



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



**SITE LOCATION AND PROPERTY INFORMATION FORM FOR WATER ALLOCATION PROGRAM**

*Please refer to the instructions provided at the end of this document and provide all requested information, as applicable.  
Please Print or Type.*

Program Interest ID: \_\_\_\_\_ Activity Number: \_\_\_\_\_

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

**1. ACTUAL DIVERSION LOCATION**

Name of Facility Application, Proposal, or Permit by Rule is for (if pending/ under construction, use proposed 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 \_\_\_\_\_ + \_\_\_\_\_

Municipality \_\_\_\_\_ Does the activity span multiple municipalities? Yes  No

Site Municipality 1: _____		Site Municipality 2: _____	
Block	Lot	Block	Lot

County \_\_\_\_\_ Does the activity span multiple counties? Yes  No

**2. PROPERTY/LANDOWNER(S) INFORMATION**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

- Organization Type: (Check one)
- |  |   |                                  |                                      |
|--|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Authority/District/Commission | <input type="checkbox"/> Municipal          | <input type="checkbox"/> County  | <input type="checkbox"/> State       |
| <input type="checkbox"/> Commercial/Industry           | <input type="checkbox"/> Individually Owned | <input type="checkbox"/> Utility | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Investor (BPU)                | <input type="checkbox"/> Investor (Non-BPU) | <input type="checkbox"/> Farmer  | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Other _____                   |   |                                  |                                      |

**3. APPLICANT/OPERATING ENTITY (IES)\***

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

**CONTACT INFORMATION**

Application Contact (contact at the above address for all application matters):

If an agent has been authorized under the certification section of the application to act as the agent/representative in all matters pertaining to the regulated activity, please check here:

If an agent has not been authorized, provide an Application Contact:

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Report Form Recipient\*/Permit Contact (contact at the above address for permit information and monitoring reports):

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Title \_\_\_\_\_ E-Mail \_\_\_\_\_

**4. RESPONSIBLE ENTITY/ORGANIZATION**

If the responsible entity is the Applicant located in No. 3 above, check here:

If the responsible entity is different from the Applicant in No. 3 above, complete the following:

Organization Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_

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

**5. BILLING CONTACT**

Billing (if applicable) should go to mailing address of:

Responsible Entity/Organization address in No. 4  Applicant/Operating Entities address in No. 3

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Title \_\_\_\_\_ E-Mail \_\_\_\_\_

**6. CERTIFICATIONS**

In cases where the official required to sign Certification A below is the same person as the official required to sign the Certification B below, only Certification A need be signed. In all other cases, both certifications are required.

**A. HIGHEST RANKING INDIVIDUAL OF FACILITY**

This certification is to be signed by the highest-ranking individual at the facility with overall responsibility for that facility.

*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

**B. HIGHEST RANKING INDIVIDUAL**

This certification shall be signed 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 I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including the possibility of fines and/or imprisonment.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

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

I, the Applicant/Owner \_\_\_\_\_ or Applicant/Operator (when the owner of the facility and the operator of the facility are distinct parties) \_\_\_\_\_ or Co-permittee (if applicable) \_\_\_\_\_ authorize to act as my agent/representative in all matters pertaining to this form the following person:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Company/Employer \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupation/Profession \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant/Owner)

\_\_\_\_\_  
(Signature of Applicant/Operator)

\_\_\_\_\_  
(Signature of Co-permittee)

AGENT'S CERTIFICATION

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

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

I agree to serve as agent for the above-mentioned facility

\_\_\_\_\_  
(Signature of Agent)

## INSTRUCTIONS FOR COMPLETING SITE LOCATION AND PROPERTY INFORMATION FORM

1. Actual Diversion Location - Provide the Name of the Facility of which the application is for the physical street address or nearest cross streets of the diversion location or aquifer test. Attach additional sheets if more than one physical location applies.
2. Property/Landowners – Provide the legal name for the owner of the property/land on which the diversion is located.
3. Applicant/Operating Entity(ies) – 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.  
Application Contact is the individual responsible for all aspects/inquiries regarding the application. Check the Agent box if an Agent has been designated in the Certifications Section of the Application. The Report Form Recipient/Permit Contact is the designated individual responsible for completing Quarterly and Annual Monitoring Report Forms. All Monitoring Report Forms will be mailed to the Report Form Recipient/Permit Contact designated at the Operating Entities address.
4. Responsible Entity/Organization – The person, company, or corporation financially responsible for the activity relating to the diversion and has overall legal responsibility of the activities occurring at the site. The organization liable or accountable for overall facility operations. The responsible entity may be the same as the Applicant/Operating Entity noted in Section 3. If so, check the appropriate box provided. If not, provide the requested information for the Responsible Entity.
5. Billing Contact – Check the box of the appropriate address (either the Responsible Entity/Organization or the Applicant/Operating Entity) and indicate the individual contact for all billing inquiries. Annual Fees for all Water Allocation and Dewatering Permits will be mailed to this address. For Agricultural Certifications, the cost of publishing public notice and all public hearing costs will be billed to this address. All others, no billing contact applies.
6. Certifications A & B – Signatures required certifying that the information provided is correct and accurate.  
C. – Applicant’s Agent – if applicable, provide name and contact information for the agent authorized to act as the representatives of the permit/registration holder. Include signatures of owner and/or co-permittee and the agent along with notarization.