



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY
Bureau of Surface Water Permitting

SUPPLEMENTAL APPLICATION FORM TO NJPDES-1 FOR CATEGORY PGP
(Pesticide Application – NJ0178217) Discharge to Surface Water (DSW) Permit

Please provide the NJPDES-1 form and this PGP Supplement Form to complete an application for Authorization for any new or renewal PGP NJPDES DSW Permit. Provide all applicable information.

Please contact the Bureau of Surface Water Permitting at (609) 292-4860 or via email at pesticidegp@dep.nj.gov with any questions on this form.

1. NJPDES Authorization Number (New Applicants Leave Blank)		
NJG:		
2. Operator/Applicator Identification		
Company Name	Applicator Business License #	
Operator Name		
Mailing Address		
City or Town	State	Zip Code
Federal Tax ID#	Telephone	
Email	Fax	
3. Waterbody Description		
Type(s) (ex. Lake/Pond/Stream/Wetland)		
Waterbody(ies)		
County(ies)		
Municipality(ies)		
Total Estimated Treatment Area:	Acres	
	Linear Miles	

4. Pesticide Use Pattern(s)

Choose all patterns to be used (See the Master Pesticide General Permit, Part II, Section B.1.):

- Mosquito and Other Flying Insect Pest Control
- Aquatic Weed and Algae Control
- Aquatic Nuisance Animal Control
- Forest Canopy Pest Control
- Agricultural Activities in Waters of the State (Aquatic Agricultural Activities)
- Utility Transmission and Distribution Line Vegetation Control

5. Pesticide(s)

Attach the Aquatic Pesticide Submittal Summaries for each discharge locations:	Yes	No
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Number of Summaries Attached:	
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6. CERTIFICATION OF FIFRA COMPLIANCE:

“I certify under penalty of law that I will apply pesticides in accordance with all other applicable federal, state, local laws and regulations that pertain to the application of pesticides, including but not limited to the following: Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA).”

NAME (TYPE OR PRINT)	TITLE (TYPE OR PRINT)

OPERATOR SIGNATURE	DATE

7. CERTIFICATION OF COMPLETION OF A PESTICIDE DISCHARGE MANAGEMENT PLAN:

(This part applies to an Operator that is required to submit an application and is a large entity)

“I certify under penalty of law that I have prepared a written Pesticide Discharge Management Plan (PDMP) to document measures taken to meet the permit requirements of the Pesticide General Permit. The PDMP is kept at the address specified on the application and will be made available to the NJDEP upon request.”

NAME (TYPE OR PRINT)	TITLE (TYPE OR PRINT)

OPERATOR SIGNATURE	DATE

8. CERTIFICATION BY THE OPERATOR:

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a 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.”

NAME (TYPE OR PRINT)

TITLE (TYPE OR PRINT)

OPERATOR SIGNATURE

DATE

SUBMIT THIS PGP SUPPLEMENTAL FORM ALONG WITH THE NJPDES FORM 1 TO:

pesticidegp@dep.nj.gov

Following receiving Authorization under this Master General Permit, a PGP Supplemental Form must be submitted to the Department at pesticidegp@dep.nj.gov to use a pesticide or treat an area not listed in your existing NJPDES permit.