y _____

3. SIGNIFICANT ACTIONS (Check all that apply):

- CHANGES TO SEWER SERVICE AREAS
 - Expansion
 - Reduction
 - Transfers to Sewer Service Areas from _____ to _____
 - Transfer to WMP Responsibility from _____ to _____

- WASTEWATER TREATMENT FACILITIES (WTF)
 - New or Expanded Discharge to Surface Water
 - New or Expanded Discharge to Ground Water
 - Abandonment of Wastewater Treatment Facility
 - Change in Discharge Location (e.g. DSW to DGW or from tributary to main stem)
 - Increase in projected wastewater flow above that approved in the areawide WQMP

- CAPACITY ANALYSIS
 - New or Modified Sewer Service Area Capacity Analysis
 - New or Modified Septic Area Capacity Analysis (Septic Density)
 - New or Modified Water Supply Capacity Analysis

OTHER _____

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4. DESCRIPTION OF AMENDMENT:

A. TYPE OF WASTEWATER DISPOSAL:

- Surface Water
- Ground Water

B. TOTAL PROJECTED WASTEWATER TO BE GENERATED BY THIS PROJECT/ACTIVITY
PURSUANT TO APPLICABLE REGULATION: Not Applicable

- N.J.A.C. 7:14A-23.3 (to be used to calculate the design flow for all DSW & DGW facilities which utilize advanced sewerage treatment systems to treat sanitary sewerage prior to discharge)

_____ (specify gpd or mgd)

- N.J.A.C. 7:9A-7.4 (to be used to calculate the design flow for all facilities which utilize individual subsurface sewerage disposal systems to manage their sanitary sewerage)

_____ (specify gpd or mgd)

C. NAME OF RECEIVING WTF: _____

D. RECEIVING STREAM NAME AND CLASSIFICATION:

E. ACREAGE OF AMENDMENT/REVISION WASTEWATER SERVICE AREA CHANGE:

- Increase in sewer service area _____ Acres
- Decrease in sewer service area _____ Acres
- Transfer of acreage between two existing approved sewer service areas _____ Acres

F. ACREAGE OF AREA DISTURBED BY PROPOSAL: _____ Acres

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5. MAPS AND DRAWINGS

A. PROVIDE PROJECT/ACTIVITY LOCATION DELINEATED ON A TAX MAP(S).

- Map showing project/activity location is attached
- Block and Lot Numbers are readable on map
- Acreage of lots is readable on map

B. PROVIDE USGS map with site delineated

C. PROVIDE MAPS SHOWING THE FOLLOWING:

- Folded hard copy land survey/site plan, as applicable, with the property and proposed sewer service area defined (sewer service area should be within the developable unconstrained portion of the site or as supported by additional information submittals in accordance with N.J.A.C. 7:15, see also Site Specific Amendment & Revision Application Checklist for Administrative Completeness FORM E for features to be delineated); identify location of proposed new or expanded wastewater treatment facility and discharge location.
- Digital shapefile of proposed sewer service area compliant with N.J.A.C. 7:15-5.24 and 5.25(h). Digital map submittals must be consistent with the Department GIS Mapping and Digital Data Standards.

6. RIPARIAN CORRIDOR CONSIDERATIONS:

A. What is/are the stream classification(s) or waterbodies on or adjacent to project/activity site?

B. Is the project or activity within 300 feet of Category One (C1) waters or any Highlands waterbodies? (This includes waters designated as Category One and all upstream tributaries within the same HUC 14)

- Yes No

C. Is the project or activity within 150 feet of any Trout Production (FW2-TP) waters including all upstream waters (including tributaries)?

- Yes No

D. Is the project or activity within 150 feet of any Trout Maintenance (FW2-TM) waters including all upstream waters (including tributaries) within one linear mile as measured along the length of the regulated water?

- Yes No

E. Is the project or activity within 150 feet of any segment of water flowing through an area that contains documented habitat for a threatened or endangered species of plant or animal which is critically dependent on the surface water body for including all upstream waters (including tributaries) within one linear mile as measured along the length of the regulated water?

- Yes No

F. Is the project or activity within 150 feet of any waters that run through an area that contains acid producing soils?

- Yes No

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G. Is the project or activity within 50 feet of any waters not addressed above?

Yes No

7. THREATENED AND ENDANGERED SPECIES HABITAT CONSIDERATIONS:

A. Is there endangered or threatened species habitat as identified by the most current Landscape Project (Rank 3, 4, or 5) within the proposed project site or within the planning area?

Yes No

If yes, please describe the rank and species as per the Landscape Project.

Specify Landscape Version used: _____

B. Are there areas mapped as Natural Heritage Priority Sites within the proposed project site or within the planning area?

Yes No

If yes, please provide a copy of the description. Provide a letter and map from the Natural Heritage Program issued within the last six months or date of application stating that the proposed sewer service area does not adversely impact any rare plant species or ecological communities identified within the Natural Heritage Priority Site.

8. IS THE PROPOSAL REQUIRED AS PART OF AN ADMINISTRATIVE ORDER, COURT ORDER, NJDEP ADMINISTRATIVE CONSENT ORDER (ACO), OR A JUDICIAL CONSENT ORDER TO WHICH THE NJDEP IS A PARTY, FROM A STATE OR FEDERAL COURT?

Yes No

If yes, copy attached

9. IS THE PROPOSAL REQUIRED TO RECEIVE REVIEW BY ANY OF THE FOLLOWING ACTS?

A. Is the proposal required to receive review by the Flood Hazard Area Control Act, N.J.S.A. 58:16a-50, et seq?

Yes No

If yes, what is the area of impervious surface? _____ Acres

What is the area of disturbance? _____ Acres

B. Is the proposal required to receive review by the Freshwater Wetlands Protection Act, N.J.S.A. 13:9B-1 et seq.?

Yes No

If yes, is there an outfall structure within the wetlands?

Yes No

a. If yes, what is the area of impervious surface within the onsite drainage area to the structure?

_____ Acres

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- b. If yes, what is the area of disturbance within the onsite drainage area to the structure?
_____ Acres
- c. If no, what is the area of impervious surface within freshwater wetlands, transition areas and open waters?
_____ Acres
- d. What is the area of disturbance within freshwater wetlands, transition areas and open waters?
_____ Acres
- C. Is the proposal required to receive review by the Wetlands Act of 1970, N.J.S.A. 13:9A-1 et seq.?
 Yes No
- If yes, is there an outfall structure within the wetlands?
 Yes No
- a. If yes, what is the area of impervious surface within the onsite drainage area to the structure?
_____ Acres
- b. If yes, what is the area of disturbance within the onsite drainage area to the structure?
_____ Acres
- c. If no, what is the area of impervious surface within freshwater wetlands, transition areas and open waters?
_____ Acres
- d. What is the area of disturbance within freshwater wetlands, transition areas and open waters?
_____ Acres
- D. Is the proposal required to receive review by the Coastal Area Facility Review Act (CAFRA), N.J.S.A. 13:19-1 et seq.?
 Yes No
- If yes, what is the area of impervious surface? _____ Acres
What is the area of disturbance? _____ Acres
- E. Is the proposal required to receive review by the Waterfront and Harbor Facilities Act, N.J.S.A. 12:5-3?
 Yes No
- If yes, what is the area of impervious surface? _____ Acres
What is the area of disturbance? _____ Acres

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10. WATER SUPPLY CONSIDERATIONS

A. IDENTIFY WATER SUPPLY:

Public Water System (If yes, check one): Existing Proposed

Non-Public Water Systems (Individual Wells)

Number of wells from a confined aquifer _____

Specify Aquifer: _____

Number of wells from an unconfined aquifer _____

Specify Aquifer: _____

B. IF YOU CHECKED PUBLIC WATER SYSTEM, COMPLETE THE FOLLOWING:

NAME OF PURVEYOR: _____

CHECK APPROPRIATE BOX TO INDICATE TYPE OF WATER SOURCE:

Reservoir Surface Water Intake Confined aquifer

Aquifer diversion with a passing flow requirement

Aquifer diversion without a passing flow requirement

NAME OF SOURCE WATERBODY OR AQUIFER:

LOCATION OF DIVERSION (Municipality and street, if applicable):

WATER ALLOCATION PERMIT OR WATER USE REGISTRATION NUMBER ASSOCIATED WITH DIVERSION: _____

C. WILL THE EXISTING WATER ALLOCATION PERMIT OR WATER USE REGISTRATION NEED TO BE MODIFIED TO INCREASE THE ALLOCATION, OR WILL A NEW WATER ALLOCATION PERMIT OR WATER USE REGISTRATION BE NEEDED TO MEET THE ANTICIPATED WATER SUPPLY DEMAND FOR THE PROJECT/ACTIVITY DURING THE PLANNING PERIOD? (CHECK THE APPROPRIATE BOX)

Existing Water Allocation Permit Will Not Require Modification

Existing Water Use Registration Will Not Require Modification

Increase in Existing Water Allocation Permit

New Water Allocation Permit

New Water Use Registration

