



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



SITE LOCATION AND PROPERTY INFORMATION FORM FOR WATER ALLOCATION PROGRAM

Please refer to the instructions provided at the end of this document and provide all requested information, as applicable. Please Print or Type. (Attach additional sheets if necessary)

Program Interest ID: _____ Activity Number: _____

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

1. ACTUAL DIVERSION LOCATION

Name of Facility Application, Proposal, or Permit by Rule is for (if pending/ under construction, use proposed 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 activity span multiple municipalities? Yes No

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

County _____ Does the activity span multiple counties? Yes No

2. PROPERTY/LAND OWNERS(S) INFORMATION

Name _____ Telephone () _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____ + _____

- Organization Type: (Check one)
- | | | | |
|--|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Authority/District/Commission | <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State |
| <input type="checkbox"/> Commercial/Industry | <input type="checkbox"/> Individually Owned | <input type="checkbox"/> Utility | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Investor (BPU) | <input type="checkbox"/> Investor (Non-BPU) | <input type="checkbox"/> Farmer | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> 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 certification section of the application to act as the agent/representative in all matters pertaining to the regulated activity, 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 permit information and monitoring reports):

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: (Check one)
- Municipal
 - Authority/District/Commission
 - State
 - Federal
 - Investor (BPU)
 - Investor (Non-BPU)
 - Utility
 - County
 - Individually Owned
 - Commercial/Industry
 - Farmer
 - Partnership
 - Other _____

5. BILLING CONTACT

Billing (if applicable) 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

Provide the following for any other state, local or federal permit that has been applied for in relation to this project.

Permit Type	Application No./ Permit No./Relevant DEP No.	Application Date	Application Status
● Safe Drinking Water System/Potable Water Supply Well or Intake			

● Land Use Permits (Freshwater Wetlands, etc.)			
● Delaware River Basin Commission Docket			

7. CERTIFICATIONS

In cases where the official required to sign Certification 1 below is the same person as the official required to sign the Certification 2 below, only Certification 1 need be signed. In all other cases, both certifications shall be completed.

A. HIGHEST RANKING INDIVIDUAL OF FACILITY

This certification is to be signed by the highest-ranking individual at the facility with overall responsibility for that facility.

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

B. HIGHEST RANKING INDIVIDUAL

This certification shall be signed 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 ranking elected official.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information 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 and/or imprisonment.

Date

Signature

Name (please print)

Title

C. 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 _____

Company/Employer _____

Address _____ County _____

City or Town _____ State _____ Zip Code _____

Occupation/Profession _____

(Signature of Applicant/Owner)

(Signature of Applicant/Operator)

(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)

INSTRUCTIONS FOR COMPLETING SITE LOCATION AND PROPERTY INFORMATION FORM

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 or aquifer test. 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 the Certifications Section of the Application. The Report Form Recipient/Permit Contact is the designated individual responsible for completing Quarterly and Annual 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 3. 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. Annual Fees for all Water Allocation and Dewatering Permits will be mailed to this address. For Agricultural Certifications, the cost of publishing public notice and all public hearing costs will be billed to this address. All others, no billing contact applies.
6. Other Permits – Provide information for all other permits applied to in relation to the project and diversion activities, as indicated.
7. Certifications A & B – Signatures required certifying that the information provided is correct and accurate.
C. – Applicant’s Agent – if applicable, provide name and contact information for Agent authorized to act as the representatives of the permit/registration holder. Include signatures of owner and/or co-permittee, and Agent are required along with notarization.