

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DIVISION OF WATER QUALITY
 Form R Transfer Station - ZG**

**Refer to Appropriate Completeness Checklist and Instructions. Provide All Applicable Information.
 If you need assistance in completing Form R, contact the Bureau of Pretreatment and Residuals at (609) 633-3823.
 Please Print or Type. (Attach additional sheets if necessary)**

SUPPLEMENTAL APPLICATION FORM TO NJPDES-1 FOR NJPDES RESIDUAL PERMITS

PART A. GENERAL INFORMATION

A1. Screening Information

Does/will the facility:

- | | | |
|---|-----|----|
| Have a total on-site residual storage capacity exceeding 50,000 gallons? | Yes | No |
| Accept dewatered sewage sludge? | Yes | No |
| Perform any type of treatment (including dewatering but excluding storage)? | Yes | No |
| Store and transfer industrial residuals? | Yes | No |

If you answered yes to any of the above questions you do not qualify for the General Permit and may be required to obtain an Individual Transfer Station Permit (Category Z). Please contact the Bureau of Pretreatment and Residuals at (609) 633-3823.

A2. Facility Information

- a. Name of facility: _____
- b. Facility contact: Name: _____
 Title: _____ Phone: () _____
 Email (optional): _____
- c. Facility location: Street or Route #: _____
 County: _____
 City or town: _____ State: _____ Zip: _____
- d. Facility mailing: Street or Route #: _____
 City or town: _____ State: _____ Zip: _____
- e. Are any residual related operational or maintenance aspects of this facility the responsibility of a contractor? Yes No

If yes, provide the following for each contactor (attach additional pages if necessary).

- Name: _____
- Street or P.O. Box: _____
- City or Town: _____
- Phone Number: _____ Email (optional): _____

Responsibilities of contractor:

PART B. TRANSFER STATION INFORMATION

B1. Site Information

a. Identify the type of zoning for the facility from among the following:

- | | |
|-------------|------------------------|
| Residential | Industrial |
| Commercial | Other (Specify: _____) |

b. Is the facility located within the Pinelands Area (designated as such by Section 10(a) of the Pinelands Protection Act)? Yes (proceed to b.1) No (skip to c.)

1. If yes, submit either a:

- Certificate of Filing (COF) for the activity issued by the Pinelands Commission
- or**
- A written determination from the Pinelands Commission that a COF is not required

Questions regarding Pinelands applicability shall be directed to the Pinelands at (609) 894-7300. Further information may be obtained at www.state.nj.us/pinelands/

c. Is the facility located within the Highlands Preservation Area (a map of the area may be viewed at www.nj.gov/dep/highlands/highlands_map.pdf)? Yes (proceed to c.1) No (skip to d.)

1. If yes, and the facility is proposing “development” as defined by N.J.A.C. 7:38, submit a Highlands Applicability Determination from the Division of Watershed Management - Bureau of Watershed Regulation for the facility.

Questions regarding Highlands applicability shall be directed to the Bureau of Watershed Regulation at (609) 984-6888. Further information may be obtained at www.nj.gov/dep/highlands/

d. Attach an original or clear copy of a 1:24,000 scale (7.5 minute Quadrangle) United States Geological Survey Topographic Map showing the exact location of the facility and indicating the sheet name from which the map portion was taken.

e. Attach an original or clear copy of the municipal tax map showing the location of the facility and indicating the sheet name from which the map portion was taken.

f. Attach a clear copy of an aerial photograph depicting the boundaries of the facility and the location of all residual storage units and associated appurtenances.

Aerial photos may be obtained by using NJDEP’s interactive mapping tool at www.nj.gov/dep/gis/newmapping.htm

B2. Types of Residual Received from Off Site

a. Please indicate which of the following types of residuals your facility receives, or will receive, from another facility for temporary storage.

- | | | | |
|----------------------|-----|-------|----|
| Domestic Septage | Yes | ***** | No |
| Liquid Sewage Sludge | Yes | | No |
| Grease | Yes | ***** | No |

B3. Residual Storage

Complete this page for each residual storage tank. Make additional copies as necessary.

Facility Tank ID/Name: _____

a. Is the residual storage tank: Proposed (proceed to a.1) ""Existing (skip to a.2)

1. Proposed Tank

A Treatment Works Approval (TWA) may be required pursuant to N.J.A.C. 7:14A-22 and 23. Submit either a copy of an application for a TWA, or a written determination from the TWA Program that a TWA is not required.

Questions regarding TWA's shall be directed to the Bureau of Financing and Construction Permits at (609) 984-6840. Further information may be obtained via the TWA web page at www.state.nj.us/dep/dwq/twa.htm

2. Existing Tank

What year was it installed _____

Was a TWA obtained for this tank? Yes No

If yes, provide TWA # _____

If no, section B.4 must also be completed

b. Is the residual storage tank: Above Ground In Ground

c. What is the tank capacity, in gallons _____

d. Does/will this tank store:

1. Only Domestic Septage Yes ""No

2. Only Liquid Sewage Sludge Yes ""No

3. Only Grease Yes ""No

4. Combination of above residuals Yes ""No If yes, are they commingled? Yes ""No""

Be advised, commingling residuals may limit your management alternatives and require notification of the commingled load to the ultimate management site.

g. Describe the location(s) where residuals are added and removed from the tank, the procedure(s) for adding and removing residuals from the tank, and the procedure(s) to guard against spillage:

h. Provide a description of the tanks working high level indicator and alarm to prevent overfilling:

B4. Engineers Certification

Complete this page for each residual storage tank that does not have a TWA. This page shall bear the signature and raised seal of a New Jersey licensed Professional Engineer. Make additional copies as necessary.

Facility Tank ID/Name: _____

An inspection of the above referenced residuals storage tank was conducted on _____ (date).
The tank and appurtenances have been inspected for:

1. Leakage from the tank, piping, vacuum hose connections, etc.
2. Bursting potential of tank.
3. Mixing equipment, aeration equipment, transfer equipment, venting and alarm performance.
4. Odor control.
5. Overflow control and alarm panel performance.
6. Spill control and maintenance.
7. Corrosion, splits, and perforations to tank, piping and vacuum hoses for residual transfer.
- 8.
- 9.

The tank and appurtenances have been inspected for all of the above and have been determined to be:

Acceptable _____

Unacceptable _____

Conditionally Acceptable (list necessary repairs and other conditions):

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (N.J.A.C. 7:14A-2.4(d)).

Name (print): _____ Seal: _____

Signature: _____ Date: _____

NOTE: A Certification Form must be completed for each storage tank.

PART C: CERTIFICATION

Read and submit the following certification statement with this application.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information.

Signature of Officer: _____

Name of Officer: _____
(type or print)

Official Title: _____

Telephone Number: (____) _____

Date Signed: _____