

**RESOLUTION AUTHORIZING DEWATERING PERMIT APPLICATION #20010301
NORTH WEST RESILIENCY PARK, HOBOKEN, NJ**

MOTIONED BY: Velazquez
SECONDED BY: Gardiner

WHEREAS, the North Hudson Sewerage Authority (hereinafter "Authority") is a public body, duly formed under the Sewerage Authorities law, constituting Chapter 138 of the Laws of New Jersey of 1946, as amended (Chapter 14A of Title 40 of the New Jersey Statutes Annotated) and possesses the powers set forth therein; and

WHEREAS, the Authority has received a request, application #20010301 from Tomco Construction Inc., 22 Howard Blvd., Suite 204, Mt. Arlington, NJ 07856, for the purpose of approving their application for a dewatering permit of an estimated 100,000 gallons per day to the North Hudson system associated with their development of the Hoboken Northwest Resiliency Park 13th Street & Adams Street, Hoboken, NJ 07030; and

NOW, THEREFORE, BE IT RESOLVED that the Authority hereby certifies that the committed flow to the Adams Street WWTP does not exceed the presently permitted design capacity, nor will the addition of flow proposed by this application cause the permitted design capacity to be exceeded.

BE IT FURTHER RESOLVED that the Authority Engineer of the Authority is authorized to approve the necessary Certification as required by the NJDEP to grant a dewatering permit approval for a total additional flow of approximately 100,000 gallons per day.

DATED: FEBRUARY 20, 2020

RECORD OF COMMISSIONERS' VOTE

	YES	NO	ABSENT
Commissioner Soares	x		
Commissioner Kappock	x		
Commissioner Marotta	x		
Commissioner Gardiner	x		
Commissioner Friedrich	x		
Commissioner Sanchez			x
Commissioner Velazquez	x		
Commissioner Roque	x		
Commissioner White	x		

**THIS IS TO CERTIFY THAT THIS RESOLUTION WAS DULY ADOPTED BY THE
NORTH HUDSON BOARD OF COMMISSIONERS ON FEBRUARY 20, 2020**



SECRETARY



Tomac Construction Inc.
Mr. Adam Dabney
22 Howard Blvd., Suite 204
Mt. Arlington, NJ 07856

Your Reference:
Application 20010301

Our Reference:
Project 101715-001-SC02

**Hoboken Northwest Resiliency Park 13th St. and Adams St., Hoboken
Block 107, Lot 1**

Status: Approval Recommendation

Application: Dewatering Discharge Application for Sewer Connection

111 Wood Avenue South
Iselin NJ 08830-4112
United States of America

T +1 (800) 832 3272
F +1 (973) 376 1072
mottmac.com/americas

January 13, 2020

Mr. Dabney:

Mott MacDonald has received the following documents for review regarding the above referenced project.

- One (1) copy of the Treatment Works Approval application form TWA-1, WQM-006, and WQM-003 submitted by Tomco Construction, Inc.
- One (1) set of submittals titled "Installation of a Temporary Treatment System" for Hoboken Northwest Resiliency Park 13th St. and Adams St., Block 107 Lot 1, City of Hoboken, Hudson County, New Jersey and prepared by Moretrench, dated October 4, 2019.
- One (1) Engineering Site Plan (1 sheet) showing the proposed dewatering connection to the NHSA combined sewer system, prepared and signed by Adam Dabney of Tomco Construction on January 9, 2020.
- Descriptive narrative of the project and sampling plan.
- Temporary Treatment System Site Plan for a Carbon Media treatment system, prepared by Moretrench, Inc., dated September 1, 2019.

Mott MacDonald has reviewed the project documents and summarizes the relevant features as follows:

- The Scope of work includes disposal of water from a water treatment system. Shallow excavations on site will require dewatering, which is anticipated to be contaminated with PCB's. The proposed treatment system discharge to the NHSA combined sewer is 100,000 gallons per day.
- The proposed NHSA combined sewer connection consists of a 4-inch diameter PVC force extending from the on-site treatment system into an existing inlet at the southwestern corner of the Jefferson Street and Twelfth Street intersection. This inlet will be permanently removed as part of the Northwest Resiliency Park project and the connection shall be made



directly to the lateral that connect the catch basin with the NHSA combined sewer within Jefferson Street.

- Due to known contamination within the proposed area of excavation. Therefore, the owner will sample for all NHSA sampling criteria and PCBs. The sampling plan calls for reporting of sampling upon commencement of the proposed treatment system, and subsequent monthly sampling.
- Upon completion of the dewatering discharge program, the existing storm lateral will be abandoned at its connection with the Jefferson Street trunk sewer.

The submitted documents were reviewed for compliance with NHSA sewer connection criteria. Therefore, an approval of this application is recommended.

Please contact me should you have any questions.

Very truly yours,

Mott MacDonald

A handwritten signature in blue ink, appearing to read 'Kevin P. Wynn'.

Kevin P. Wynn, PE
Principal Project Manager
T +1973-912-2537 F +1973-912-2455
kevin.wynn@mottmac.com

cc: Fredric J. Pocci, P.E., NHSA
Phillip Reeve, Jacobs
Doris Alejandro, Jacobs
Karen Karvazy, P.E., Mott MacDonald

GROUNDWATER DISCHARGE APPROVAL



1600 Adams St.
Hoboken, NJ 07030
201/963-6043
Fax 201/963-3907
www.nhudsonsa.com

Application Number 20010301 Developer Number 201930

1. Applicant/Owner/Operator Tomco Construction Inc
2. Address 22 Howard Blvd, Suite 204
Mt. Arlington, New Jersey 07856
3. Development Name Hoboken Northwest Resiliency Park
Address 13th Street & Adams Street
Hoboken, New Jersey 07030

Lot Number 1 Block Number 107

Description of Project and Intended Use:
Disposal of Groundwater from a Water Treatment System

Commissioners:

Brian H. Kappock
Chairman

Edward Friedrich
Kurt Gardiner
Libero D. Marotta
Joseph E. Roque
Myrli T. Sanchez
Anthony J. Soares
Alejandro Velazquez
Erika White

Dr. Richard J. Wolff
Executive Director

Fredric J. Pucci, P.E.
Authority Engineer

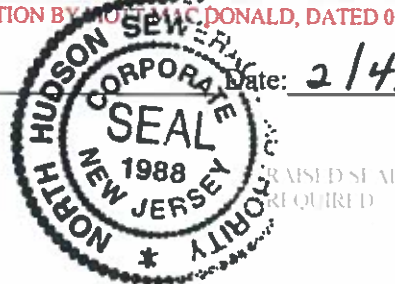
4. Engineer's Report Prepared by:
Name: Adam Dabney
Firm: Tomco Construction Inc
Address: 22 Howard Blvd, Suite 204
Mt. Arlington, New Jersey 07856

Total Daily Average Flow: 100,000 GPD
Receiving WWTP: Adams Street WWTP

5. Plan Review Approval:
As the authorized representative of this Authority, I hereby certify that this application is approved in accordance with the adopted rules and regulations of the North Hudson Sewerage Authority. Final connection approvals are subject to the Zoning ordinances of the respective municipality.

SUBJECT TO APPROVAL RECOMMENDATION BY JUSTIN MAC DONALD, DATED 01/13/2020.

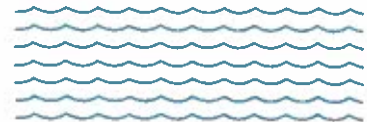

FREDRIC J. POCCI Date: 2/4/20



6. Connection Approval
Final approval will be conditioned upon the applicant giving 24 Hour notice of any scheduled plumbing sub-code connection inspection to the North Hudson Sewerage Authority at 201-795-1411. Connections to sewer pipes will be made by core drilling a circular opening and installing a tapping saddle with a stainless-steel band. Connections to brick sewers will be made by core drilling and sealed with an approved gasket to prevent leakage. The Plumbing Sub-Code Official shall have sole and exclusive power to inspect, accept or reject connections to the collection system, pursuant to permits issued by the Office of the Construction Code Official.

Philip G. Reeve, Assistant Project Director Date: _____

cc: Construction Code Official





**STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY**

TWA - 1

Reset form

Treatment Works Approval Permit Application

Refer to Instructions on Page 4 and Provide All Applicable Information. Please Print or Type.

1. APPLICANT/OWNER*

Name Tomco Construction Inc. Telephone (973) 361-7755
 Permanent Legal Address 22 Howard Blvd., Suite 204
 City or Town Mt. Arlington State NJ Zip Code 07856 E-mail adabney@tomcoinc.net

* Applicant/Owner should be the eventual owner of the proposed Treatment Works.

2. LOCATION OF ACTIVITY

Name of Facility/Site Hoboken Northwest Resiliency Park
 Street Address/Location 13th St. and Adams St.
 Lot No. 1 Block No. 107
 City or Town Hoboken State NJ Zip Code 07030
 Municipality Hoboken County Hudson

3. NEW JERSEY LICENSED PROFESSIONAL ENGINEER

Name _____ N.J. License No. _____
 Name of Firm, if employee _____
 Mailing Address _____
 City or Town _____ State _____ Zip Code _____
 Telephone () _____ Fax () _____ E-Mail _____

4. ESTIMATED CONSTRUCTION COST AND APPLICATION FEE

A. Cost of treatment works proposed in this application \$ _____
 (Attach a breakdown of the cost of all items related to the construction of the proposed treatment works).
 B. Application Fee \$ \$3,000.00
 (In accordance with N.J.A.C. 7:1C-1.5 et seq., made payable to Treasurer, State of NJ, Environmental Services Fund).

5. OTHER REQUIRED PERMITS

If any of the the following applications have been submitted for this project, provide the applicable information.

Permit Type	Application Status		Application Date (or Application No.)
	Pending (check one)	Approved*	
● Treatment Works Approval	<input type="checkbox"/>	<input type="checkbox"/>	_____
● Exemption From Sewer Ban	<input type="checkbox"/>	<input type="checkbox"/>	_____
● Water Quality Management Plan Amendment	<input type="checkbox"/>	<input type="checkbox"/>	_____
● CAFRA	<input type="checkbox"/>	<input type="checkbox"/>	_____
● Stream Encroachment	<input type="checkbox"/>	<input type="checkbox"/>	_____
● Freshwater Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	_____
● Tidal or Coastal Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	_____
● Waterfront Development	<input type="checkbox"/>	<input type="checkbox"/>	_____
● NJPDES Permits	<input type="checkbox"/>	<input type="checkbox"/>	_____
● Pinelands Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
● Delaware & Raritan Canal Commission	<input type="checkbox"/>	<input type="checkbox"/>	_____
● Hackensack/Meadowlands Commission	<input type="checkbox"/>	<input type="checkbox"/>	_____
● Other Related Approvals	<input type="checkbox"/>	<input type="checkbox"/>	_____

(* If any of the above applications were approved, please provide a copy of the approval with this application).

6. PROJECT DESCRIPTION (Brief Description of Proposed Treatment Works and Intended Use).

Scope of work includes disposal of water from a water treatment system. Shallow excavations on site will require dewatering, which is anticipated to be contaminated with PCB's.

7. APPLICANT'S AGENT (Optional)

I, _____
(Applicant/Owner's Name)

authorize to act as my agent/representative in all matters pertaining to my application the following person:

Name _____ Position _____

Address _____ City _____

State _____ Zip Code _____ Telephone () _____

Signature of Agent Date Signature of Applicant/Owner Date

8. PROPERTY OWNER'S CERTIFICATION

I hereby certify that City of Hoboken

(Property Owner's Name)

owns the property identified in this application. As owner, I grant permission for the activity to be permitted under this application and authorize the Department of Environmental Protection to conduct on-site inspections, if necessary. If the construction activity will take place in an easement, I certify that with this application, I presently have or will obtain permission of the property owner(s) prior to initiation of construction of this proposed treatment works.

Signature of Owner Date

Print or Type: Name and Position _____

9. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS AND ENGINEER'S REPORT AND/OR ABSTRACT

I hereby certify that the engineering plans, specifications, and engineer's report and/or abstract applicable to this project comply with the current rules and regulations of the Department of Environmental Protection with the exceptions as noted.

Signature of Engineer Date

Print or Type: Name and Position _____

*PROFESSIONAL ENGINEER'S
EMBOSSSED SEAL*

10. PROPER CONSTRUCTION AND OPERATION CLAUSE

I, the Applicant/Owner, Tomco Construction Inc. agree that the treatment works will be properly constructed and operated in accordance with the engineering plans, specifications and conditions under which approval is granted by the Department of Environmental Protection.

Adam Dabney Digitally signed by Adam Dabney Date: 2020.01.02 13:10:10 -05'00' 1/2/2020
Signature of Applicant/Owner Date

Print or Type: Name and Position Adam Dabney - Project Manager

11. CERTIFICATION BY APPLICANT/OWNER

I certify, under penalty of law, that the information provided in this application and the attachments 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.

Adam Dabney Digitally signed by Adam Dabney Date: 2020.01.02 13:10:16 -05'00' 1/2/2020
Signature of Applicant/Owner Date

Print or Type: Name and Position Adam Dabney - Project Manager

INSTRUCTIONS FOR COMPLETING FORM TWA - 1

This form should accompany all Treatment Works Approval permit applications.

1. **General Information** - (items #1 through #4, #6) Complete the requested applicant and project information.
2. **Other Required Permits** (item # 5) - Please list all permits issued for the subject project (in addition to the permits being applied for at this time).
3. **Signatures** (items #7 through #11) - All signatures must comply with N.J.A.C. 7:14A-4.9 and N.J.A.C. 7:14A-22.8. Where indicated under items #1, #10 and #11, the applicant/owner should be the eventual owner of the proposed treatment works. Item #8 shall be completed by the owner of the property.

Should you need assistance in completing the application, please call the appropriate phone number listed below:

◆ **Bureau of Construction & Connection Permits**
(609) 984-4429
Municipal Treatment Works, Industrial
Treatment Works, Sewer Extension, Sewer Ban
Exemption, Subsurface Disposal Systems

◆ **Bureau of Nonpoint Pollution Control**
(609) 633-7021
Alternate Design Septic Systems
(design flow less than 2,000 GPD)

**STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Quality**

Reset Form

ENGINEER'S REPORT for DOMESTIC TREATMENT WORKS APPROVAL APPLICATIONS

INSTRUCTIONS

- Complete all applicable sections and certifications.
- Justifications for any exceptions from the regulations at N.J.A.C. 7:14A - 23 et seq. must be submitted. (Additional sheets may be attached if necessary.)
- All supplemental information required to be submitted along with this engineer's report must be signed, sealed, and dated by a professional engineer, licensed to practice in the State of New Jersey.
- For Treatment Works other than collection and/or conveyance, please attach a separate Engineer's Report in accordance with N.J.A.C. 7:14A - 23.5.

GENERAL INFORMATION

Applicant: Tomco Construction Inc. Municipality: Hoboken

Project Name: Northwest Resiliency Park County: Hudson

Name of Receiving Sewage Treatment Plant: NHSA 1600 Adams St., Hoboken, NJ

NJPDES Permit Number: _____

Effluent Receiving Waters: _____

Scope of Project:

Scope of work includes disposal of water from a water treatment system. Shallow excavations on site will require dewatering, which is anticipated to be contaminated with PCB's.

Contributory Flow: *For assistance in completing this chart, refer to N.J.A.C. 7:14A - 23.3.*

Establishment Type	Number of Measurement Units		Gallons per Day per Unit		Projected Flow (G.P.D.)
Water Treatment System	1	X	100,000	=	100,000
		X		=	
		X		=	
		X		=	

Combined Projected Flow: .1 M.G.D.
 Existing Contributory Flow (if any): _____ M.G.D.
TOTAL FLOW: .1 M.G.D.

1. WASTEWATER CONVEYANCE SYSTEMS

(A) GRAVITY SEWER SYSTEMS

Diameter (inches)	Total Length (feet)	Material Type	"n" Value	Max. MH Spacing (feet)	Min. Slope (%)	Max. Velocity (ft/sec)	Max. Capacity (M.G.D.)
3	20	PVC					.1

1.	What is the minimum cover (as measured from the top of the pipe to the grade elevation) provided along the entire sewer line?				ft.
2.	What is the infiltration and/or exfiltration limit for testing purposes (gallons per inch of pipe per mile per day)?				
		YES	NO	N/A	
3.	Are sewers within 100 feet of a public water supply well or a below-grade reservoir?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.	Are sewers located at least 10 feet horizontally from potable water lines and/or at least 18 inches below potable water lines and in separate trenches, including crossings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Are sewers crossing streams located within 10 feet of a stream embankment encased in concrete?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.	Is a drop pipe provided for sewers entering manholes above the manhole invert wherever the difference in elevation is two feet or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7.	Are all manholes located more than 100 feet from a public water supply well or a below-grade reservoir?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8.	Are watertight covers used where street elevations are less than 10 feet above the North American Vertical Datum of 1988 and/or where the top of a manhole may be flooded by street runoff or high water?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9.	Are the sanitary sewers designed to carry at least twice the estimated average projected flow when flowing half full?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10.	Have adequate provisions been made for the ventilation of manholes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11.	If siphons are part of this project, are they in conformance with N.J.A.C. 7:14A - 23.7?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12.	Are the immediate downstream sewer lines constructed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(B) PUMPING SYSTEM: Submit a Pump Station Design Report, which should include, at a minimum, the basis for the following: (a) pump selection; (b) sizing of force main and velocity calculations;(c) total dynamic head; (d) pump station performance curve and (e) wet well detention time.

Average daily flow: _____ GPD	Surface area of wet well: _____ ft ²
Peaking factor: _____	Wet Well Detention Time : _____ minutes
Peak design flow: _____ GPD	TDH of pump: _____ ft
Number of pumps: _____	
Design capacity of pump station (with the largest pump out of service): _____	_____ GPM

1. WASTEWATER CONVEYANCE SYSTEMS

(B) PUMPING SYSTEM (continued)

FORCE MAINS

Diameter (inches)	Length (feet)	Material Type	Velocity (ft/sec)

1.	What is the minimum cover (as measured from the top of the pipe to the grade elevation) provided along the entire force main?	ft		
2.	Specify the method of screening at the pumps.			
3.	Where is the ultimate location of the alarm for high water conditions, power failures, and mechanical breakdowns?			
4.	Specify the type of back-up power source provided.			
		YES	NO	N/A
5.	Is adequate light and ventilation provided at the pump station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are air and/or vacuum release valves provided on the high points of the force main?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are adequate freshwater wash-down facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>	
8.	If a domestic water service connection will be utilized for wash-down purposes, is it protected by a backflow prevention device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are shut-off valves on suction and discharge piping and check valves on discharge lines provided?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Is the base of the pump station wet well sloped toward the pump suction?	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Does the alarm system provide for competent assistance on a 24 hour basis?	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Is the pump station adequately protected from flooding?	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Is the dry well provided with a sump pump?	<input type="checkbox"/>	<input type="checkbox"/>	

I am a professional engineer licensed by the New Jersey Board of Professional Engineers and Land Surveyors to practice in New Jersey. I certify that the proposed treatment works, as designed, meets the requirements of N.J.A.C. 7:14A - 23 et seq., other than the exceptions as noted.

I hereby certify that the information provided in this engineer's report and attachments hereto, is true, accurate, and complete. Exceptions attached [YES , NO]?

Signature of Engineer: _____

Professional Engineer's
Embossed Seal

Name and Date:
(Print or Type) _____

Firm Name: _____

2. DOMESTIC WASTEWATER TREATMENT AND/OR RESIDUAL FACILITIES

Is the following information submitted with this engineer's report?		YES	NO
1.	A complete description of the selected wastewater treatment system.	<input type="checkbox"/>	<input type="checkbox"/>
2.	For the modification of an existing system which has not previously been granted a treatment works approval (TWA), the capacities of the existing units and a brief description of the operation of each, and a statement concerning which units are existing and which are proposed at the time of the application. If there exists a previously issued TWA approval for the subject facility, submit the date of issuance and the TWA number.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Hydraulic profiles of the flow of wastewater through the system.	<input type="checkbox"/>	<input type="checkbox"/>
4.	A unit by unit mass balance for all discharge parameters.	<input type="checkbox"/>	<input type="checkbox"/>
5.	The ultimate disposal location of all effluent.	<input type="checkbox"/>	<input type="checkbox"/>
6.	The basis and computations for average and peak flow requirements.	<input type="checkbox"/>	<input type="checkbox"/>
7.	The expected composition of the influent and effluent from the treatment system including the average, maximum and minimum values of the pollutant parameters specified in the facility's NJPDES permit/DAC.	<input type="checkbox"/>	<input type="checkbox"/>
8.	An evaluation of the quantity and quality of any and all residuals generated and projected to be generated, including a hydraulic profile and unit by unit mass balance for the flow of residuals through the system.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Documentation of adequate storage and handling facilities for residuals.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Provisions for the ultimate management of residuals.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Details of flow monitoring and control, alarm systems, auxiliary power, storage facilities for treatment chemicals and wastes, and plans for bypassing units during construction or maintenance.	<input type="checkbox"/>	<input type="checkbox"/>
12.	The basis and computations for the projected wastewater flow.	<input type="checkbox"/>	<input type="checkbox"/>
13.	A fully executed Licensed Operator Grading Form.	<input type="checkbox"/>	<input type="checkbox"/>

I am a professional engineer licensed by the New Jersey Board of Professional Engineers and Land Surveyors to practice in New Jersey. I certify that the proposed treatment works, as designed, are adequate to meet all applicable final NJPDES permit limitations contained in the current NJPDES Discharge Permit No. _____ . In addition, I certify that the proposed treatment works, as designed, meets the requirements of N.J.A.C. 7:14A - 23 et seq., other than the exceptions as noted.

I hereby certify that the information provided in this engineer's report and attachments hereto is true, accurate, and complete. Exceptions attached [YES , NO]?

Signature of Engineer* _____

Professional Engineer's
Embossed Seal

Name and Date:
(Print or Type) _____

Firm Name: _____

* This certification may not be completed until the effective date of the associated final NJPDES Discharge Permit.

NORTH HUDSON SEWERAGE AUTHORITY

INVOICE

1600 ADAMS STREET
 HOBOKEN, NJ 07030
 201-963-6043

Tomco Construction Inc
 22 Howard Blvd, Suite 204
 Mt Arlington, NJ 07856

APPLICATION NUMBER 20010301
 INVOICE DATE January 3, 2020

GALLONS	DESCRIPTION	GPD	AMOUNT
100,000	GPD Project: Dewatering Discharge: 100,000 GPD Project Address: Hoboken Northwest Resiliency Park		
	Application fee		\$ 500.00
	Connection fee Rate: \$9,540.00		\$ -
	Surcharge fee Rate: \$0.04		\$ -
	Review/Inspection fees Rate: \$0.10 *min \$2500		\$ 2,500.00
	Payments received: Check # 612626 received 1/3/2020		\$ (3,000.00)
Connection fee calculation: GPD/300 x Rate			
Surcharge fee calculation: GPD x Rate			
Review/Inspection fees: GPD x Rate min \$2500		Total	\$ -

MAKE ALL CHECKS PAYABLE TO:
 NNSA

1600 Adams Street
 Hoboken, NJ 07030

PAY THIS
 AMOUNT