

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY
FORM R SUPPLEMENT - REED BEDS**

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
(Form R Generator – Domestic or Form R Generator – Industrial must accompany this form as applicable.)

PART A. GENERAL INFORMATION

A1. Screening Information

Does/will the facility:

- | | | |
|---|------------------------------|-----------------------------|
| Discharge any residual other than sewage sludge to the reed beds? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Accept customer residual for direct discharge to the reed beds? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Discharge residual to a red bed unit that is unlined? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Operate reed beds at an off-site location? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered yes to any of the above questions you may be required to obtain an Individual Reed Bed Permit (Category 04). 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: _____

A3. Site Information

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

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/

- b. 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 e.1) **No** (skip to f.)

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/

- c. Attach a clear copy of an aerial photograph depicting the boundaries of the facility and the location of all reed bed units and associated appurtenances.

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

- d. Attach an up-to-date, detailed site plan map, prepared, signed and sealed by a licensed professional engineer or other professional qualified in accordance with the State Board of Professional Engineers and Land Surveyors rules, N.J.A.C. 13:40, which identifies (plots) the placement of all equipment, buildings, activities, and areas related to receipt, storage, processing and transferring of all residuals.

PART B. Reed Bed Operations

a. Number of residual units or drying beds: _____

b. Unit number, dimension, and area:

EX. Bed #	1	10' x 20'	size:	200	square feet
Bed #	__	_____	size:	_____	square feet
Bed #	__	_____	size:	_____	square feet
Bed #	__	_____	size:	_____	square feet
Bed #	__	_____	size:	_____	square feet
Bed #	__	_____	size:	_____	square feet
Bed #	__	_____	size:	_____	square feet
Bed #	__	_____	size:	_____	square feet
Bed #	__	_____	size:	_____	square feet
Bed #	__	_____	size:	_____	square feet
			Total:	_____	square feet

c. Total gallons of residual discharged to the reed beds for the last calendar 365-day period (new facilities indicate proposed design loading): _____

d. Average total solids of residual loaded: _____%

e. Loading (divide item c by total square feet in item b): _____ gallons per sq. ft. per year

f. Indicate the minimum freeboard available: Bed # _____ Freeboard (inches) _____

g. Type of residual(s) loaded:

Aerobic Digested	_____
Anaerobic Digested	_____
Alum	_____
Primary	_____
Other	_____ (describe: _____)

h. Does the active residual unit have a liner with a maximum hydraulic conductivity of 1×10^{-7} cm/sec?
 _____ Yes _____ No

If yes, describe the liner (or attach a description):

i. Does the active residual unit have a leachate collection system?

_____ Yes _____ No

If yes, describe the leachate collection system. Also describe the method used for leachate disposal:

PART B. Reed Bed Operations (continued)

- j. A Treatment Works Approval (TWA) is required pursuant to N.J.A.C. 7:14A-22 and 23 for the construction of new reed beds. Submit either a copy of the application for a TWA, or a written determination from the TWA program that a TWA is not required.

Questions regarding a TWA 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/dwg/twa.htm

- k. Provide a copy of an Operation and Maintenance Manual that addresses the requirements of N.J.A.C. 7:14A-20.9, and, at a minimum, the following:
 1. Planned sequence, frequency and rates of loading to each bed. Sludge shall not be loaded onto any one bed more than once every fourteen (14) days.
 2. Method for providing uniform distribution of sludge across the bed surface. There shall be no standing water after 48 hours except during periods of severe inclement weather.
 3. Method of weed control and/or debris removal.
 4. Method of annual harvest of reeds, and proposed method for managing harvested reeds. Approximately 10 inches of stubble should be left standing after harvesting.
 5. Plans for evacuating reed beds when the depth of residual in the bed reaches 6 inches from the top of the freeboard. The plan shall include, but not be limited to, the estimated life of each bed, planned evacuation sequence, proposed residual management methods and contingency arrangements required while beds are out of service.
 6. No later than 180 days prior to planned removal of sludge from the reed beds, a plan must be submitted to the Department for removal and management of all accumulated sludge.

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: _____