



# River-Friendly Business Certification Program

## Preliminary Application

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Date: \_\_\_\_\_

Business : \_\_\_\_\_

Address : \_\_\_\_\_

Grounds and Maintenance Manager : \_\_\_\_\_

Environmental Director : \_\_\_\_\_

Stewardship Coordinator (for River-Friendly Program) : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail : \_\_\_\_\_

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### YOUR GOAL(S)

What does your business hope to accomplish during your participation in the River-Friendly Business Program?

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### CAMPUS DESCRIPTION

Please indicate the size (in acres) of the following :

Total Property Area : \_\_\_\_\_

Meadow Area : \_\_\_\_\_

Impervious Cover : \_\_\_\_\_

Forested Area : \_\_\_\_\_

Building Area : \_\_\_\_\_

Wetland Area : \_\_\_\_\_

Future Building Area : \_\_\_\_\_

Waterbodies : \_\_\_\_\_

Mowed Lawn Area : \_\_\_\_\_

Detention Basins: \_\_\_\_\_

What is the yearly maintenance cost for your grounds, excluding capital expenditures? \_\_\_\_\_

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**WATER QUALITY MANAGEMENT**

Does runoff flow directly into streams and ponds? If so, which stream? If not, where does the runoff flow?

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How would you classify the water quality of the streams and ponds on or near your property? (Please circle).

Poor

Fair

Good

Excellent

What kinds of water quality problems (e.g. algae blooms, pollution, geese, etc.) do you experience? Have you been able to identify any of the potential sources or causes? Please explain.

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Does your business implement the following? : (Please check appropriate box)

Yes

No

Integrated Pest Management (If yes, please attach a copy of your plan)	<input type="checkbox"/>	<input type="checkbox"/>
Yearly soil samples	<input type="checkbox"/>	<input type="checkbox"/>
Use of pesticides with low active ingredients	<input type="checkbox"/>	<input type="checkbox"/>
Use of pesticides with low solubility	<input type="checkbox"/>	<input type="checkbox"/>
Use of slow-release fertilizers	<input type="checkbox"/>	<input type="checkbox"/>
Use of organic products	<input type="checkbox"/>	<input type="checkbox"/>
Compost on site	<input type="checkbox"/>	<input type="checkbox"/>
Water quality monitoring program (If so, please attach a summary)	<input type="checkbox"/>	<input type="checkbox"/>
No-mow Areas	<input type="checkbox"/>	<input type="checkbox"/>
No-spray Areas	<input type="checkbox"/>	<input type="checkbox"/>
Stream or pond buffers	<input type="checkbox"/>	<input type="checkbox"/>
Naturalized/not mowed detention basins	<input type="checkbox"/>	<input type="checkbox"/>
Maintain a mowing height of 3 inches or greater	<input type="checkbox"/>	<input type="checkbox"/>
Aerate lawn areas	<input type="checkbox"/>	<input type="checkbox"/>
Leave grass clippings	<input type="checkbox"/>	<input type="checkbox"/>
Plant with native plants	<input type="checkbox"/>	<input type="checkbox"/>
Have a snow/ice removal plan	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a summary of your fertilizer usage for the past 2 years, including total amount applied per year and dates.

Please attach a summary of your pesticide usage for the past 2 years, including products, and total amount applied per year.

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## WATER CONSERVATION TECHNIQUES

Check the following:

Yes          No

Does your business have an outdoor water conservation strategy?

(If yes, please attach)

Do you collect rainwater for irrigation?

Do you use reclaimed wastewater for irrigation?

Do you mulch tree, shrub, and garden beds on your campus?

How often is grass watered during the summer? (Please circle)

Daily

3 times/week

Bi-weekly

Weekly

Other \_\_\_\_\_

During which time of day do you do most of your watering? (Please circle).

Early morning

Late morning to noon

Afternoon

Evening

Night

What is your average water usage inside (please indicate units per day or per month)?

Peak summer usage: \_\_\_\_\_

Winter usage: \_\_\_\_\_

What is your average water usage outside (please indicate units per day or per month)?

Peak summer usage: \_\_\_\_\_

Winter usage: \_\_\_\_\_

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## WILDLIFE AND HABITAT ENHANCEMENT

What successes and problems have you had in maintaining or enhancing naturalized areas, no-mow areas, no-spray areas, buffer zones

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What species of wildlife do you see or have evidence of on the campus on a regular basis?

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Does your business do anything to encourage or protect these species (i.e. bird/bat houses)?

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Please describe if and how your business controls non-migratory wildlife (deer, Canada geese, etc.).

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## EDUCATION AND OUTREACH

Have your employees, clients, or local community members ever encouraged you to implement environmentally friendly practices on the campus? Please include any specific examples.

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Have you ever experienced employees, clients, and/or other members of the local community complaining about the environmental practices of your business? Please explain.

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Please describe and explain any educational and outreach programs or facilities that your business has implemented.

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## OTHER COMMENTS

Do you feel that there is anything special about your business or anything you have done that we should know about?

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**Please do not hesitate to contact the Stony Brook-Millstone Watershed Association with any questions.**

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Stewardship Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this application form and mail ~~with certification fee of \$200.00 payable to~~**

**Stony Brook-Millstone Watershed Association  
River Friendly Business Program  
31 Titus Mill Road  
Pennington, NJ 08534  
Phone: (609) 737-3735 Fax: (609) 737-3075**

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For Office Use Only:

Site Visit: \_\_\_\_\_  
Goals Sent: \_\_\_\_\_