



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MAIL CODE 401-04Q  
DIVISION OF WATER SUPPLY & GEOSCIENCE  
**BUREAU OF WATER ALLOCATION & WELL PERMITTING**  
P.O. BOX 420  
TRENTON, NEW JERSEY 08625-0420  
(609) 984-6831



## TEMPORARY DEWATERING PERMIT APPLICATION

**PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION FORM.**  
*Provide all requested information, as applicable.*

### A. LOCATION AND PROPERTY INFORMATION

The Department is now maintaining a single database of regulated sites. The following information will prevent unnecessary duplication of data.

#### 1. APPLICANT/RESPONSIBLE ENTITY

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Organization Type:  Authority/District/Commission     Municipal     County     State  
(Check one)     Commercial/Industry     Individually Owned     Utility     Corporation  
 Investor (Non-BPU)     Investor (BPU)     Other \_\_\_\_\_

#### APPLICANT CONTACT INFORMATION

Applicant Contact for the Applicant/Responsible Entity above:

Application Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

If an agent has been authorized under Section B. Certifications of this application to act as the Applicant's Agent in all matters pertaining to the application, please check here:

#### REPORT FORM RECIPIENT/ PERMIT CONTACT

Contact for permit information and monitoring reports:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**2. BILLING CONTACT**

Billing should go to mailing address of (check one):

- Applicant/Responsible Entity in No. 1       Applicant Contact Name in No. 1       Report Form Recipient in No. 1

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**3. ACTUAL DIVERSION LOCATION(S) AND PROPERTY/LAND OWNER(S) INFORMATION**

Project Name (For facilities pending or under construction, use the proposed facility name)

\_\_\_\_\_

Street Address/Location (or nearest cross streets if no address is available; P.O. Boxes are not acceptable)

\_\_\_\_\_

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

Does the activity span multiple municipalities? Yes  No  Does the activity span multiple counties? Yes  No

Municipality	Block	Lot	Owner	Specify Type of Access Approval*

**(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

\*Include copy of Access Approval for each parcel

**4. OTHER PERMITS/AGENCIES**

Provide the following for any other state, local or federal permit that has been applied for in relation to this project.

Permit Type	Application/Permit Number and Program Interest Number	Application Date	Application Status
● New Jersey Pollutant Discharge Elimination System (NJPDES)			
● Land Use Permits (Freshwater Wetlands)			
● Hazardous Waste Management Program			
● Water Quality Management Plan Amendment			
● Relevant Environmental Permits – Including Federal State, & Local Approvals Specify:			

Is the project located within the New Jersey Pinelands Area? Yes  No

If this application is for a new or modified permit, and is located in the New Jersey Pinelands Area, then a Certificate of Filing from the New Jersey Pinelands Commission must be submitted with the application. The Pinelands Commission can be contacted at (609) 894-7300.

**B. CERTIFICATIONS**

**1. APPLICANT/RESPONSIBLE ENTITY**

This certification is to be signed by the highest-ranking individual as follows:

- (a) For a corporation, by a principal executive officer of at least the level of vice president; or
- (b) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- (c) For a municipality, State, Federal or other public agency, by either the principal executive officer or ranking elected official.

*I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

**2. APPLICANT'S AGENT (IF APPLICABLE)**

*I, the Applicant/Responsible Entity \_\_\_\_\_ authorize to act as my agent/representative in all matters pertaining to my application the following person:*

Name \_\_\_\_\_ Title \_\_\_\_\_

Company/Employer \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

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

Telephone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant/Responsible Entity)

APPLICANT'S AGENT'S CERTIFICATION

I agree to serve as the Applicant's Agent for the above-mentioned Applicant/ Responsible Entity

Sworn before me  
this \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Signature of Applicant's Agent)

**3. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS, SURVEYORS OR TECHNICAL REPORT (IF APPLICABLE)**

*I hereby certify that the engineering plans, specifications and engineer's report applicable to this project comply with N.J.A.C. 7:19 et seq.*

\_\_\_\_\_  
(Signature of Preparer and Date)

\_\_\_\_\_  
Name and Title (Print)

\_\_\_\_\_  
Position, Name of Firm

PROFESSIONAL SEAL, if applicable

**C. REQUIRED SUBMITTALS/ APPLICATION ATTACHMENTS**

Check here to ensure the following are included with the application:

Included		
<input type="checkbox"/>	1.	Permit Application Fee (not required for renewal applications)
<input type="checkbox"/>	2.	Technical Report (not required for renewal applications)
<input type="checkbox"/>	3.	Copies of Access Agreement(s) for each parcel listed in Section A.3.
<input type="checkbox"/>	4.	<b>Send a PDF version of this application and attachments to: <a href="mailto:waterallocation@dep.nj.gov">waterallocation@dep.nj.gov</a></b>

**D. DIVERSION REQUEST AND DIVERSION SOURCE INFORMATION**

This application is for: (Please check one, as appropriate)

- New Diversion, not previously permitted
- Modification of Existing Permit No. \_\_\_\_\_ Activity No. (if known) \_\_\_\_\_
- Renewal of Existing Permit No. \_\_\_\_\_ Activity No. (if known) \_\_\_\_\_

**Attach additional sheets if space provided is not adequate.**

1. Present Allocation:
  - a. All Sources: \_\_\_\_\_ million gallons of water per month at a maximum rate of \_\_\_\_\_ gallons per minute.
2. Requested Allocation:
  - a. All Sources: \_\_\_\_\_ million gallons of water per month at a maximum rate of \_\_\_\_\_ gallons per minute.  
Note: This allocation represents the maximum withdrawal expected during any one month (31 days) of the calendar year.
3. Diversion to be used for the temporary dewatering of \_\_\_\_\_.
4. Dewatering will occur from a series of \_\_\_\_\_ wells, \_\_\_\_\_ wellpoints, and/or \_\_\_\_\_ trenches ranging from \_\_\_\_\_ to \_\_\_\_\_ feet deep.
5. Complete the following for each existing and proposed dewatering wells, wellpoints, site-wide wells/wellpoints system, and/or trenches:

Dewatering State Well Permit No./ Site Wide Permit No. *	Well Local Name/ Trench Name	Location Description	Existing (E) Proposed (P)	Proposed Maximum Withdrawal Rate (million gallons)	
				Per Month	Per Year

\* Provide the Dewatering State Well Permit Number for the dewatering well or well point or provide the State Site-Wide Permit Number for each dewatering wells/well points. For dewatering activities where a well permit is not required according to N.J.A.C. 7:9D-1.11(g), provide the well/trench local name only.

6. Complete Addendum A for each existing and proposed dewatering diversion source.

**E. MAPPING REQUIREMENTS**

1. Attach a U.S.G.S. 7 1/2 minute quadrangle or State Atlas Map depicting the location of the following:

Included		
<input type="checkbox"/>	a.	Each existing and proposed dewatering withdrawal source
<input type="checkbox"/>	b.	All water supply wells <u>within a one quarter mile radius</u>
<input type="checkbox"/>	c.	Landfills and ground water contamination sites <u>within a one quarter mile radius</u>

2. Associated Required Summary Tables for Mapping :

Included		
<input type="checkbox"/>	a.	For Items 1b, provide a <b>summary table</b> with the owner's name, well permit number, well depth, pump capacity and setting, distance to applicant's withdrawal sources, and geological formation for each groundwater withdrawal. <b><u>DO NOT SUBMIT COPIES OF INDIVIDUAL WELL RECORDS.</u></b>
<input type="checkbox"/>	b.	For Item 1c, provide a summary table with the site name, distance to applicant's withdrawal sources, and geological formations impacted.

**NOTE:** If the project will include any dewatering wells deeper than 50 feet, the items listed in 1b. and 1c. above may be required for a radius greater than one-quarter mile.

**F. DEWATERING INFORMATION**

1. Dewatering will occur for a period of \_\_\_\_\_ days or \_\_\_\_\_ months.
2. Estimated dewatering start date \_\_\_\_\_.
3. Estimated dewatering completion date \_\_\_\_\_.
4. Total length of the project is \_\_\_\_\_ linear feet (LF). Total length of construction trenches \_\_\_\_\_ LF, maximum length of open trench \_\_\_\_\_ LF, trench width \_\_\_\_\_ LF, maximum depth of trenches \_\_\_\_\_ LF.
5. The average diversion, in gallons of water per foot of open trench, will be \_\_\_\_\_ gallons/foot (supporting calculations must be provided).
6. Dewatering is expected to occur to a depth of \_\_\_\_\_ feet below grade. Excavation over the site will vary from \_\_\_\_\_ to \_\_\_\_\_ feet.
7. Depth, in feet, to groundwater over the site is from \_\_\_\_\_ to \_\_\_\_\_ feet.
8. Ground surface elevations at the site vary from \_\_\_\_\_ to \_\_\_\_\_ feet above sea level.
9. The estimated quantity of the monthly diversion is based upon \_\_\_\_\_  
 \_\_\_\_\_.
10. Water will be discharged to \_\_\_\_\_  
 The discharge will be measured by \_\_\_\_\_.

## DEWATERING ADDENDUM A

### SOURCE DATA FOR GROUNDWATER WELLS AND TRENCHES

Complete Well/Trench information for all existing and proposed sources. This information is mandatory. Refer to instructions for acceptable values. Please reference the same State Well Permit Numbers and Well Names as referenced in Section D of the application. Attach additional copies of addendum as needed.

<b>State Well Permit No.</b>	
<b>Well Local Name</b>	
<b>Date Drilled</b>	
<b>Total Finished Depth (feet) (include tailpiece if any)</b>	
<b>Depth to Top of Open Hole Interval or Screen (feet)</b>	
<b>Depth to Bottom of Open Hole Interval or Screen (feet)</b>	
<b>Rated Pump Capacity (gpm)</b>	
<b>Yield (gpm)</b>	
<b>Aquifer/Geological Formation</b>	
<b>Elevation Information:</b>	
<b>Site Elevation</b>	
<b>Elevation System Description</b>	
<b>Elevation Method Description</b>	
<b>Absolute Elevation Accuracy</b>	
<b>Absolute Elevation Accuracy Units (feet or meters)</b>	
<b>Locational Information:</b>	
<b>X coordinate of well center (e.g. State Plane, Easting)</b>	
<b>Y coordinate of well center (e.g. State Plane, Northing)</b>	
<b>Coordinate System Code and Description</b>	
<b>Coordinate Method Description</b>	
<b>Absolute Location Accuracy</b>	
<b>Accuracy Units (feet or meters)</b>	

<b>Trench Segment Name</b>	
<b>Date Excavated</b>	
<b>Depth (feet)</b>	
<b>Width (feet)</b>	
<b>Length (feet)</b>	
<b>Rated Pump Capacity (gpm)</b>	
<b>Aquifer/Geological Formation</b>	
<b>Elevation Information:</b>	
<b>Site Elevation</b>	
<b>Elevation System Description</b>	
<b>Elevation Method Description</b>	
<b>Absolute Elevation Accuracy</b>	
<b>Absolute Elevation Accuracy Units (feet or meters)</b>	
<b>Locational Information:</b>	
<b>X coordinate of center (e.g. State Plane, Easting)</b>	
<b>Y coordinate of center (e.g. State Plane, Northing)</b>	
<b>Coordinate System Code and Description</b>	
<b>Coordinate Method Description</b>	
<b>Absolute Location Accuracy</b>	
<b>Accuracy Units (feet or meters)</b>	

**INSTRUCTIONS FOR COMPLETING BWA -002**

**1. GENERAL INSTRUCTIONS**

This form includes Sections A through F and Dewatering Addendum A. **All applicable sections must be completed or the application will be returned.** Applications must reference valid State Well Permit Numbers and wells must be permitted for their intended use. A well search can be scheduled by the applicant or performed by the Department for a fee. **Applications without valid State Well Permit Numbers for existing wells will be returned.**

All information required by N.J.A.C. 7:19-2.3 must be addressed in this application.

**A. Location and Property Information**

1. Applicant/Responsible Entity– Provide the name, as it is legally referred to, of the Applicant/Responsible Entity for this project. The Applicant/Responsible Entity is the firm, public agency, individual, or other entity which has the primary management and decision making authority over the project and not the contractor.

Applicant Contact– Provide the information of the individual responsible for all aspects/inquiries regarding the application. Check the Applicant’s Agent box if an Agent has been designated in Section B.2. of the application.

The Report Form Recipient/Permit Contact is the designated individual responsible for completing Quarterly Monitoring Report Forms. Reports will be available through this link: <http://www.nj.gov/dep/online/>.

2. Billing Contact – Check the box of the appropriate address and indicate the individual’s contact name for all billing inquiries.
3. Actual Diversion Location(s) and Property/Land Owner(s) - Provide the Project Name and the physical street address or nearest cross streets of the diversion location. Attach additional sheets as needed if more than one physical location applies. In the table, provide information regarding the municipality, block, lot, owner(s) of the property/land on which each diversion is located, and specify the relevant type of Access Approval such as an access agreement, eminent domain, etc.
4. Other Permits/Agencies – Provide information for all other permits necessary for the project and diversion activities, as indicated.

**B. Certifications – Provide Certifications as indicated in Section B.**

**C. Required Submittals/Application Attachments**

1. For new or modified permits, the appropriate application fee shall be submitted with the application. Refer to Section 3 of the instructions for fee schedule.
2. For details regarding the requirements of the Technical Report, refer to N.J.A.C. 7:19-2.3(c-g).
3. Provide copies of Access Approval for each parcel listed in A.3.
4. Send a PDF version of this application with attachments to [waterallocation@dep.nj.gov](mailto:waterallocation@dep.nj.gov).

Complete Sections D through F as indicated.

**2. INSTRUCTIONS FOR COMPLETING DEWATERING ADDENDUM A**

The following tables provide the acceptable values for completing Dewatering Addendum A.

Elevation Information- Absolute elevation accuracy is the uncertainty in feet or meters of the elevation measurement.

Elevation System Description
Feet above sea level
Meters above sea level

Elevation Method Description
Approximate address match
DEP program database
Digital image
Exact address match
GPS
Hard copy match
Licensed Surveyor
Topographic Map
Plot Plan
Proposed Elevation-Digital Image
Proposed Elevation-Hard Copy Map



Location Information

USGS quadrangle maps have the coordinate system printed on the map. GPS units can usually be set to display a variety of coordinate systems. New Jersey State Plane 83 – USFEET is the State standard.

Coordinate System Code	Coordinate System Description*
01	New Jersey State Plane 83 – USFEET
22	Lat/Long (NAD27) – Decimal Degrees
27	Lat/Long (NAD27) – DMS
21	Lat/Long (NAD83) – Decimal Degrees
20	Lat/Long (NAD83) – DMS
09	New Jersey State Plane 27 – USFEET
02	New Jersey State Plane 83 – Meters
26	UTM (NAD27) – Meters
08	UTM Zone 18N – Meters
03	UTM Zone 18N (78 W to 72 W) – Kilometers

Coordinate Method Description
GPS
DEP Program Database
Exact Address Match
Digital Image (such as i-Map)
Hard Copy Map
Other (Describe)
Approximate Address Match
Proposed Location - Digital Image (such as i-Map)
Proposed Location - Hard Copy Map

Absolute location accuracy is the uncertainty in feet or meters of the location from actual ground truth. Modern GPS units can provide this number.

**3. PERMIT APPLICATION FEE SCHEDULES**

From the following tables, determine the relevant Fee class for this Permit, based upon the maximum monthly allocation (from all sources) requested in this application.

- Class 1: From 3.1 mgm to less than 15.5 mgm
- Class 2: From 15.5 mgm to less than 31 mgm
- Class 3: From 31 mgm to less than 62 mgm
- Class 4: From 62 mgm to less than 155 mgm
- Class 5: From 155 mgm to less than 310 mgm
- Class 6: From 310 mgm and above

Find the proper fee in the following schedules according to the class (size).

- An applicant for a new or modified permit may pay the application fee in full in accordance with the following schedule:

	Class 1, 2, and 3	Class 4, 5, and 6
Fees for New and Modification Permit Applications	\$9,060	\$23,175

- An applicant for a new or modified permit may pay the application fee in three installments pursuant to N.J.S.A. 13:1D-120 through 13:1D-124, in accordance with the following schedule:

		Class 1, 2, and 3	Class 4, 5, and 6
Installment Plan Fees for New and Modification Permit Applications	(1)	\$3,020	\$7,725
	(2)	\$3,020	\$7,725
	(3)	\$3,020	\$7,725
<b>TOTALS</b>		\$9,060	\$23,175

- NOTE:**
- (1) - First installment (due with application)
  - (2) - Second installment (due 20 days after notice of administrative completeness)
  - (3) - Third installment (due 20 days after notice of Department's final decision)

Please note that payment of the application fee in installments will delay the permitting process, as additional time is necessary for billing, payment processing and various administrative tasks associated with this option.

Please make checks payable to: "**Treasurer, State of New Jersey**". If you need assistance with determination of the fee, contact the Bureau of Water Allocation & Well Permitting at (609) 984-6831.