

REQUEST TO NJDEP FOR TEMPORARY DEBRIS MANAGEMENT AREA (TDMA) APPROVAL

NAME: _____ TITLE: _____

ENTITY REQUESTING: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL. #: (____) _____ FAX #: (____) _____ EMAIL: _____

LOCATION WHERE DEBRIS MANAGEMENT AREA IS TO BE LOCATED: (if activity is to be conducted at more than one location, you must complete and submit a form for each location.)

MUNICIPALITY: _____ COUNTY: _____

STREET/INTERSECTION: _____ BLOCK #: _____ LOT #: _____

NORMAL USE OF SITE (ie playground, park, parking lot, etc.): _____

WHAT TYPE OF WASTE(S) DO YOU INTEND TO STORE:
__VEG __BULKY SW __C&D* __PUTRESCIBLE SW* __HW* __HHW* __OTHER: _____

IS THE LOCATION:
IN A PINELANDS MANAGEMENT AREA? __NO __YES If Yes, obtain prior approval from the Pinelands Commission
IN A FLOODPLAIN? __NO __YES
OWNED BY REQUESTOR? __NO __YES If No, attach agreement with property owner for TDMA use

HOW IS THE LOCATION SECURED? _____

START DATE: _____ END DATE: _____

DESCRIPTION OF STORAGE AREA FLOOR: __PAVED __CONCRETE __GRASSY __OTHER: _____
*I am advised and aware that Putrescible Solid Waste, Wallboard, Gypsum, Sheetrock, Hazardous Waste, and Household Hazardous Waste areas must be paved _____(Initial)

WILL WASTE BE STORED IN CONTAINERS: __NO __YES If Yes, what waste type: _____

DIMENSIONS OF THE STORAGE PILE(S) AND VOLUME: _____

WILL PROCESSING BE PERFORMED AT THIS SITE: __NO __YES: __CHIPPING __GRINDING __OTHER: _____
I am hereby advised and aware that only Vegetative Waste can be mechanically processed in this area. Also, I must attach a site drawing indicating storage pile locations (both processed & unprocessed) _____(Initial)

LOCAL FIRE MARSHALL AND COUNTY OEM APPROVALS MUST BE ATTACHED TO THIS FORM

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information and that submitting false information may be grounds for termination of any approval granted. I further certify that I have read and fully agree to the terms listed in the "New Jersey Department of Environmental Protection Emergency Debris Planning Fact Sheet", and if I am storing putrescible solid waste, the area will be paved and such waste cannot be processed.

Name (print) _____ Title (print) _____

Signature _____ Date: ____/____/____
Month Day Year

Questions about completing this form: Contact (609) 292-9880
Please complete and e-mail (preferred) or fax this form with the required Endorsement by the County Office Of Emergency Management; and Approval By the Local Fire Marshall to: NJDEP, Solid and Hazardous Waste Management Program, Bureau of Transfer Stations & Recycling Facilities. Email solidwasteemergencies@dep.state.nj.us or fax: (609) 984-0565