

**New Jersey Department of Environmental Protection
Water Quality Management Plan
Amendment & Revision Application Form
Form A**

For Office Use Only
Project Name _____
Project Identification Number _____
Activity Tracking Number _____

Type of Water Quality Management Plan Modification Proposal Requested

<input type="checkbox"/> Amendment application Type: <input type="checkbox"/> Wastewater Management Plan (only available to WMP agencies) <input type="checkbox"/> Future Wastewater Service Area Map (only available to WMP agencies) <input type="checkbox"/> Site Specific Amendment <input type="checkbox"/> Site Specific Amendment (eligible with definition at P.L. 2011, c.203)
<input type="checkbox"/> Revision application Type: <input type="checkbox"/> Revision (pursuant to N.J.A.C. 7:15-3.5) <input type="checkbox"/> Revision (eligible with section 8 of P.L. 2011, C.203)

PLEASE TYPE

1. WATER QUALITY MANAGEMENT INFORMATION:

- A. NAME OF THE AREAWIDE WATER QUALITY MANAGEMENT PLAN(S) [WQMP] TO BE AMENDED: _____
- B. NAME OF THE WASTEWATER MANAGEMENT PLAN(S) [WMP] TO BE AMENDED (IF NO WMP EXISTS, WRITE NONE): _____

2. NAME OF PROPOSAL, PROJECTS OR DEVELOPMENT:

3. LOCATION OF PROPOSAL, PROJECTS OR DEVELOPMENT:

- A. MUNICIPALITY(IES):

- B. COUNTY:

- C. BLOCK / LOT NUMBERS:

**New Jersey Department of Environmental Protection
Water Quality Management Plan
Amendment & Revision Application Form
Form A**

D. STATE PLANE COORDINATES:

X _____ Y _____

E. LEGISLATIVE DISTRICT:

F. CONGRESSIONAL DISTRICT:

4. PRIMARY CONTACT/APPLICANT'S AGENT/PREPARER OF AMENDMENT OR REVISION:

NAME/AGENT/ENGINEER: _____

TITLE: _____

AGENCY/COMPANY: _____

ADDRESS: _____

PHONE _____ FAX _____

E-MAIL ADDRESS: _____

5. APPLICANT/AGENCY/ENTITY REQUESTING AMENDMENT/REVISION:

NAME/AGENCY/COMPANY: _____

CONTACT PERSON (if different from above): _____

TITLE: _____

AGENCY/COMPANY: _____

ADDRESS: _____

PHONE _____ FAX _____

E-MAIL ADDRESS: _____

**New Jersey Department of Environmental Protection
Water Quality Management Plan
Amendment & Revision Application Form
Form A**

6. PROPERTY OWNER:

NAME/AGENCY/COMPANY: _____

CONTACT PERSON (if different from above): _____

TITLE: _____

AGENCY/COMPANY: _____

ADDRESS: _____

PHONE _____

FAX _____

E-MAIL ADDRESS: _____

7. REGIONAL PLANNING CONSIDERATIONS (FOR THE 4 AMENDMENT APPLICATIONS):

A. ARE ANY PORTIONS OF THE PROPOSAL WITHIN THE HIGHLANDS PRESERVATION AREA?

Yes No

B. ARE ANY PORTIONS OF THE PROPOSAL WITHIN A MUNICIPALITY FULLY CONFORMING TO THE HIGHLANDS REGIONAL MASTER PLAN (BOTH PLANNING AND PRESERVATION AREAS)?

Yes No

C. ARE ANY PORTIONS OF THE PROPOSAL WITHIN NJ's REGULATED COASTAL ZONE?

Yes No

IF YES, WHICH PLANNING AREA?

D. ARE ANY PORTIONS OF THE PROPOSAL WITHIN THE PINELANDS AREA OR PINELANDS NATIONAL RESERVE AREA OF JURISDICTION UNDER THE PINELANDS COMPREHENSIVE MANAGEMENT PLAN?

Yes No

IF YES, WHICH CATEGORY? _____

E. ARE ANY PORTIONS OF PROPOSAL LOCATED WITHIN THE JURISDICTION OF THE NEW JERSEY MEADOWLANDS COMMISSION?

Yes No

**New Jersey Department of Environmental Protection
Water Quality Management Plan
Amendment & Revision Application Form
Form A**

F. ARE ANY PORTIONS OF THE PROPOSAL WITHIN AN ENDORSED PLAN APPROVED BY THE STATE PLANNING COMMISSION?

Yes No

IF YES, WHICH ENDORSED PLAN? _____

G. IS THE PROPOSAL IN CONFORMANCE WITH ALL APPLICABLE LOCAL ORDINANCES?

Yes No

IF NO, EXPLAIN

H. IS THE PROPOSAL IN CONFORMANCE WITH THE MUNICIPAL MASTER PLAN(S)?

Yes No

IF NO, EXPLAIN

I. IS THE PROPOSAL IN CONFORMANCE WITH THE MUNICIPAL STORMWATER MANAGEMENT PLAN?

Yes No

IF NO, EXPLAIN

J. IS THE PROPOSAL IN CONFORMANCE WITH THE REGIONAL STORMWATER MANAGEMENT PLAN?

Yes No

IF NO, EXPLAIN

K. HAS A TOTAL MAXIMUM DAILY LOAD (TMDL) BEEN ESTABLISHED FOR ANY LAKES OR STREAMS WITHIN THE PROJECT AREA/PLANNING AREA OF THE PROPOSAL?

Yes No

IF YES, EXPLAIN:

L. IS THE PROPOSAL WITHIN THE SAME WATERSHED/HUC 14 AS A STREAM/LAKE THAT HAS AN ESTABLISHED TMDL? Yes No

IF YES, EXPLAIN:

**New Jersey Department of Environmental Protection
Water Quality Management Plan
Amendment & Revision Application Form
Form A**

8. WATER SUPPLY CONSIDERATIONS:

A. IS YOUR PROJECT/ACTIVITY LOCATED IN A WATER SUPPLY PLANNING DEFICIT AREA AS IDENTIFIED IN THE CURRENTLY ADOPTED NEW JERSEY STATEWIDE WATER SUPPLY PLAN?

Yes No

B. CHECK THE APPROPRIATE BOX BELOW TO INDICATE WHETHER THE PROJECT/ACTIVITY IS LOCATED WITHIN AN AREA OF CRITICAL WATER SUPPLY CONCERN

Critical Area 1 Critical Area 2 Not Applicable

C. HAS AN ORDINANCE BEEN ADOPTED BY THE MUNICIPALITY/MUNICIPALITIES AFFECTED BY YOUR PROJECT/ACTIVITY THAT LIMITS OUTDOOR WATER USE (OTHER THAN DURING TIMES OF DROUGHT WARNING OR DROUGHT EMERGENCY)?

Yes No

IF YES, ATTACH A COPY OF THE ORDINANCE(S).

9. CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE, TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

TITLE: _____

LIC. #: _____

New Jersey Department of Environmental Protection
Water Quality Management Plan
Amendment & Revision Application Form
Form A

This form should be submitted along with the *Site Specific Amendment & Revision Application Form (FORM B)* or the *Wastewater Management Plan & Future Wastewater Service Area Map Application Form (FORM C)*, as applicable.

Please also refer to the appropriate *Checklist for Administrative Completeness* regarding additional information, analysis or assessments that are required for a complete application. Additional information may be required upon technical review by the NJDEP.

SEND COMPLETED FORMS WITH REQUIRED ATTACHMENTS TO:

**MIDDLESEX COUNTY OFFICE OF PLANNING
DIVISION OF ENVIRONMENT, PARKS AND COMPREHENSIVE PLANNING
40 LIVINGSTON AVENUE – SECOND FLOOR
NEW BRUNSWICK, NJ 08901**

OR AFTER SEPTEMBER 10, 2015:

**MIDDLESEX COUNTY OFFICE OF PLANNING
DIVISION OF ENVIRONMENT, PARKS AND COMPREHENSIVE PLANNING
MIDDLESEX COUNTY ADMINISTRATION BUILDING
75 BAYARD STREET – FIFTH FLOOR
NEW BRUNSWICK, NJ 08901**

My documents/wra/wmp amendments/njdep application form a