

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



TEMPORARY DEWATERING PERMIT APPLICATION

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION FORM. Provide all requested information, as applicable.

A. LOCATION AND PROPERTY INFORMATION

The Department is now maintaining a single database of regulated sites. The following information will prevent unnecessary duplication of data.

1. APPLICANT/RESPONSIBLE ENTITY

Name				
City or Town		State	Zip Code	++
Telephone () _		E-Mail		
	 Authority/District/Commission Commercial/Industry Investor (Non-BPU) 	MunicipalIndividually OwnedInvestor (BPU)	Utility	
APPLICANT CONTACT	INFORMATION			
Applicant Contact	for the Applicant/Responsible Entity al	bove:		
Application Contac	t Name		Title	
Address				
City or Town		State	Zip Code	+
Telephone ()	E-M	Iail		
If an agent has been	n authorized under Section B. Certifica	tions of this application to	act as the Applica	nt's Agent in all
matters pertaining t	to the application, please check here:			
REPORT FORM RECIPII	ENT/ PERMIT CONTACT			
Contact for permit	information and monitoring reports:			
Name		Title		
Address				
Telephone ()	E-M	Iail		

	/A-002 vised 12/2023							
2.	BILLING CONTAC	C T						
	Billing should go to ma	ailing address	s of (check o	one):				
	□ Applicant/Responsib	le Entity in N	o. 1 🛛	Applicant Contac	t Name in No	o. 1	□ Report Form	Recipient in No. 1
	Name		·····	Telephone ()	E-N	/lail	
3.	ACTUAL DIVERSI	ON LOCA	TION(S)	and Proper	TY/LAND	OWNER(s) Inform	ATION
	Project Name (For faci	ilities pending	g or under co	onstruction, use t	he proposed	facility nam	e)	
	Street Address/Locatio	on (or nearest	cross streets	s if no address is	available; P	.O. Boxes are	e not acceptable	e)
	City or Town				State		Zip Code	+
	Does the activity span	n multiple mu	nicipalities?	Yes □No □	Does the a	ctivity span i	multiple counti	es? Yes □No □
	Municipality	Block	Lot	Ow	ner	Specif	fy Type of Acc	ess Approval*
	(ATTACH ADDITIO	NAL SHEE	TS IF NEC	ESSARY)				
	*Include copy of Acce							
4.	OTHER PERMITS/	A G E N C I E	S					
	Provide the following	g for any othe	r state, local	or federal permi	it that has be	en applied fo	or <u>in relation to</u>	this project.
	Pe	rmit Type		11	tion/Permit ram Interes		Application Date	Application Status
	• New Jersey Pollu System (NJPDES		ge Eliminati	ion				
	• Land Use Permits	(Freshwater V	Wetlands)					
	• Hazardous Waste	Management	Program					
	• Water Quality Mar	nagement Pla	n Amendmer	nt				

 Relevant Environmental Permits – Including Federal State, & Local Approvals Specify:

Is the project located within the New Jersey Pinelands Area? Yes \Box No \Box

If this application is for a new or modified permit, and is located in the New Jersey Pinelands Area, then a Certificate of Filing from the New Jersey Pinelands Commission must be submitted with the application. The Pinelands Commission can be contacted at (609) 894-7300.

1. APPLICANT/RESPONSIBLE ENTITY

This certification is to be signed by the highest-ranking individual as follows:

- (a) For a corporation, by a principal executive officer of at least the level of vice president; or
- (b) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- (c) For a municipality, State, Federal or other public agency, by either the principal executive officer or ranking elected official.

I certify under penalty of law that the information provided in this document 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.

Date

Signature

Name (please print)

Title

2. APPLICANT'S AGENT (IF APPLICABLE)

authorize to act as my
ication the following person:
Title
County
State Zip Code
E-Mail

(Signature of Applicant/Responsible Entity)

<u>APPLICANT'S AGENT'S CERTIFICATION</u> I agree to serve as the Applicant's Agent for the above-mentioned Applicant/ Responsible Entity

Sworn before me this _____ day of 20

Notary Public

(Signature of Applicant's Agent)

3. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS, SURVEYORS OR TECHNICAL REPORT (IF APPLICABLE)

I hereby certify that the engineering plans, specifications and engineer's report applicable to this project comply with N.J.A.C. 7:19 <u>et seq</u>.

(Signature of Preparer and Date)

Name and Title (Print)

Position, Name of Firm

PROFESSIONAL SEAL, if applicable

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C. REQUIRED SUBMITTALS/ APPLICATION ATTACHMENTS

Check here to ensure the following are included with the application:

Included		
	1.	Permit Application Fee (not required for renewal applications)
	2.	Technical Report (not required for renewal applications)
	3.	Copies of Access Agreement(s) for each parcel listed in Section A.3.
	4.	Send a PDF version of this application and attachments to: <u>waterallocation@dep.nj.gov</u>

Activity No. (if known)

Activity No. (if known)

D. DIVERSION REQUEST AND DIVERSION SOURCE INFORMATION

This application is for: (Please check one, as appropriate)

- □ New Diversion, not previously permitted
- □ Modification of Existing Permit No._____
- □ Renewal of Existing Permit No.

Attach additional sheets if space provided is not adequate.

- 1. Present Allocation:
 - a. All Sources: _____ million gallons of water per month at a maximum rate of _____ gallons per minute.
- 2. Requested Allocation:
 - a. All Sources: _____ million gallons of water per month at a maximum rate of _____ gallons per minute.

Note: This allocation represents the maximum withdrawal expected during any one month (31 days) of the calendar year.

- 3. Diversion to be used for the temporary dewatering of ______
- 4. Dewatering will occur from a series of _____wells, ____wellpoints, and/or _____ trenches ranging from
 - _____ to _____ feet deep.
- 5. Complete the following for each existing and proposed dewatering wells, wellpoints, site-wide wells/wellpoints system, and/or trenches:

Dewatering State Well Permit No./ Site Wide Permit No. *	Well Local Name/ Trench Name	Location Description	Existing (E) Proposed (P)	Proposed Maximum Withdrawal Rate (million gallons)		
Permit No.				Per Month	Per Year	

* Provide the Dewatering State Well Permit Number for the dewatering well or well point or provide the State Site-Wide Permit Number for each dewatering wells/well points. For dewatering activities where a well permit is not required according to N.J.A.C. 7:9D-1.11(g), provide the well/trench local name only.

6. Complete Addendum A for each existing and proposed dewatering diversion source.

E. MAPPING REQUIREMENTS

1. Attach a U.S.G.S. 7 ¹/₂ minute quadrangle or State Atlas Map depicting the location of the following:

Included		
	a.	Each existing and proposed dewatering withdrawal source
	b.	All water supply wells within a one quarter mile radius
	c.	Landfills and ground water contamination sites within a one quarter mile radius

2. Associated Required Summary Tables for Mapping :

Included		
	a.	For Items 1b, provide a summary table with the owner's name, well permit number, well depth,
		pump capacity and setting, distance to applicant's withdrawal sources, and geological formation for
		each groundwater withdrawal. DO NOT SUBMIT COPIES OF INDIVIDUAL WELL RECORDS.
	b.	For Item 1c, provide a summary table with the site name, distance to applicant's withdrawal
		sources, and geological formations impacted.

<u>NOTE</u>: If the project will include any dewatering wells deeper than 50 feet, the items listed in 1b. and 1c. above may be required for a radius greater than one-quarter mile.

F. DEWATERING INFORMATION

1.	Dewatering will occur for a period of days or months.
2.	Estimated dewatering start date
3.	Estimated dewatering completion date
4.	Total length of the project is linear feet (LF). Total length of construction trenches LF, maximum
	length of open trench LF, trench width LF, maximum depth of trenches LF.
5.	The average diversion, in gallons of water per foot of open trench, will be gallons/foot (supporting
	calculations must be provided).
6.	Dewatering is expected to occur to a depth of feet below grade. Excavation over the site will vary from
	to feet.
7.	Depth, in feet, to groundwater over the site is from to feet.
8.	Ground surface elevations at the site vary from to feet above sea level.
9.	The estimated quantity of the monthly diversion is based upon
	·
10.	Water will be discharged to
	The discharge will be measured by

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DEWATERING ADDENDUM A

SOURCE DATA FOR GROUNDWATER WELLS AND TRENCHES

Complete Well/Trench 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 referenced in Section D of the application. Attach additional copies of addendum as needed.

State Well Permit No.	Trench Segment Name
Well Local Name	Date Excavated
Date Drilled	Depth (feet)
Total Finished Depth (feet) (include tailpiece if any)	Width (feet)
Depth to Top of Open Hole Interval or Screen (feet)	Length (feet)
Depth to Bottom of Open Hole Interval or Screen (feet)	Rated Pump Capacity (gpm)
Rated Pump Capacity (gpm)	Aquifer/Geological Formation
Yield (gpm)	
Aquifer/Geological Formation	
Elevation Information:	Elevation Information:
Site Elevation	Site Elevation
Elevation System Description	Elevation System Description
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 of well center (e.g. State Plane, Easting)	X coordinate of center (e.g. State Plane, Easting)
Y coordinate of well center (e.g. State Plane, Northing)	Y coordinate of center (e.g. State Plane, Northing)
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)

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INSTRUCTIONS FOR COMPLETING BWA-002

1. GENERAL INSTRUCTIONS

This form includes Sections A through F and Dewatering Addendum A. <u>All applicable sections must be completed or the</u> <u>application will be returned.</u> 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. <u>Applications without valid</u> <u>State Well Permit Numbers for existing wells will be returned</u>.

All information required by N.J.A.C. 7:19-2.3 must be addressed in this application.

- A. Location and Property Information
 - 1. Applicant/Responsible Entity– Provide the name, as it is legally referred to, of the Applicant/Responsible Entity for this project. The Applicant/Responsible Entity is the firm, public agency, individual, or other entity which has the primary management and decision making authority over the project and not the contractor.

Applicant Contact– Provide the information of the individual responsible for all aspects/inquiries regarding the application. Check the Applicant's Agent box if an Agent has been designated in Section B.2. of the application.

The Report Form Recipient/Permit Contact is the designated individual responsible for completing Quarterly Monitoring Report Forms. Reports will be available through this link: <u>http://www.nj.gov/dep/online/</u>.

- 2. Billing Contact Check the box of the appropriate address and indicate the individual's contact name for all billing inquiries.
- 3. Actual Diversion Location(s) and Property/Land Owner(s) Provide the Project Name and the physical street address or nearest cross streets of the <u>diversion location</u>. Attach additional sheets as needed if more than one physical location applies. In the table, provide information regarding the municipality, block, lot, owner(s) of the property/land on which each diversion is located, and specify the relevant type of Access Approval such as an access agreement, eminent domain, etc.
- 4. Other Permits/Agencies Provide information for all other permits necessary for the project and diversion activities, as indicated.
- B. Certifications Provide Certifications as indicated in Section B.
- C. Required Submittals/Application Attachments
 - 1. For new or modified permits, the appropriate application fee shall be submitted with the application. Refer to Section 3 of the instructions for fee schedule.
 - 2. For details regarding the requirements of the Technical Report, refer to N.J.A.C. 7:19-2.3(c-g).
 - 3. Provide copies of Access Approval for each parcel listed in A.3.
 - 4. Send a PDF version of this application with attachments to <u>waterallocation@dep.nj.gov</u>.

Complete Sections D through F as indicated.

2. INSTRUCTIONS FOR COMPLETING DEWATERING ADDENDUM A

The following tables provide the acceptable values for completing Dewatering Addendum A.

Elevation Information- Absolute elevation accuracy is the uncertainty in feet or meters of the elevation measurement.

Elevation System Description	Elevation Method Description
Feet above sea level	Approximate address match
Meters above sea level	DEP program database
	Digital image
	Exact address match
	GPS
	Hard copy match
	Licensed Surveyor
	Topographic Map
	Plot Plan
	Proposed Elevation-Digital Image
	Proposed Elevation-Hard Copy Map

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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*
01	New Jersey State Plane 83 – USFEET
22	Lat/Long (NAD27) – Decimal Degrees
27	Lat/Long (NAD27) – DMS
21	Lat/Long (NAD83) – Decimal Degrees
20	Lat/Long (NAD83) – DMS
09	New Jersey State Plane 27 – USFEET
02	New Jersey State Plane 83 – Meters
26	UTM (NAD27) – Meters
08	UTM Zone 18N – Meters
03	UTM Zone 18N (78 W to 72 W) – Kilometers

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

Absolute location accuracy is the uncertainty in feet or meters of the location from actual ground truth. Modern GPS units can provide this number.

3. PERMIT APPLICATION FEE SCHEDULES

From the following tables, determine the relevant Fee class for this Permit, based upon the maximum monthly allocation (from all sources) requested in this application.

- Class 1: From 3.1 mgm to less than 15.5 mgm
- Class 2: From 15.5 mgm to less than 31 mgm
- Class 3: From 31 mgm to less than 62 mgm
- Class 4: From 62 mgm to less than 155 mgm
- Class 5: From 155 mgm to less than 310 mgm
- Class 6: From 310 mgm and above

Find the proper fee in the following schedules according to the class (size).

1. An applicant for a new or modified permit may pay the application fee in full in accordance with the following schedule:

	<u>Class 1, 2, and 3</u>	<u>Class 4, 5, and 6</u>
Fees for New and Modification Permit Applications	\$8,775	\$22,435

2. An applicant for a new or modified permit may pay the application fee in three installments pursuant to N.J.S.A. 13:1D-120 through 13:1D-124, in accordance with the following schedule:

		<u>Class 1, 2, and 3</u>	<u>Class 4, 5, and 6</u>
Installment Plan Fees for New and Modification Permit Applications	(1)	\$2,925	\$7,480
	(2) (3)	\$2,925 \$2,925	\$7,480 \$7,475
TOTALS		\$8,775	\$22,435

<u>NOTE</u>: (1) - First installment (due with application)

(2) - Second installment (due 20 days after notice of administrative completeness)

(3) - Third installment (due 20 days after notice of Department's final decision)

Please note that payment of the application fee in installments will delay the permitting process, as additional time is necessary for billing, payment processing and various administrative tasks associated with this option.

Please make checks payable to: "<u>Treasurer, State of New Jersey</u>". If you need assistance with determination of the fee, contact the Bureau of Water Allocation & Well Permitting at (609) 984-6831.