

**RESOLUTION AUTHORIZING SEWER CONNECTION APPLICATION#21122001
8 AVENUE AT PORT IMPERIAL, PARCEL H, WEST NEW YORK, NJ**

MOTIONED BY: Marotta
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 #21122001 from Toll Port Imperial, LLC c/o Toll Brothers City Living, Jersey City, New Jersey 07302 for the purpose of approving their application for a sewer connection of an estimated 18,600 gallons per day to the North Hudson system associated with their development of a building containing 73 residential units including 7 one bedrooms, 30 two bedrooms and 36 three and higher bedroom units to be located at Block 168.01, Lot 7.11, West New York, New Jersey; 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, 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 Sewer Connection approval for a total additional flow of approximately 18,600 gallons per day.

DATED: APRIL 21, 2022

RECORD OF COMMISSIONERS' VOTE

	YES	NO	ABSENT
Commissioner Kappock	x		
Commissioner Marotta	x		
Commissioner Gardiner	x		
Commissioner Friedrich	x		
Commissioner Guzman	x		
Commissioner Velazquez	x		
Commissioner Barrera	x		
Commissioner Zucconi			x
Commissioner Assadourian	x		

THIS IS TO CERTIFY THAT THIS RESOLUTION WAS DULY ADOPTED BY THE NORTH HUDSON BOARD OF COMMISSIONERS ON APRIL 21, 2022.



SECRETARY



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 Toll Port Imperial, LLC, c/o Toll Brothers City Living Telephone (201) 217-6626
Permanent Legal Address 95 Christopher Columbus Drive, Floor 12A
City or Town Jersey City State NJ Zip Code 07302 E-mail gbailey@tollbrothers.com

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

2. LOCATION OF ACTIVITY

Name of Facility/Site Port Imperial - Parcel H
Street Address/Location 8 Avenue at Port Imperial
Lot No. 7.11 Block No. 168.01
City or Town West New York State NJ Zip Code 07093
Municipality West New York County Hudson

3. NEW JERSEY LICENSED PROFESSIONAL ENGINEER

Name Andrew J. Grover, PE N.J. License No. GE047123
Name of Firm, if employee ESE Consultants, Inc.
Mailing Address 100 Willow Brook Road, Suite 200
City or Town Freehold State NJ Zip Code 07728
Telephone (732) 272-0531 Fax () E-Mail agrover@eseconsultants.com

4. ESTIMATED CONSTRUCTION COST AND APPLICATION FEE

A. Cost of treatment works proposed in this application \$ 38,475.50
(Attach a breakdown of the cost of all items related to the construction of the proposed treatment works).

B. Application Fee \$ 850.00
(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	Approved*	
● Treatment Works Approval	<input type="checkbox"/>	<input checked="" type="checkbox"/>	01-0852 (original TWA)
● 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 checked="" type="checkbox"/>	<input type="checkbox"/>	0912-14-0001.1 LUP 20001
● 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).

Construction of two 35 LF+/- 8" sanitary laterals to serve the 73-unit Residential Building 'H' located on Block 168.01 Lot 7.11 in Town of West New York. The laterals will be connecting to the existing sewer system along Avenue at Port Imperial. The proposed Building 'H' was included in the original TWA application (01-0852) that authorized the construction of the Port Imperial sanitary infrastructure that the proposed Building 'H' sanitary intends to connect. The downstream infrastructure was constructed during the original TWA. The overall Port Imperial development is a large on-going redevelopment project and Building 'H' is one of the last buildings to be constructed.

7. APPLICANT'S AGENT (Optional)

I, Toll Port Imperial, LLC
 (Applicant/Owner's Name)
 authorize to act as my agent/representative in all matters pertaining to my application the following person:

Name Andrew J. Grover, PE Position Project Engineer
 Address 100 Willow Brook Road, Suite 200 City Freehold
 State NJ Zip Code 07728 Telephone (732) 272-0531
 Signature of Agent _____ Date _____ Signature of Applicant/Owner [Signature] Date 11/22/21

8. PROPERTY OWNER'S CERTIFICATION

I hereby certify that Toll Port Imperial, LLC
 (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] _____ Date 11/22/21
 Signature of Owner _____ Date _____
 Print or Type: Name and Position Henry Waller, Authorized Representative

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.

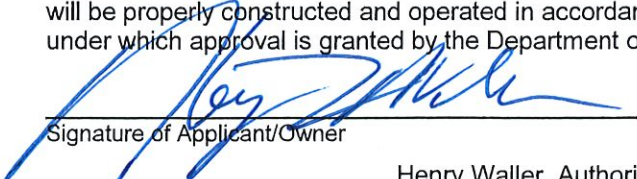
[Signature] _____ Date 12/6/21
 Signature of Engineer _____ Date _____
 Print or Type: Name and Position Andrew J. Grover, PE, Project Engineer

PROFESSIONAL ENGINEER'S
EMBOSSSED SEAL



10. PROPER CONSTRUCTION AND OPERATION CLAUSE

I, the Applicant/Owner, Toll Port Imperial, LLC 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

11/22/21

Print or Type: Name and Position Henry Waller, Authorized Representative

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

11/22/21

Print or Type: Name and Position Henry Waller, Authorized Representative

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:

<p>◆ Bureau of Construction & Connection Permits (609) 984-4429 Municipal Treatment Works, Industrial Treatment Works, Sewer Extension, Sewer Ban Exemption, Subsurface Disposal Systems</p>	<p>◆ Bureau of Nonpoint Pollution Control (609) 633-7021 Alternate Design Septic Systems (design flow less than 2,000 GPD)</p>
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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: Toll Port Imperial, LLC c/o Toll Brothers City Living Municipality: Town of West New York

Project Name: Port Imperial - Parcel H County: Hudson

Name of Receiving Sewage Treatment Plant: River Road Wastewater Treatment Plant

NJPDES Permit Number: NJ0025321

Effluent Receiving Waters: Hudson River

Scope of Project:

Construction of two 35 LF+/- 8" sanitary laterals to serve the 73-unit Residential Building "H" located on Block 168.01 lot 7.11 in the Town of West New York. The

laterals will be connecting to the existing sewer system along Avenue at Port Imperial.

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.)
1- bedroom	7	X	150	=	1,050
2-bedroom	30	X	225	=	6,750
3-bedroom or higher	36	X	300	=	10,800
		X		=	

Combined Projected Flow: 0.01860 M.G.D.
 Existing Contributory Flow (if any): 0 M.G.D.
TOTAL FLOW: 0.01860 **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.)
8	70	PVC	0.010	35	2.0	6.38	1.44

1.	What is the minimum cover (as measured from the top of the pipe to the grade elevation) provided along the entire sewer line?	4 ft.		
2.	What is the infiltration and/or exfiltration limit for testing purposes (gallons per inch of pipe per mile per day)?	100		
		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 checked="" 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 checked="" 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 checked="" 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 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"/>

N/A (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) N/A

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"/>	<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"/>	<input type="checkbox"/>
10.	Is the base of the pump station wet well sloped toward the pump suction?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
12.	Is the pump station adequately protected from flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Is the dry well provided with a sump pump?	<input type="checkbox"/>	<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:

Andrew J. Grover

Name and Date:
(Print or Type)

Andrew J. Grover, PE

Firm Name:

ESE Consultants, Inc.

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

Toll Port Imperial LLC c/o Toll Brothers City Living
 95 Christopher Columbus Drive, Floor 12A
 Jersey City, New Jersey 07302
 Attention: Harry Waller authorized rep

APPLICATION NUMBER 21122001
 INVOICE DATE April 8, 2022

GALLONS	DESCRIPTION	GPD	AMOUNT
18,600	GPD Project: One Bedroom Units -7 Two Bedroom Units - 30 Three & higher Bedroom Units - 36 Project Address: 8 Avenue at Port Imperial-Parcel H WNY		
	Application fee		\$ 500.00
	Connection fee Rate: \$12,174.00	18,600	\$ 754,788.00
	Surcharge fee Rate: \$0.04	18,600	\$ 744.00
	Review/Inspection fees Rate: \$0.10 *min \$2500		\$ 2,500.00
	Additional review fees		\$ 1,000.00
	TOTAL PROJECT FEES:		\$ 759,532.00
	Payments received:		
	Check # 002362 received on 12/20/21		\$ 3,083.00
	TOTAL PAYMENTS:		\$ 3,083.00
Connection fee calculation: GPD/300 x Rate			
Surcharge fee calculation: GPD x Rate			
Review/Inspection fees: GPD x Rate min \$2500		Total	\$ 756,449.00

MAKE ALL CHECKS PAYABLE TO:
 NHTSA

PAY THIS
 AMOUNT

1600 Adams Street
 Hoboken, NJ 07030