



**State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Mail Code 401-04Q**

**Division of Water Supply & Geoscience – Bureau of Water System Engineering
401 East State Street – P. O. Box 420, Trenton, New Jersey 08625-0420**

Application Form for a Storage Waiver

1. Applicant Details

Applicant/Owner/Company Name² _____

PWSID _____

Permanent Legal Address _____

City/Town _____ State _____ Zip Code _____

Telephone (____) _____ Fax Number (____) _____ E-mail _____

Contact Person Name _____ Title _____

2. Details of Facility

Name of Facility _____

Address of Facility (Street/Road) _____

Municipality _____ County _____

Zip Code _____ Block _____ Lot _____

State Plane coordinates (NAD83 US Feet) X (Easting) = _____ Y = (Northing) _____

Coordinates are for the: Entrance Well Treatment Plant
 Survey Method: Digital Image GIS Survey Map Other

3. Type of Waiver Request

This is an initial application This is a renewal application of prior waiver ID: _____

I hereby request a waiver to the water storage requirement of N.J.A.C. 7:19-6.7. The water system is (check the applicable box and complete applicable section):

- A small water system with 500 or less service connections. Complete waiver criteria under Section A
- A 100 % bulk purchase system utilizing the supplying system’s storage. Complete waiver criteria under Section B
- A bulk distribution (wholesaler) water system with a transmission system without storage. Complete waiver criteria under Section C
- Requesting a hardship exemption to the small water system storage waiver requirements for a system with less than 100 service connections. Complete waiver criteria under Section D

To avoid return of application ensure that all the fields are completed for pages 1 and 8 and Waiver Criteria section A, B, C or D (as applicable)

4. Waiver Criteria

Section A – Small Water System with 500 or less service connections

(check applicable boxes and provide required data):

i. System Demands

- The water system has 500 or less service connections; Number of connections _____
- The water system does NOT provide any fire protection (no fire hydrants or fire suppression sprinklers);

The water system's average demand is:

Daily = _____ gpd; Monthly = _____ MGM; Yearly = _____ MGY

ii. System Resiliency

- The system has a backup well(s) capable of supplying the average day demand. Provide the following information.
The primary well capacity = _____ gpd and the well permit number is _____
The backup well capacity = _____ gpd and the well permit number is _____
- The system has an interconnection with another water system with a written agreement (enclose copy with application) that is capable of supplying the average day demand and the interconnection is with:
Name _____ PWSID _____ Capacity = _____ gpm

Provide details of any other supplemental wells or interconnections:

iii. Auxiliary Power

- The system has auxiliary power.
- Auxiliary power is adequate to power the equipment needed to supply and treat the average daily demand at a minimum pressure of 20 PSI at street level.
- The auxiliary power source is hard wired to the facility.
- The facility is wired for, and the auxiliary power is provided with, a "quick connect" type of connection.
 - The auxiliary power unit is located on-site. (A rental agreement & offsite storage is not acceptable).
- The water system has sufficient fuel for the auxiliary power source to maintain full operations for 12 hours¹.

Fuel Type = Diesel Natural Gas Battery Gasoline Hydroelectric Propane
 Other _____

Volume required for 12 hours¹ of full operation _____ gallons.

Volume of fuel stored _____ gallons.

Go to Section 5 **Certification**

Section B – 100 % bulk purchase system utilizing the supplying system’s storage

(check applicable boxes and provide required data):

Does the system receive all its water via one interconnection? Yes Complete Section B1
 No Complete Section B2

Section B1

Name of supplying system _____ PWSID _____ Capacity = _____ gpm

Does the system have less than 100 service connections?
 Yes Are you applying for a hardship exemption? Yes Complete Section 4C
 No Ineligible for a Storage Waiver need to comply with N.J.A.C. 7:19-6.7
 No Ineligible for a Storage Waiver

Section B2

i. System Demands

The water system’s average demand is:
 Daily = _____ MGD; Monthly = _____ MGM; Yearly = _____ MGY

The water system’s peak day demand is: _____ MGD;

ii. System Interconnection

Active and/or Emergency Interconnection(s) shall be maintained and tested at the required capacity in accordance with N.J.A.C. 7:19-6.9. The bulk purchaser shall be aware of and document any water quality or hydraulic differences and constraints in their system when operating/testing a back-up/emergency interconnection(s).

iii. System Resiliency

Itemize information pertaining to each interconnection (pipe) that can be utilized to supply peak demands. Note that peak demands must be able to be met if the largest interconnection is out of service.

Supplying Water System		Interconnection Name	Size (inches)	Capacity (MGD)	If Pumped		Contract		Interconnection used/tested at operational capacity in past 12 months?
Name	PWSID				Firm Capacity	Aux Power (Y/N)	Contract Limit MGD	Expiry Date	

Unless the purchase contract expressly references the provision of storage capacity (enclose a copy of the contract), written acknowledgement of each water system listed above is required on the next page because their storage requirements will need to accommodate your system demand.

Supplying System Name: _____ PWSID _____

The Public Community Water Supplier hereby acknowledges that if a storage waiver is granted, the storage requirement of the applicant lies with the supplying water system.

Authorized representative: _____ Title _____

Signature _____ Date ____/____/____ Phone (____) _____

Supplying System Name: _____ PWSID _____

The Public Community Water Supplier hereby acknowledges that if a storage waiver is granted, the storage requirement of the applicant lies with the supplying water system.

Authorized representative: _____ Title _____

Signature _____ Date ____/____/____ Phone (____) _____

Supplying System Name: _____ PWSID _____

The Public Community Water Supplier hereby acknowledges that if a storage waiver is granted, the storage requirement of the applicant lies with the supplying water system.

Authorized representative: _____ Title _____

Signature _____ Date ____/____/____ Phone (____) _____

Go to Section 5 **Certification**

Section C– A bulk distribution (wholesaler) water system with a transmission system without storage

(check applicable boxes and provide required data):

i. System Demands

The water system’s average production is:

Daily = _____ MGD; Monthly = _____ MGM; Yearly = _____ MGY

Allocated Demand to other water system(s):

Receiving Water System Name _____ PWSID _____

Daily = _____ MGD; Monthly = _____ MGM; Yearly = _____ MGY

The receiving water system’s peak day demand is: _____ MGD

Allocated Demand to other water system(s):

Receiving Water System Name _____ PWSID _____

Daily = _____ MGD; Monthly = _____ MGM; Yearly = _____ MGY

The receiving water system’s peak day demand is: _____ MGD

Allocated Demand to other water system(s):

Receiving Water System Name _____ PWSID _____

Daily = _____ MGD; Monthly = _____ MGM; Yearly = _____ MGY

The receiving water system’s peak day demand is: _____ MGD

Allocated Demand to other water system(s):

Receiving Water System Name _____ PWSID _____

Daily = _____ MGD; Monthly = _____ MGM; Yearly = _____ MGY

The receiving water system’s peak day demand is: _____ MGD

Allocated Demand to other water system(s):

Receiving Water System Name _____ PWSID _____

Daily = _____ MGD; Monthly = _____ MGM; Yearly = _____ MGY

The receiving water system’s peak day demand is: _____ MGD

ii. Storage Waiver Request

Indicate if report is attached that addresses the following items:

Provide justification as to why no water storage is provided.

Provide justification as to how water supply will be maintained for the system and purchasing system(s) in the event of source failure.

iii. Auxiliary Power

- The system has auxiliary power.
- Auxiliary power is adequate to power the equipment needed to supply and treat the average daily demand at a minimum pressure of 20 PSI at street level.
- The alternative power source is hard wired to the facility.
- The facility is wired for and the auxiliary power is provided with a "quick connect" type of connection.
 - The auxiliary power unit is located on-site. (A rental agreement and offsite storage is not acceptable).
- The auxiliary power source has sufficient fuel to maintain full operations for 12 hours¹.
 Fuel Type = Diesel Natural Gas Battery Gasoline Hydroelectric Propane
 Other _____
 Volume required for 12 hours¹ of full operation _____ gallons. Volume of fuel stored _____ gallons.

Go to Section 5 **Certification**

Section D – Requesting a hardship exemption to the small water system requirements

If an exemption is granted, it will relate to the provision of an alternate source of supply such as a backup well or interconnection. Auxiliary power will still be required.
(check applicable boxes and provide required data)

i. System Demands

- The water system has less than 100 service connections; Number of connections _____
- The water system does NOT provide any fire protection (no fire hydrants or fire suppression sprinklers);
The water systems average demand is:
Daily = _____ gpd; Monthly = _____ MGM; Yearly = _____ MGY

ii. Hardship Exemption Request

- Indicate if report is attached that addresses the following items:

For system with own source, provide justification as to why the system cannot construct a backup well.

For system with own source, provide explanation as to why an interconnection with another public water system cannot be constructed.

For 100% bulk purchase system, provide justification as to why a second interconnection cannot be constructed.

Provide explanation as to how water supply shall be maintained in the event of well / interconnection failure.

iii. Auxiliary Power

- The system has auxiliary power.
- Auxiliary power is adequate to power the equipment needed to supply and treat the average daily demand at a minimum pressure of 20 PSI at street level.
- The alternative power source is hard wired to the facility.
- The facility is wired for and the auxiliary power is provided with a “quick connect” type of connection.
 - The auxiliary power unit is located on-site. (A rental agreement and offsite storage is not acceptable).
- The auxiliary power source has sufficient fuel to maintain full operations for 12 hours¹.
Fuel Type = Diesel Natural Gas Battery Gasoline Hydroelectric Propane
 Other _____
Volume required for 12 hours¹ of full operation _____ gallons. Volume of fuel stored _____ gallons.

Go to Section 5 **Certification**

To avoid return of application ensure that all the fields are completed for pages 1 and 8 and Waiver Criteria section A, B, C or D (as applicable)

5. Applicant’s Certification:

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.

Type: Name	Signature of Applicant/Owner’s Authorized Representative ^{2, 3}

Type: Position	Date of Application

6. Licensed Operator Certification:

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.

Type: Name of Licensed Operator	Signature of Licensed Operator ³

Notes:

1. While the service standard must always be the goal and the Department expects all systems to have the necessary equipment, technicians and fuel to meet that goal, it is also understood that there may be emergency circumstances that prevent a system from strictly complying with the standard. Accordingly, systems must establish contingency plans for circumstances where the continued function of certain system components is prioritized. In such a prioritization scheme, public health and safety are paramount.
2. Note that for all applications the applicant shall be the Public Water System and not a developer, land owner or engineering firm.
3. Please note that all signatures shall be originals and not photocopies.