

**RESOLUTION AUTHORIZING DEWATERING PERMIT APPLICATION#21031501  
1301 JEFFERSON ST., HOBOKEN, NJ**

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**MOTIONED BY:** Gardiner

**SECONDED BY:** Friedrich

**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 #21031501 from J. Fletcher Creamer, 101 E Broadway, Hackensack, New Jersey 07601 for the purpose of approving their application for a Dewatering Permit for the purpose of the installation of two dewatering wells (86,400 gallons per day) to the North Hudson system associated with their contract requirements under Resolution 20-057 for the H6/H7 LTCP CSO Project;

**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.

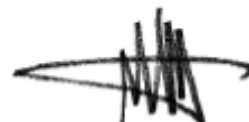
**BE IT FURTHER RESOLVED** that, upon Applicant's satisfaction of the necessary conditions as specified hereinabove, the Authority Engineer is authorized to approve the necessary Certification as required by the NJDEP to grant a Dewatering Permit approval for a total additional flow of approximately 86,400 gallons per day.

**DATED: APRIL 15, 2021**

**RECORD OF COMMISSIONERS' VOTE**

	<b>YES</b>	<b>NO</b>	<b>ABSENT</b>
Commissioner Soares	x		
Commissioner Kappock	x		
Commissioner Marotta			x
Commissioner Gardiner	x		
Commissioner Friedrich	x		
Commissioner Guzman	x		
Commissioner Velazquez			x
Commissioner Barrera	x		
Commissioner White	x		

**THIS IS TO CERTIFY THAT THIS RESOLUTION WAS DULY ADOPTED BY THE NORTH HUDSON BOARD OF COMMISSIONERS ON APRIL 15, 2021.**




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**SECRETARY**



J. Fletcher Creamer & Son, Inc.  
Mr. Alexander Ternik  
101 E Broadway  
Hackensack, NJ 07601

**Your Reference:**  
**Application A21031501**

**Our Reference:**  
**Project 101715-001 SC61**

**1301 Jefferson Street, Hoboken**  
**Northwest Resiliency Park NHSA Construction Phase I**  
**Status: Conditional Approval Recommended**  
**Application: Dewatering Connection**

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

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F +1 (973) 376 1072  
mottmac.com/americas

April 8, 2021

Dear Mr. Ternik:

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 signed and sealed by David Puchalski.
- One (1) copy of the Engineer's Report Form WQM-006
- Dewatering Treatment System Drawings, inclusive of the treatment system equipment layout and preliminary site plan.
- One revised copy of the Treatment Systems and Discharge Details
- One (1) copy of the proposed flow meter cut sheets.
- One (1) copy of groundwater sampling results, dated February 5, 2021
- One (1) copy of groundwater sampling results, dated March 17, 2021.
- Site Schematic of the dewatering discharge plan with use of an existing and abandoned force main to the point of connection with the NHSA combined sewer.

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

- This project is located at 1301 Jefferson Street, Hoboken, NJ. This project is for the NHSA H6/H7 combined sewer overflow long term control plan Phase 1 project which will require temporary dewatering and treatment for the proposed construction of the high-level storm sewer in 13th Street, and the pump station structure and controls building at Northwest Resiliency Park.
- The proposed dewatering activity will require discharge to the NHSA combined sewer system, estimated to be up to 1,000,000 gallons per day.



Fletcher Kramer, the selected contractor for this work, is evaluating options for discharging the flows to the NHTA combined sewer.

In concept, the Authority approves of the dewatering discharge to the NHTA combined sewer system during dry weather conditions. Therefore, a conditional approval is recommended. A final approval shall be issued upon review of final documentation of the dewatering discharge submitted to the NHTA. The final project details shall include a connection detail to the NHTA combined sewer, final flow projections and well point locations, and treatment system design based on projected flow rates.

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 / fskw'.

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

cc: Fredric J. Pocci, P.E., NHTA  
Phillip Reeve, CH2M Hill  
Doris Alejandro, CH2M Hill  
Karen Karvazy, P.E., MM



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 J. Fletcher Creamer & Son, Inc. Telephone ( 551 ) 255-6388  
Permanent Legal Address 101 E Broadway  
City or Town Hackensack State NJ Zip Code 07601 E-mail alexander.terenik@jfcson.us

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

2. LOCATION OF ACTIVITY

Name of Facility/Site NHSA H6/H7 Combined Sewer Overflow Long Term Control Plan Temp. Dewatering  
Street Address/Location 1301 Jefferson St  
Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_  
City or Town Hoboken State NJ Zip Code 07030  
Municipality Hoboken County Hudson

3. NEW JERSEY LICENSED PROFESSIONAL ENGINEER

Name David Puchalski N.J. License No. 39670  
Name of Firm, if employee NewFields, LLC  
Mailing Address 22 West Street  
City or Town Red Bank State NJ Zip Code 07701  
Telephone ( 732 ) 598-6279 Fax ( ) \_\_\_\_\_ E-Mail dpuchalski@newfields.com

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 \$ \_\_\_\_\_  
(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	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).

NHSA H6/H7 Combined Sewer Overflow Long Term Control Plan Phase 1 Project temporary dewatering and treatment facility to discharge into NHSA Combined Sewer System per contract specifications.

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**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 \_\_\_\_\_  
 (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  
 EMBOSSED SEAL*

## 10. PROPER CONSTRUCTION AND OPERATION CLAUSE

I, the Applicant/Owner, \_\_\_\_\_ 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.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date

Print or Type: Name and Position \_\_\_\_\_

## 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.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date

Print or Type: Name and Position \_\_\_\_\_

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## 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: J. Fletcher Creamer & Son, Inc. Municipality: Hoboken

Project Name: NHSA H6/H7 Combined Sewer Overflow Long Term Control Plan, Phase 1 County: Hudson

Name of Receiving Sewage Treatment Plant: Adams Street Wastewater Plans

NJPDES Permit Number: \_\_\_\_\_

Effluent Receiving Waters: Hudson River

**Scope of Project:**

NHSA H6/H7 Combined Sewer Overflow Long Term Control Plan Phase 1 Project temporary dewatering and treatment facility to discharge into NHSA Combined Sewer System per contract specifications.

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.)
Dewatering Well	2	X	43,200	=	86,400
		X		=	
		X		=	
		X		=	

Combined Projected Flow: 0.0864 M.G.D.  
 Existing Contributory Flow (if any): \_\_\_\_\_ M.G.D.  
**TOTAL FLOW:** 0.0864 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.)

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 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 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 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 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 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 type="checkbox"/>	
9.	Are the sanitary sewers designed to carry at least twice the estimated average projected flow when flowing half full?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Have adequate provisions been made for the ventilation of manholes?	<input type="checkbox"/>	<input 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 type="checkbox"/>	
12.	Are the immediate downstream sewer lines constructed?	<input 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 <sup>2</sup>
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.				
		<b>YES</b>	<b>NO</b>	<b>N/A</b>	
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.

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

Reset Form

STATEMENTS OF CONSENT

A supplement to the TWA-1 or NJPDES-1 Forms

General Information

Applicant/Owner/Operator J. Fletcher Creamer & Son, Inc.

Location of Work Site 1301 Jefferson Street, Hoboken, NJ 07030

Name of Project/Facility NHSA H6/H7 Combined Sewer Overflow Long Term Control Plan Temp. Dewatering System

Type of permit application (TWA, NJPDES/SIU)

NJPDES Permit Number (if applicable)

A-1 Consent By Governing Body\*\*

(Consent by the municipality in which the project is located.)

As an authorized representative of the governing body, I hereby certify that the

[Empty box for signature]

(Name of Municipality or Municipal Authority)

consents to the submission of the above listed application to the Department of Environmental Protection for approval. I further certify that the project as proposed conforms with the requirements of all municipal ordinances.

Signed \* \_\_\_\_\_ Date [Empty box]

Type Name and Position [Empty box]

\* Cite authorization to sign for the governing body

Resolution# [Empty box] Dated [Empty box]

(Submit the resolution with the application. If no such resolution granting authority to sign exists, the Governing Body's full resolution, consenting to the project, must be submitted with the application.)

\*\* Note

For most Treatment Works Approval (TWA) applications, this section may be omitted if a sewerage entity (for example, sewerage authority, utilities authority, municipal utilities authority, joint meeting, etc.) has responsibility for regulating the construction and operation of wastewater treatment and conveyance facilities within the municipality. In such cases, the governing body consent requirement may be satisfied by completing Section A-2. Applicants for TWAs for industrial/commercial facilities discharging pursuant to NJPDES/DSW or DGW permits must complete section A-1.

**A-2 Consent by Sewerage Authority\*\***

As an authorized representative of this agency, I hereby certify that the

[Empty box for agency name]

(Name of Agency)

consents to the submission of the above listed application to the Department of Environmental Protection for approval. I further certify that the project as proposed conforms with the requirements of this agency.

Signed\* \_\_\_\_\_ Date [Empty box]

Type Name and Position [Empty box]

\* Cite authorization to sign for the agency

Resolution# [Empty box] Dated [Empty box]

(Submit the resolution with the application. If no such resolution granting authority to sign exists, the Governing Body's full resolution, consenting to the project, must be submitted with the application.)

\*\* Note

For TWA applications, this section must be completed when a sewerage entity (for example, sewerage authority, utilities authority, municipal utilities authority, joint meeting, etc.) has responsibility for regulating the construction and operation of wastewater treatment and conveyance facilities within the municipality.

**A-3 Consent by Owner of Wastewater Treatment Facility\*\***

(For NJPDES/SIU applications only)

As an authorized representative of this agency, I hereby certify that the

[Empty box for agency name]

(Name of Agency)

consents to the submission of the above listed application to the Department of Environmental Protection for approval. I further certify that the project as proposed conforms with the requirements of this agency and the agency agrees to accept wastewater from the project for treatment.

Signed\* \_\_\_\_\_ Date [Empty box]

Type Name and Position [Empty box]

\* Cite authorization to sign for the agency

Resolution# [Empty box] Dated [Empty box]

(Submit the resolution with the application. If no such resolution granting authority to sign exists, the Agency's full resolution, consenting to the project, must be submitted with the application.)

\*\* Note

For NJPDES/SIU applications, this section must be completed when the owner of the receiving wastewater treatment plant is different that the entity listed under A-2.

**B. Certification by Wastewater Conveyance System Owner\*\***

By agreeing to accept wastewater from the project, I (we) hereby certify that to the best of my (our) knowledge the wastewater conveyance system, into which the project proposed under this application will connect, has adequate capacity in accordance with N.J.A.C. 7:14A-1.2 ("Adequate conveyance capacity"). Furthermore, I (we) am (are) not aware of inadequate conveyance capacity conditions in any portion of the downstream facilities necessary to convey the wastewater from this project to the treatment plant.

Name of Municipality or Authority

Signed\* \_\_\_\_\_ Date

Type Name and Position

\* Cite authorization to sign for the governing body

Resolution#  Dated

(Submit the resolution with the application. If no such resolution granting authority to sign exists, the governing body's full resolution, consenting to the project, must be submitted with the application.)

\*\* Note

1. For TWA applications, this section must be completed by the owner/operator of the wastewater conveyance system into which the project named herein will directly connect.

2. For NJPDES/SIU applications, this section must be completed when the owner/operator wastewater conveyance system into which the project named herein will directly connect is different that the entity listed under A-3.

**C. Certification by Wastewater Treatment Facility Owner\*\***

(For TWA applications that include a sewer connection/extension.)

I (we) hereby certify that the committed flow\*\*\* to the

(Name of Wastewater Treatment Plant)

does not exceed the presently permitted design capacity and with the additional flow proposed by this application, the permitted design capacity is not anticipated to be exceeded. I (we) further certify that the treatment plant is currently complying with its conventional and non-conventional NJPDES permit requirements (see N.J.A.C. 7:14A-22.17(b)-(d), percent removal and toxicity requirements excluded from this certification) as determined by a rolling average of the three most recent monthly discharge monitoring reports that were required to be submitted to the Department as of this date, and based upon my (our) assessment of all information pertinent to this permit request, is anticipated to continue to do so with the additional flow from this project.

Accepted for Treatment by

(Name of Treating Authority)

Signed\* \_\_\_\_\_ Date

Type Name and Position

Name of project and/or location

\* Cite authorization to sign for the governing body

Resolution#  Dated

(Submit the resolution with the application. If no such resolution granting authority to sign exists, the governing body's full resolution, consenting to the project, must be submitted with the application.)

\*\* For TWA applications, this section must be completed by the owner of the wastewater treatment facility receiving the wastewater identified in this application.

\*\*\* For the purposes of this certification, committed flow means the sum of the 1) actual metered flow, 2) flow from DEP approved TWA applications (not yet operational), and 3) flow from locally approved projects that do not require DEP approval.

### **Additional Information (For TWA Applications)**

1. Approvals, permits, service contracts, or other reservations of flow capacity issued or agreed to by any participating municipality or sewerage agency do not constitute the required approval of the DEP.
2. For computation of actual flow at the receiving wastewater treatment plant, the average flow processed by the facility for the three (3) month period immediately preceding the submission of the application shall be used. Pursuant to the NJPDES regulations (N.J.A.C. 7:14A), no application shall be submitted to the DEP if the wastewater treatment facility is not meeting its discharge permit requirements.

### **Lack of Consent\***

1. The affected sewerage authority or municipality must consent to the application or submit comments to the DEP within 60 days of the applicant's request for consent. Prior to the expiration of the 60-day period to respond to a request for a written statement of consent, the municipality or sewerage authority may request a 30-day time extension.
2. Any document issued by a sewerage authority or municipality which is a tentative, preliminary, or conditional approval shall not be considered a statement of consent.
3. When the affected sewerage authority or municipality does not consent to a project, it shall state all reasons for rejection or disapproval in a resolution and send a certified copy of the resolution to the DEP.
4. When the affected sewerage authority or municipality expressly denies a request for a written statement of consent for a project, the permit application may be determined by the DEP to be incomplete for processing; or in the alternative, the DEP may review the reasons for denial. Any such reasons shall be considered by the DEP in determining whether to issue a draft permit in accordance with N.J.A.C. 7:14A-15.6, or a Treatment Works Approval or sewer connection approval in accordance with N.J.A.C. 7:14A-22.
5. When the affected sewerage authority or municipality does not issue a written statement of consent in accordance with (1) above, or a denial in accordance with (3) above, the DEP, upon receipt of proof that the applicant has delivered to the affected agency a written request for a statement of consent, shall review the reasons therefore, if known on the basis of reasonably reliable information. Any such reasons shall be considered by the DEP in determining whether to issue a draft permit in accordance with N.J.A.C. 7:14A-15.6, or a Treatment Works Approval in accordance with N.J.A.C. 7:14A-22. The DEP, may in its discretion, deem the application to be incomplete pending the expiration of the time period set forth in (1) above.

\* This section has been excerpted from the NJPDES regulations for guidance purposes only. Please refer to N.J.A.C. 7:14A-22.8(a)3 for the complete requirements concerning statements of consent.

**Notice: False statements, representations, or certifications, in any application, record, or document are subject to fines and penalties as set forth in the Water Pollution Control Act (N.J.S.A. 58:10A-10F 2 and 3.**

# NORTH HUDSON SEWERAGE AUTHORITY

# INVOICE

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

J. Fletcher Creamer & Son, Inc  
 101 East Broadway  
 Hackensack, New Jersey 07601

APPLICATION NUMBER 21031501  
 INVOICE DATE April 1, 2021

GALLONS	DESCRIPTION	GPD	AMOUNT
86,400	GPD NHTSA H6/H7 Combined Sewer Overflow LTCP <b>Project:</b> Temporary Dewatering Project  <b>Project Address:</b> 1301 Jefferson Street, Hoboken		
	Application fee		\$ 500.00
	Connection fee Rate: \$12,174.00	86,400	
	Surcharge fee Rate: \$0.04	86,400	
	Review/Inspection fees Rate: \$0.10 *min \$2500		\$ 2,500.00
	<b>TOTAL PROJECT FEES:</b>		\$ 3,000.00
	Payments received: Check#173748 received on 3/15/21		\$ 3,000.00
	<b>TOTAL PAYMENTS:</b>		\$ 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:**  
 NHTSA

PAY THIS  
 AMOUNT

1600 Adams Street  
 Hoboken, NJ 07030