

**Mail Code 401-02B**  
**Bureau of Pretreatment and Residuals**  
**Permit Administration Section**  
**Division of Water Quality**  
**P.O. Box 420**  
**Trenton, NJ 08625-0420**  
**Phone: (609)984-4428 FAX: (609) 777-0432**

***Administrative Update Form***

**Please read the instructions on the reverse side of this form before completing.**

**1. NJPDES Permit No.**

**2. Applicant(s)/ Operating Entity(ies)**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal Tax I.D. \_\_\_\_\_ Telephone \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**3. Property/Land Owner(s)**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal Tax I.D. \_\_\_\_\_ Telephone \_\_\_\_\_

**4. Location of Facility/Site**

Name of Facility \_\_\_\_\_

Street Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ EPA I.D. \_\_\_\_\_

**5. Facility Contact (Person Familiar with the Facility/Site and this Application)**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Affiliation \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I certify the above information to be accurate.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print name)

***Instructions :***

This form should be used for simple changes to a permit such a change of facility name (where no **transfer** of permittee will occur), mailing address, telephone number, facility contact, etc. Where a change of permittee and/or property owner will occur, the **Application for Transfer of a Permit** form should be used.

***Be sure to:***

1. Fill in the NJPDES Permit Number.
2. Fill in any information which has changed in items 2, 3,4 and 5.
3. Sign and date the form.

**Who May Sign**

A Responsible Official is defined in N.J.A.C. 7:14A – 4.9 as follows:

For a corporation: A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation; or the manager of one or more manufacturing, production, or operating facilities, provided:

- (1) The manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of recommending major capital investment, initiating and directing comprehensive measures to assure long term compliance with environmental laws and regulations, and ensuring that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; or
- (2) The authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

For a partnership or sole proprietorship: A general partner or the proprietor.

For a government agency: A ranking elected official; or the chief executive officer of the agency; or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator).

A duly authorized representative as defined in N.J.A.C. 7:14A-4.9(b).

**Please send the completed Application/Instruction sheet and attachments to:**

Mail Code 401-02B  
Bureau of Pretreatment and Residuals  
Permit Administration Section  
Division of Water Quality  
P.O. Box 420  
Trenton, NJ 08625-0420