NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
MAIL CODE 401-03
DIVISION OF WATER SUPPLY & GEOSCIENCE
BUREAU OF WATER ALLOCATION & WELL PERMITTING
P.O. BOX 420
TRENTON, NEW JERSEY 08625-0420
(609) 984-6831

C.E.R.C.L.A. APPLICATION PERMIT EQUIVALENCY

This application is for the proposed diversion of more than 100,000 gallons of water per day for C.E.R.C.L.A. activities. This form must be submitted prior to the start of diversion activities.

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

A. LOCATION AND PROPERTY INFORMATION

1. SRP INFORMATION

SRP PI No. _____

NJDEP Case Manager Name: _____ Telephone ext. _____

2. ACTUAL DIVERSION LOCATION

Masterfile Site ID No. _____ Site/Facility Name_____

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

_____

Municipality _____ County _____

3. CONTACT INFORMATION

Company Name _____ Telephone ( ) _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____+_____

Report Form Recipient/Permit Contact

Name _____ Telephone ( ) _____

Title _____ Department _____

Email address: _____ Fax No.: _____

B. Diversion Request and Diversion Source Information

1. Proposed Maximum Diversion Quantity per Aquifer
   a. _____ gallons per minute
   b. _____ million gallons per month
   c. _____ million gallons per year.

2. Complete the following for each existing and proposed source

a. Groundwater (wells)

State Well Permit No.	Well Local Name	Location Description	Existing (E) Proposed (P)

b. Surface water (streams, reservoirs, ponds)

Source Intake SI ID (If already permitted)	Intake Local Name	Location Description	Existing (E) Proposed (P)

3. Complete Addendum A and B for each existing and proposed diversion source.

C. Mapping Requirements

1. Attach a photocopy of the portion of a U.S.G.S. 7 ½ minute quadrangle map indicating the following:

Included		
☐	a.	The exact location of all diversion sources. Any structures required for the proposed diversion shall also be shown.

D. Owner Responsibility for Permit Equivalency

The owner accepts and is responsible for the following ARARs (Applicable or Relevant and Appropriate Requirements) as conditions of the permit equivalency:

1. Each water withdrawal well (and surface water intake) shall be metered with an automatic continuous recording device that measures to within five percent of actual flow. A record of withdrawals shall be maintained, and monthly totals shall be reported quarterly to the Bureau of Water Allocation & Well Permitting on Quarterly Monitoring Report Forms provided by the Department under the above referenced permit equivalency number.
2. Water withdrawal wells shall be equipped with readily accessible capped ports and drop pipes so that water levels may be measured under all conditions (a representative well from each formation may be sampled). Monthly water levels must be reported on the Quarterly Monitoring Report Forms, provided by the Department.
3. Valid complaints by users of wells or surface water supplies within the zone of influence of the owner's groundwater diversion shall be investigated to determine what impact the diversion has had on such wells or surface water supplies. A report on these investigations shall be forwarded to the Department. In accordance with N.J.A.C. 7:19-2.14(a)11, any well or surface water supply which becomes damaged, dry, has reduced capacity, reduced water quality or is otherwise rendered unusable as a water well or surface water supply system as a result of the Owner's diversion shall be repaired or replaced at the expense of the Owner. All work shall be in accordance with all State, County and Municipal construction standards for potable water. The Department of Environmental Protection jointly with the USEPA will make the final determination regarding the validity of such complaints, the scope or sufficiency of such investigations and will determine how to resolve any problems resulting from the diversion.
4. The operation of the water withdrawal project shall not cause long-term progressive lowering of groundwater levels, permanent loss of storage capacity or substantial impact on low flows of perennial streams or serve to spread the contamination.
5. Whenever possible, the water shall be recharged after treatment, to the same aquifer from which it was withdrawn. Water should be reinjected on the same site from where it was withdrawn.
6. All well construction/sealing activity shall be conducted in accordance with N.J.S.A. 58:4A-4.1 et seq. and applicable regulations.
7. The local Health Department shall be notified of the proposed diversion within 30 days of the issuance date of this permit equivalency and prior to the start of pumping.
8. All well owners within the estimated zone of influence of the diversion shall be notified within 30 days of the issuance date of this permit equivalency and prior to the start of pumping.

_____ _____

Date Owner Name

_____

Title

ADDENDUM A
SOURCE DATA FOR GROUNDWATER (WELLS)

Complete Well 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 B of the application. Attach additional copies of addendum as needed.

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

ADDENDUM B

SOURCE DATA FOR SURFACE WATER (STREAMS, RESERVOIRS, PONDS)

Complete Intake information for all existing and proposed sources. This information is mandatory. Refer to instructions for acceptable values. Please reference the same Source Intake ID and Intake Local Name as referenced in Section B of the application. Attach additional copies of addendum as needed:

Source Intake SI ID (if already permitted)	
Intake Local Name	
Rated Pump Capacity (gpm)	
MA7CD10 (cfs) at intake opening	
Requested Passing Flow (cfs)	
Surface Water Quality Classification	
Drainage Area Above Intake (square miles)	
Locational Information:	
X coordinate (e.g. Longitude) of intake opening	
Y coordinate (e.g. Latitude) of intake opening	
Coordinate System Code and Description	
Coordinate Method Description	
Absolute Location Accuracy	
Accuracy Units (feet or meters)	

Source Intake SI ID (if already permitted)	
Intake Local Name	
Rated Pump Capacity (gpm)	
MA7CD10 (cfs) at intake opening	
Requested Passing Flow (cfs)	
Surface Water Quality Classification	
Drainage Area Above Intake (square miles)	
Locational Information:	
X coordinate (e.g. Longitude) of intake opening	
Y coordinate (e.g. Latitude) of intake opening	
Coordinate System Code and Description	
Coordinate Method Description	
Absolute Location Accuracy	
Accuracy Units (feet or meters)	

INSTRUCTIONS FOR COMPLETING PERMIT EQUIVALENCY APPLICATION

1. GENERAL INSTRUCTIONS

This form includes four sections, A through D and Addenda A and B. Addenda A and B apply to each individual diversion source for all applicants. **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 Number for existing wells will be returned.**

A. Site Location Information

1. SRP Information – Provide the Site Remediation Program Interest Number
2. Actual Diversion Location - Provide the Masterfile Site ID, the Name of the Facility of which the application is for, and the physical street address or nearest cross streets of the diversion. Attach additional sheets if more than one physical location applies.
3. Contact Information – Provide the name, as it is legally referred to, of the operating entity of the subject facility. The operating entity is the firm, public agency, individual, or other entity which has the primary management and decision making authority over any part of the facility/site. The Report Form Recipient/Permit Contact is the designated individual responsible for completing Quarterly Monitoring Report Forms. All Monitoring Report Forms will be mailed to the Report Form Recipient designated at this address.

For Sections B and C, please provide all information as requested.

Complete Section D to verify acceptance of the conditions of the Permit Equivalency.

2. INSTRUCTIONS FOR COMPLETING ADDENDA A AND B

The following tables provide the acceptable values for completing Addenda A and B.

Elevation Information

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

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

Locational 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*
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
01	New Jersey State Plane 83 – USFEET
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

*Coordinates obtained historically from BWA are likely to be Lat/Long (NAD27) – DMS

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