

**GENERAL PERMIT NO NJ0105023**

**ATTACHMENT A:  
RFA CERTIFICATION**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this Request for Authorization (RFA) and all attached documents, and that this RFA and all attached documents were prepared by personnel under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my personal knowledge and/or 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 fine and/or imprisonment."

"I also certify that I have made arrangements for publication, in a daily or weekly newspaper within the area affected by the facility identified in this RFA, of a notice which states that a request for authorization under General Permit No. NJ0105023 for Combined Sewer Systems has been submitted pursuant to N.J.A.C. 7:14A-6.13. This notice identifies the general permit number, the legal name, and address of the owner, the facility name and address, and the type of facilities, and the receiving surface water(s)."

Name of Newspaper: \_\_\_\_\_

Date of publication: \_\_\_\_/\_\_\_\_/\_\_\_\_

"I am aware that, pursuant to the Water Pollution Control Act, N.J.S.A. 58:10A-1 et seq., there are significant civil and criminal penalties for making a false statement, representation or certification in any application, record, or other document filed or required to be maintained under the Act, including fines and/or imprisonment."

**OWNER'S CERTIFICATION**

CORPORATION:  
(responsible corporate officer)

\_\_\_\_\_  
(signature)  
\_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

\_\_\_\_\_  
(print name)

PARTNERSHIP OR SOLE PROPRIETORSHIP:  
(general partner or proprietor)

\_\_\_\_\_  
(signature)  
\_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

\_\_\_\_\_  
(print name)

GOVERNMENT OR PUBLIC AGENCY:  
(principal executive officer or ranking elected official)

\_\_\_\_\_  
(signature)  
\_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

\_\_\_\_\_  
(print name)

Name of Permittee:  
Authorization Number:

**GENERAL PERMIT NJ0105023  
ATTACHMENT B:  
COMBINED SEWER OVERFLOW POLLUTION PREVENTION PLAN  
CERTIFICATION**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this Combined Sewer Overflow Pollution Prevention Plan (CSOPPP) Certification, and any attached documents and in the CSOPPP, referred to in this certification, and that the CSOPPP Certification, and any attached documents, were prepared by personnel under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my personal knowledge and/or my inquiry of those individuals immediately responsible for obtaining the information, I believe that this CSOPPP Certification is true, accurate, and complete and that the CSOPPP has been established in accordance with the requirements of General Permit No. NJ0105023."

"I certify that the CSOPPP referred to in this CSOPPP Certification has been established and is being retained at the address listed on the reverse side of this certification, in accordance with Part V, Subpart A of General Permit No. NJ0105023, and that this CSOPPP will be fully implemented in accordance with the terms and conditions of that permit."

"I am aware that, pursuant to the Water Pollution Control Act, N.J.S.A. 58:10A-1 et seq., there are significant civil and criminal penalties for making a false statement, representation or certification in any application, record, or other document filed or required to be maintained under the Act, including fines and/or imprisonment."

**OWNER'S CERTIFICATION**

CORPORATION:(responsible corporate officer)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

PARTNERSHIP OR SOLE PROPRIETORSHIP:  
(general partner or proprietor)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

GOVERNMENT OR PUBLIC AGENCY:  
(principal executive officer or ranking elected official)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

**The CSOPPP is retained at the following address and is available for inspection.**

Name of Location:	
Number and Street:	
City or Town:	
State & Zip Code:	

Name of Permittee:  
Authorization Number:

**GENERAL PERMIT NJ0105023**  
**ATTACHMENT C:**  
**ANNUAL PERMIT COMPLIANCE CERTIFICATION**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this Annual Permit Compliance Certification and all attached documents, including any report on non-compliance. Additionally, I certify that this Annual Permit Compliance Certification, and all attached documents, were prepared by personnel under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my personal knowledge and/or my inquiry of those individuals immediately responsible for obtaining the information, I believe that this Annual Permit Compliance Certification, and all attached documents, is true, accurate and complete.

"I certify under penalty of law that the facilities regulated under NJPDES Permit No. NJ0105023, and authorized under the below listed Authorization Number, have been inspected in accordance with the terms and conditions of the General Permit No. NJ0105023 and that an evaluation of the records of activities, since the previous annual permit compliance evaluation, if any, for these facilities has been performed. I certify that (check appropriate response) the facilities:

Are in complete compliance with the terms, conditions, and compliance schedules contained in the permit and that the annual inspection report (see Part IV of General Permit No. NJ0105023) is and will be maintained as part of the CSOPPP, as required by Part IV of General Permit No. NJ0105023.

Were not in compliance with all of the terms, conditions and compliance schedules contained in General Permit No. NJ0105023 and that a report of noncompliance (see Part IV of General Permit No. NJ0105023) has been submitted to the NJDEP with this Annual Permit Compliance Certification.

"I am aware that, pursuant to the Water Pollution Control Act, N.J.S.A. 58:10A-1 et seq., there are significant civil and criminal penalties for making a false statement, representation, or certification in any application, record, or other document filed or required to be maintained under the Act, including fines and/or imprisonment."

**OWNER'S CERTIFICATION**

CORPORATION:(responsible corporate officer)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

PARTNERSHIP OR SOLE PROPRIETORSHIP:  
(general partner or proprietor)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

GOVERNMENT OR PUBLIC AGENCY:  
(principal executive officer or ranking elected official)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

**Submission Address:** New Jersey Department of Environmental Protection  
Municipal Finance and Construction Element  
Bureau of Financing and Construction Permits  
Attn. CSO Program  
P.O. Box 425  
Trenton, New Jersey 08625-0425

Name of Permittee:  
Authorization Number:

**GENERAL PERMIT NJ0105023  
ATTACHMENT D  
TRANSMITTED DOCUMENT CERTIFICATION**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted with this transmittal and all attached documents, which are individually listed (or described) on this Transmitted Document Certification, and that this transmittal and all attached documents were prepared by personnel under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my personal knowledge and/or 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 fine and/or imprisonment." (See N.J.A.C. 7:14A-4.9)

**OWNER'S CERTIFICATION**

CORPORATION:(responsible corporate officer)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

PARTNERSHIP OR SOLE PROPRIETORSHIP:  
(general partner or proprietor)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

GOVERNMENT OR PUBLIC AGENCY:  
(principal executive officer or ranking elected official)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

Name of Permittee:

Authorization Number:

**GENERAL PERMIT NJ0105023  
ATTACHMENT E  
AUTHORIZED REPRESENTATIVE CERTIFICATION  
(OPTIONAL)**

I, the owner authorize the below named person to act as our agent/ representative in all matters that pertain to our Request for Authorization, and/or for administrative actions relative to complying with the requirements as they apply to our facilities authorized under the NJPDES General Permit No. NJ0105023.

The name and address of the Agent/Authorized Representative is:

NAME:	
ADDRESS:	
CITY/TOWN:	
STATE & ZIP CODE:	
BUSINESS TELE.	

**OWNER'S CERTIFICATION  
CORPORATION:  
(responsible corporate officer)**

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

**PARTNERSHIP OR SOLE PROPRIETORSHIP:  
(general partner or proprietor)**

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

**GOVERNMENT OR PUBLIC AGENCY:  
(principal executive officer or ranking elected official)**

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

I, the undersigned, agree to serve as agent/authorized representative for the above listed owner.

\_\_\_\_\_  
(Signature of Agent/Authorized Representative)

Name of Permittee:  
Authorization Number:

**GENERAL PERMIT NJ0105023  
ATTACHMENT F**

**INTERIM SOLIDS/FLOATABLES CONTROL MEASURES  
IMPLEMENTATION CERTIFICATION**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this Interim Solids/Floatables Control Measures Implementation Certification, the Interim Solids/Floatables Control Measures Implementation Schedule, and any attached documents, and that the Interim Solids/Floatables Control Measures Implementation Certification, and any attached documents, were prepared by personnel under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my personal knowledge and/or my inquiry of those individuals immediately responsible for obtaining the information, I believe that this Interim Solids/Floatables Control Measures Implementation Certification and Interim Solids/Floatables Control Measures Implementation Schedule are true, accurate, and complete and that the Interim Solids/Floatables Control Measures have been developed and implemented in accordance with Interim Solids/Floatables Control Plan, approved by the NJDEP, and with the requirements of General Permit No. NJ0105023."

"I am aware that, pursuant to the Water Pollution Control Act, N.J.S.A. 58:10A-1 et seq., there are significant civil and criminal penalties for making a false statement, representation or certification in any application, record, or other document filed or required to be maintained under the Act, including fines and/or imprisonment."

**OWNER'S CERTIFICATION**

CORPORATION:(responsible corporate officer)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

PARTNERSHIP OR SOLE PROPRIETORSHIP:  
(general partner or proprietor)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

GOVERNMENT OR PUBLIC AGENCY:  
(principal executive officer or ranking elected official)

\_\_\_\_\_  
(signature)  
\_\_\_/\_\_\_/\_\_\_ (date)

\_\_\_\_\_  
(print name)

Name of Permittee:

Authorization Number:

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM  
GENERAL PERMIT NO. NJ0105023  
REQUEST FOR AUTHORIZATION**

**FORM A: SCHEDULE OF COMBINED SEWER OVERFLOW POINTS**

Discharge Serial Number	CSO Point Name (If none, use the names of the street(s) nearest the CSO Point.)	Latitude & Longitude of the end of the CSO Point	Name of the Receiving Waterbody	Description of any type of treatment to CSO prior to discharge
(EXAMPLE)001	East State Street & Clinton Avenue	40° 39' 50" - 74° 07' 57"	Assunpink Creek	2-inch Bar Screen Chlorination

Name of Permittee: \_\_\_\_\_

Individual Authorization Number: NJPDES No. NJ \_\_\_\_\_



**GENERAL PERMIT NO. NJ0105023**  
**TABLE I**  
**COMBINED SEWER OVERFLOW DISCHARGE CHARACTERIZATION STUDY**  
**SCHEDULE OF ACTIVITIES**

<i><b>STUDY COMPONENT</b></i>	<i><b>DEADLINE FOR SUBMISSION</b></i>
Monitoring Program Proposal and Work Plan	March 1, 1996
Service Area Drainage and Land Use Report	March 1, 1996
Sewer System Inventory and Assessment Report	March 1, 1996
Rainfall Monitoring Study	Within 12 months of the permittee's receipt of the Department's written authorization to proceed.
Combined Sewer Overflow Monitoring Study	Within 12 months of the permittee's receipt of the Department's written authorization to proceed.
Combined Sewer System Modeling Study	Within 12 months of the permittee's receipt of the Department's written authorization to proceed.

**GENERAL PERMIT NO. NJ0105023**  
**TABLE II**  
**COMBINED SEWER OVERFLOW DISCHARGE CHARACTERIZATION**  
**STUDY**  
**INFORMATION TO BE INCLUDED IN THE**  
**SERVICE AREA DRAINAGE AND LAND USE REPORT**

<b><i>Drainage Area Data</i></b>	<b><i>Items of concern</i></b>
Subcatchment:	Area, ground slope, overland flow width, subcatchment length, percent impervious cover.
Channel/pipe:	Length, slope, shape, pipe configuration which shows connection & flow direction. Connections of significant non-residential users, separately sanitary sewered service area and separate storm water sewer system connections tributary to the combined sewer should be specifically noted.
Map Scale:	1:2400
Service Area Map:	Land use distribution (commercial/industrial, residential, park land, etc. ,areas served by separate sanitary and storm sewers, or those which just contribute storm water, etc.)
Pollutant Build-up:	Load factor for each land use and pollutant.
<b><i>Sewer Line data:</i></b>	
General:	Service area population data.
Sewer pipe:	Size, slope, shape, and pipe configuration which shows connections including service area delineation. Location of metering stations, if applicable.
Dry weather flow:	Average dry weather flow, and average concentration of each pollutant.
DTW:	Capacity, location, average removal rate of each pollutant.
Pumping stations:	Location capacity of dry well, pumps, etc.
CSO Point:	Location, type and size or control, and relationship to sewer system (interceptor, outfall structure etc.)

**GENERAL PERMIT NO. NJ0105023**

**TABLE III**

**COMBINED SEWER OVERFLOW DISCHARGE CHARACTERIZATION STUDY  
COMBINED SEWER OVERFLOW MONITORING STUDY  
MINIMUM MONITORING REQUIREMENTS**

<b><i>PARAMETER</i></b>	<b><i>SAMPLE TYPE</i></b>
Chemical Oxygen Demand	Grab
Five Day Biochemical Oxygen Demand	Grab
Fecal Coliform	Grab
Suspended Solids	Grab
Settleable Solids	Grab
Total Dissolved Solids	Grab
Nitrogen Series: ammonia, nitrites, nitrates, Total Kjeldahl Nitrogen.	Grab
Phosphorous Series: Orthophosphate & Total Phosphorous	Grab
Temperature	Grab
Volumetric Flow Rate	Continuous Recording
pH	Grab
Hardness	Grab
Salinity	Grab
Toxic-Metals (To be specified by the Department)	Composite