NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY
FORM R SURFACE DISPOSAL

Reset Form

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

The storage of residual or material derived from residual for more than six months constitutes surface disposal and is regulated under N.J.A.C. 7:14A-20.8.

Has residual or material derived from residual been stored for more than six-months?

Yes ☐ No ☐ (If no, you do not need to complete this form.)

If yes, answer the following:

1. Can a demonstration be made pursuant to N.J.A.C. 7:14A-20.8(c) as to why the land on which the residual remains is not a surface disposal site? Yes ☐ No ☐

   If yes, describe justification, and complete only Part A2 and Part C at this time: _____

   _____

2. Has the site where residual has been placed been permitted as a sanitary landfill under the New Jersey Solid Waste Management Act? Yes ☐ No ☐

   If yes, provide NJDEP landfill permit number, and complete only Part A2 and Part C: _____

3. Has the residual that is stored or been placed on the land been approved for beneficial use pursuant to N.J.A.C. 7:26-1.7(g)? Yes ☐ No ☐

   If yes, attach copy of approval, and complete only Part A2 and Part C.

4. Has the surface disposal site existed prior to January 5, 2009, and does the surface disposal site have a NJPDES discharge to groundwater permit ? Yes ☐ No ☐

   If yes, provide NJPDES Permit Number and complete this form: _____

   If you answered No to all of the above, complete this form, and the surface disposal site does not qualify for an exemption and must be closed in accordance with N.J.A.C. 7:14A-20.8(d).

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: _____

A2. Facility Information (continued)

d. Facility mailing: Street or Route #: _____

City or town: _____ State: _____ Zip: _____

e. Please indicate which of the following types of residuals are being or have been discharged to the surface disposal site:

Domestic Septage	Yes ☐	No ☐
Liquid Sewage Sludge	Yes ☐	No ☐
Dewatered Sewage Sludge	Yes ☐	No ☐
Potable Water Treatment Sludge	Yes ☐	No ☐
Food Processing Residual	Yes ☐	No ☐
Industrial Sludge Other (describe:_____)	Yes ☐	No ☐

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 a.1) **No** ☐ (skip to b.)

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 b.1) **No** ☐ (skip to c.)

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 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.

d. 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.

e. Attach a clear copy of an aerial photograph depicting the boundaries of the facility and the location of all surface disposal units and associated appurtenances.

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

PART B: ENVIRONMENTAL ASSESSMENT

All applicants for a permit for residual use or disposal must submit an environmental assessment for the location where residual was placed on a surface disposal site. The environmental assessment shall, at a minimum, address the requirements below.

a. Provide an analysis of the impact that the surface disposal units have on local transportation patterns, drainage and soil characteristics, surface and ground water quality, endangered or threatened wildlife and vegetation, storm water and wastewater collection/treatment capability, water supply capability, ambient acoustical conditions and air quality. Refer to Section 2 of the Bureau of Pretreatment and Residual's Technical Manual for Residual Permits for guidance on completion of the Environmental Assessment.

b. Attach a description on how the surface disposal units conform or conflict with the objectives of any applicable Federal, State, or local land use and/or environmental requirements for areas within two miles of the perimeter of a proposed large facility (residual production equal to or greater than 15,000 metric tons per 365 day period), or within one mile of the perimeter of a proposed small facility (residual production less than 15,000 metric tons per 365 day period). Refer to Section 2 of the Bureau of Pretreatment and Residual's Technical Manual for Residuals Permits for guidance on completion of the Environmental Assessment.

PART C. SURFACE DISPOSAL

C1. Information on Residual Units

a. Number of residual surface disposal units: active: _____ inactive: _____

b. Size of surface disposal site:
Unit 1: _____ acres Unit 2: _____ acres
Unit 3: _____ acres Unit 4: _____ acres
Unit 5: _____ acres Unit 6: _____ acres

c. Total dry metric tons of residual placed on active residual units for the last 365-day period: _____

d. Total dry metric tons of residual placed and remaining in all residual units: _____

e. Do all residual surface disposal units have a liner with a maximum hydraulic conductivity of 1×10^{-7} cm/sec? Yes ☐ No ☐

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

_____

_____

_____

If no, describe each residual unit:

_____

_____

_____

_____

C1. Information on Residual Units (continued)

f. Do all residual surface disposal units have a leachate collection system?
Yes ☐ No ☐

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

_____

_____

g. Is the boundary of the surface disposal unit less than 150 meters from the property line?
Yes ☐ No ☐

If yes, provide the actual distance in meters: _____

h. Anticipated next evacuation or closure date for each surface disposal unit, if known:

Unit 1: _____ (mm/dd/yyyy) Unit 2: _____ (mm/dd/yyyy)

Unit 3: _____ (mm/dd/yyyy) Unit 4: _____ (mm/dd/yyyy)

Unit 5: _____ (mm/dd/yyyy) Unit 6: _____ (mm/dd/yyyy)

i. Provide a copy of any evacuation or closure plan that has been developed for the surface disposal units. A surface disposal site closure plan shall include the information in C2 below.

j. What type of pathogen reduction is provided for residual at your facility?

Class A ☐ Class B ☐ None or unknown ☐

Describe any treatment processes used at your facility to reduce pathogens in residual:

_____

_____

k. Is vector attraction reduction provided for residual at your facility?

Yes ☐ No ☐

If yes, which vector attraction option is met for the residual at your facility?

☐ Option 1 (Minimum 38 percent reduction in volatile solids)
☐ Option 2 (Anaerobic process, with bench-scale demonstration)
☐ Option 3 (Aerobic process, with bench-scale demonstration)
☐ Option 4 (Specific oxygen uptake rate for aerobically digested residual)
☐ Option 5 (Aerobic processes plus raised temperature)
☐ Option 6 (Raise pH to 12 and retain at 11.5)
☐ Option 7 (75 percent solids with no unstabilized solids)
☐ Option 8 (90 percent solids with unstabilized solids)
☐ Option 11 (Covering active residual unit daily)
☐ None or unknown (Describe: _____

_____

C2. Surface disposal site closure plan.

a. Approximate date discharge to the surface disposal unit(s) ceased (or will cease):

Unit 1: _____ (mm/dd/yyyy) Unit 2: _____ (mm/dd/yyyy)

Unit 3: _____ (mm/dd/yyyy) Unit 4: _____ (mm/dd/yyyy)

Unit 5: _____ (mm/dd/yyyy) Unit 6: _____ (mm/dd/yyyy)

b. A description of each surface disposal unit(s) including; the lateral and vertical extent of residual in each unit, and the origin and volume of the residual remaining in each surface disposal unit (attach additional sheets as necessary):

_____

_____

_____

c. Dated quality analyses of the residual on a mg/kg dry weight basis including analyses of all constituents required to be analyzed in accordance with the Sludge Quality Assurance Regulations (SQAR), N.J.A.C. 7:14C. The number of samples required to be analyzed shall be based on a statistical method as described in the Department's Field Sampling Procedures Manual, or as otherwise approved by the Department.

d. Additional quality analyses may be required if deemed necessary by the Department through evaluation of past SQAR reports or other relevant information, such as information on industrial discharges which might contribute constituents not normally evaluated under the SQAR program.

e. Describe the proposed method of closure, including plans for the removal and/or in-situ closure of the residual remaining at the surface disposal site, and an implementation schedule for each component of the closure plan (attach additional sheets as necessary):

_____

_____

_____

For in-situ closure proposals, the following information:

a. Is the closed surface disposal site located in a floodplain, or can the closed surface disposal site restrict the flow of a base flood? Yes ☐ No ☐

If yes, describe:

_____

_____

b. Is the closed surface disposal site located in an unstable area? Yes ☐ No ☐

If yes, describe:

_____

_____

C2. Surface disposal site closure plan (continued)

c. If the surface disposal site has a liner and/or leachate collection system, describe how the leachate collection system will be operated and maintained and describe the liner:

_____

_____

_____

d. If a cover is to be placed over the closed surface disposal site, provide a description of the system used to monitor for methane gas in the air in any structures within the surface disposal site and in the air at the property line of the surface disposal site:

_____

_____

_____

e. Describe how public access to the surface disposal site will be restricted:

_____

_____

f. Provide a calculation of the surface run-off across the surface disposal site using a 24-hour, 25-year storm event with estimates of the effect of such run-off on treatment capacity, storage capacity, erosion, flooding, impacts on surface water quality and related details:

_____

_____

g. Attach a copy of the detailed description of the surface disposal site recorded, along with the deed, with the appropriate county recording office.

h. Attach a Soil Erosion and Sediment Control Plan certified or approved in accordance with the Soil Erosion and Sediment Control Act (N.J.S.A. 4:24-39 et seq.), unless such planning is determined inapplicable by an agency with concurrent jurisdiction.

C3. Ground Water Monitoring.

a. Is ground water monitoring currently conducted at the surface disposal unit?

Yes ☐ No ☐

If yes, submit a summary of ground water monitoring data with this permit application. Also, submit information on well construction, a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

b. Has a ground water monitoring program been prepared for the active or closed residual units?

Yes ☐ No ☐

If yes, submit a copy of the ground water monitoring program with this permit application.

If no, submit a proposed ground water monitoring program to be implemented.

PART D: 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: _____