

**RESOLUTION AUTHORIZING SEWER CONNECTION APPLICATION #23060901
1525 HARBOR BLVD., WEEHAWKEN, NJ**

MOTIONED BY:
SECONDED BY:

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 #23060901 from Hartz Mountain Industries, Inc., Secaucus, New Jersey 07096 for the purpose of approving their application for a sewer connection of an estimated 37,830 gallons per day to the North Hudson system associated with their development of a building containing 218 residential units including 164 one bedrooms, 54 two bedrooms and 2159 SF of retail space to be located at Block 34.03, Lot 4.28, Weehawken, 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 herein above, 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 37,830 gallons per day.

DATED: SEPTEMBER 21, 2023

RECORD OF COMMISSIONERS' VOTE

YES NO ABSTAIN

- Commissioner Kappock
- Commissioner Marotta
- Commissioner Gardiner
- Commissioner Friedrich
- Commissioner Guzman
- Commissioner Velazquez
- Commissioner Barrera
- Commissioner Zucconi
- Commissioner Assadourian

THIS IS TO CERTIFY THAT THIS RESOLUTION WAS DULY ADOPTED BY THE NORTH HUDSON BOARD OF COMMISSIONERS ON SEPTEMBER 21, 2023.

SECRETARY

NORTH HUDSON SEWERAGE AUTHORITY

INVOICE

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

Hartz Mountain Industries, Inc.
 400 Plaza Drive POBOX 1515
 Secaucus, New Jersey 07096
 Attention: James Rhatican

APPLICATION NUMBER 23060901
 INVOICE DATE September 11, 2023

| GALLONS | DESCRIPTION | GPD | AMOUNT |
|---|--|--------|--------------------|
| 37,830 | GPD | | |
| | Project: 164 One Bedroom Units 54 Two Bedroom Units 2159 SF Retail Space | | |
| | Project Address: 1525 Harbor Blvd, Weehawken | | |
| | Application fee | | \$ 500.00 |
| | Connection fee Rate: \$11,898.00 | 37,830 | \$ 1,500,337.80 |
| | Surcharge fee Rate: \$0.04 | 37,830 | \$ 1,513.20 |
| | Review/Inspection fees Rate: \$0.10 *min \$2500 | | \$ 3,783.00 |
| | TOTAL PROJECT FEES: | | \$ 1,506,134.00 |
| | Payments received: | | |
| | 6/9/23 received \$3000 check #729820 | | \$ 3,000.00 |
| | TOTAL PAYMENTS: | | \$ 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 | \$ 1,503,134.00 |
| MAKE ALL CHECKS PAYABLE TO: NHSА | | | PAY THIS AMOUNT |

1600 Adams Street
 Hoboken, NJ 07030



NHSA Sewer Connection Application Form

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

SITE Address 1525 Harbor Boulevard, Weehawken, NJ 07086

Date of Application May 30, 2023

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. Pocci, PE.
Authority Engineer

1. General Information

a. Applicant/Owner

Name: James Rhatican
Hartz Mountain Industries, Inc.

(If LLC, provide owner contact name on first line and LLC name on second line and attach LLC operating agreement)

Telephone: 201-348-1200

Email: James.Rhatican@hartzmountain.com

Permanent Legal Address: 400 Plaza Drive/PO Box 1515
Secaucus, NJ 07096

b. Location of Activity

Name of Facility/Site: Proposed Residential Development

Street Address/Location: 1525 Harbor Boulevard, Weehawken, NJ 07086

Lot and Block Number(s): Lot 4.28, Block 34.03

c. New Jersey Licensed Professional Engineer / Architect

Name: Bradford A. Bohler NJ License No. 47421

Name of Firm: Bohler Engineering NJ, LLC

Address of Firm: 30 Independence Boulevard, Suite 200, Warren, NJ 07059

Email: BBohler@bohlereng.com

Telephone Number: 908-668-8300

2. Permit Application

a. Permit Type:

_____ NHSA Combined Sewer Connection

_____ Dewatering Discharge

b. Project Description (Brief Description of the Proposed Project and Intended Use)

Installation of 591 SF of SDR35, PVC for new 6-story,
218 unit, Residential Building with related site amenities
such as parking, lighting, and landscaping.

c. NHSA Drainage Area

Identify the NHSA drainage area based on the Sewer Atlas. The legend identifies the drainage area boundary line type. The sewer atlas files may be found on the NHSA website (<http://www.nhudsonsa.com/sewer/sewer.html>):

c1. Drainage Area (eg. H1, H2, WNY1) HWF

c2. Location of sewer connection discharges to:

_____ Adams Street WWTP

_____ River Road WWTP

_____ Passaic Valley Sewerage Authority

3. Design Basis

- a. Number of proposed physical house connections to the NHSA sewer 1
- b. Size and Material of all proposed house connections 8"
- c. Size of Lot (square feet) +/-148,000 SF
- d. Description of Stormwater Detention System - Attach Stormwater Management Worksheet (<http://www.nhudsonsa.com/sewer/sewer.html>).
- e. Attach velocity estimates for each proposed house connection.
- a. Number of proposed physical house connections to the NHSA sewer
- f. Is there a pump required for the proposed system? Yes No

Attach pump selection, design TDH and design flow.

4. Sanitary Flow Discharge Estimates

NHSA Sewer Connection Fees are based on projected flows (N.J.A.C 7:14 A.23). Attach additional lines as necessary. Projected flow rates are considered for establishment of the connection fee to the NHSA Combined sewer system. Applicants shall provide documentation of tenants confirmed for all commercial units.

| Establishment Type | Number of Units | Gallons per Day / Unit | Total Projected Flow |
|-------------------------|-----------------|------------------------|-----------------------|
| Residential Bldg | 164 One-Bedroom | 150 | 24,600 |
| Residential Bldg | 54 Two-Bedroom | 225 | 12,150 |
| Retail Space | 2,159 SF | 0.1 | 216 |
| Adjacent Site (Retail)* | 33,060 SF | 0.1 | 3,306 |
| | | | |
| | | | |
| Total | | | New Flow = 36,966 GPD |

Not including adjacent site

*Adjacent site flow is already established for the nearby Whole Foods. The TWA Application notes this as contributory flow, not new flow as part of this application

5. Property Sewer Connection History

Historic Sewer Connection information is collected for the connection fee determination in compliance with NJSA 40:14A-8a(a) and 40:14A-8.5(a).

- 5.a Is there a previous or existing connection to the NHTSA combined sewer system located at this subject property? Yes No

NHTSA Account Number (if applicable): _____

- 5.b Quantify Existing Flows and Provide documentation of the approved sewer connection.

Existing Approved Sewer Discharge? For adjacent Whole Foods

Attach documentation of previous sewer connection approval, if applicable.

Attach documentation of existing size and number of units to determine basis of existing flows.

- 5.c Is the property currently disconnected connection that has been physically disconnected from the NHTSA combined sewer System? Yes No Adjacent Whole Foods lot is connected; existing parking lot for this site has no connection

If Yes, provide documentation


Date of Disconnection*: _____

Attach documentation of NHTSA Termination of Sewer Service.

6. Property Owner's Certification

I hereby certify that Hartz Mountain Industries, Inc. owns the property identified in this application. As owner, I grant permission for the activity to be permitted under this application and authorize The North Hudson Sewerage Authority to conduct on-site inspections, if necessary. If the construction activity will take place in an easement, I certify that with this application, I have obtained all necessary permission from the property owners prior to initiation of construction.

Property Owner James Rhatican

Property Owner Signature 

Date May 30, 2023

7. Applicant/Owner's Agent (optional)

I _____ (applicant/owner name) authorize to act as my agent/representative in all matters pertaining to my application the following person:

Name _____

Address _____

Telephone _____ Email _____

Signature of Agent _____ Date _____

Signature of Owner _____ Date _____

8. Engineer of Record Certification

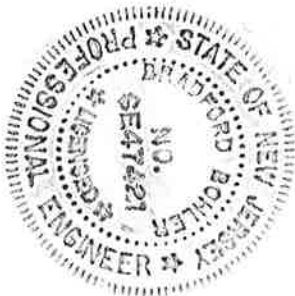
I hereby certify that modifications to the Engineering Plans and documents of Record will be reviewed by the North Hudson Sewerage Authority.

Owner's Engineer Bradford A. Bohler, P.E.

Engineer's Signature _____


Date _____

Engineer Seal



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

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: Hartz Mountain Industries, Inc. Municipality: Township of Weehawken

Project Name: Hartz Mountain Industries, Inc. County: Hudson

Name of Receiving Sewage Treatment Plant: Adams Street Water Treatment Plant

NJPDES Permit Number: _____

Effluent Receiving Waters: Hudson River

Scope of Project:

The sanitary sewer facilities servicing the proposed residential building (82,255 SF (including 2,159 SF of retail space) consists of 589 LF of 8" PVC sanitary pipes and 4 manholes. The proposed sanitary system will convey the off-site grocery use as well as the proposed residential building and will be connected to the Township of Weehawken's system within the Harbor Boulevard right-of-way.

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.) |
|----------------------|-----------------------------|---|--------------------------|---|-------------------------|
| residential building | 164 One-Bedroom | X | 150 | = | 24,600 |
| residential building | 54 Two-Bedroom | X | 225 | = | 12,150 |
| retail space | 2,159 SF | X | 0.5 | = | 1,079.50 |
| | | X | | = | |

| | | |
|--------------------------------------|-------|---------------|
| Combined Projected Flow: | 0.038 | |
| Existing Contributory Flow (if any): | 0.000 | |
| TOTAL FLOW: | 0.038 | 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 | 591 | PVC | .01 | 249 | 0.75 | 3.90 | 0.88 |
| | | | | | | | |
| | | | | | | | |

| | | | | |
|-----|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. | What is the minimum cover (as measured from the top of the pipe to the grade elevation) provided along the entire sewer line? | 3.01 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 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"/> |

(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:



Name and Date:
(Print or Type)

Bradford A. Bohler, P.E.

Firm Name:

Bohler Engineering NJ, LLC

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



Treatment Works Approval (TWA) Permit Application Form

*Refer to the attached instructions and provide ALL applicable information.
Please Print or Type and attach additional sheets if necessary.*

1. TYPE OF TWA

A) Please select the type of TWA permit action requested by this application:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Stage II & III (Construct and Operate) | <input type="checkbox"/> Modification to Existing TWA |
| <input type="checkbox"/> Stage II (Construction Only) | Permit #: _____ |
| <input type="checkbox"/> Stage III (Operate Only) | TWA Type: <input type="checkbox"/> N.J.A.C. 7:9A TWA |
| <input type="checkbox"/> N.J.A.C. 7:9A Septic System (i.e. Chapter 199) | <input type="checkbox"/> NJPDES TWA |

(If this option is selected, Section B is not needed. Proceed to Section C below.)

B) Please select the type of treatment works associated with this application (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Wastewater Treatment System | <input checked="" type="checkbox"/> Collection / Conveyance Systems (e.g. Gravity) |
| <input type="checkbox"/> Pump Station / Force Main | <input type="checkbox"/> General Industrial Treatment Works |
| <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Hauling / Diversion |
| <input type="checkbox"/> Onsite Subsurface Sewage Disposal System for a NJPDES Regulated Facility | |

C) For N.J.A.C. 7:9A TWA permit actions only (excluding modification), select one of the below TWA types:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Deviation from Standard | <input checked="" type="checkbox"/> Design Flow | <input type="checkbox"/> Grinder Pump |
|--|---|---------------------------------------|

2. APPLICANT/OWNER *

Applicant/Owner Name: Hartz Mountain Industries, Inc.

Mailing Address: 400 Plaza Drive/PO Box 1515

City or Town: Secaucus State: NJ Zip Code: 07096

Contact Person: James Rhatican Title: Legal Council

Telephone: 201-348-1200 Email: James.Rhatican@hartzmountain.com

Organization Type: City/Town County/Municipal Authority/District/Commission Utility

State Federal Corporation LLC LP Other Private

Other: _____

* The applicant/owner should be the eventual owner of the proposed treatment works.

3. LOCATION OF ACTIVITY

Name of Facility/Site: Proposed Residential Development
 Street Address/Location: 1525 Harbor Boulevard
 City or Town: Township of Weehawken State: NJ Zip Code: 07086
 Municipality: Township of Weehawken County: Hudson Block(s): 34.03 Lot(s): 4.28
 Mailing Address (if different than facility street address): 400 Plaza Drive/PO Box 1515
 City or Town: Secaucus State: NJ Zip Code: 07096

4. NEW JERSEY LICENSED PROFESSIONAL ENGINEER

Name: Bradford A. Bohler, P.E. N.J. License No: 47421
 Name of Firm, if employee: Bohler Engineering NJ, LLC
 Mailing Address: 30 Independence Blvd., Suite 200
 City or Town: Warren State: NJ Zip Code: 07059
 Telephone: (908) 668-8300 Email: BBohler@bohlereng.com

5. ESTIMATED CONSTRUCTION COST AND APPLICATION FEE

- A) Cost of treatment works proposed in this application: \$ 21,336.80
 * 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. 7:14A-22.25(d), made payable to Treasurer, State of NJ, Environmental Services Fund.

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

Installation of 591 LF of SDR35, PVC for new 6-story, 218 unit, Residential Building with related site amenities such as parking, lighting, and landscaping.

7. OTHER REQUIRED PERMITS

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

| Permit Type | Application Status (check one) | | Application Date | Application No. (if available) |
|---|-------------------------------------|--------------------------|-------------------|-----------------------------------|
| | Pending | Approved* | | |
| • Treatment Works Approval | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TBD | |
| • 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Flood Hazard Area | |

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

8. APPLICANT'S AGENT (Optional)

The person listed below is authorized to act as agent/representative in all matters pertaining to this application.

Name: Bradford A. Bohler, P.E. Position: Principal
 Organization Name: Bohler Engineering NJ, LLC
 Mailing Address: 30 Independence Blvd., Suite 200
 City or Town: Warren State: NJ Zip Code: 07096
 Telephone: (908) 668-8300 Email: BBohler@bohlereng.com

Signature of Agent

Date

Signature of Applicant/Owner

Date

9. PROPERTY OWNER'S CERTIFICATION

"I hereby certify that I own 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 Property Owner

James Rhatican

Print or Type Name

James.Rhatican@hartzmountain.com

Email

Date

Legal Council

Print or Type Position

(201) 348-1200

Telephone

10. 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

Bradford A. Bohler, P.E.

Print or Type Name

Principal

Print or Type Position

(908) 668-8300

Telephone

BBohler@bohlereng.com

Email

Date

PROFESSIONAL ENGINEER'S EMBOSSED SEAL

**11. CERTIFICATION BY APPLICANT/OWNER****Proper Construction and Operation Clause**

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

Application Certification Statement

"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

James Rhatican

Print or Type Name

James.Rhatican@hartzmountain.com

Email

Date

Legal Council

Print or Type Position

(201) 348-1200

Telephone



State of New Jersey
Department of Environmental Protection
Division of Water Quality



INSTRUCTIONS FOR COMPLETING FORM TWA-1

This form must accompany all TWA permit applications, with the exception of requests for extensions of time for TWAs. For further information on any additional required application forms or for additional assistance in completing this application form, please contact the following programs or visit the websites identified below.

| <u>Treatment Works Approval Program</u> | <u>Phone Number</u> | <u>Application Forms Website</u> |
|---|---------------------|--|
| Onsite subsurface sewage disposal system (i.e. septic systems) with a design flow \leq 2000 gpd | (609) 984-4428 | https://www.nj.gov/dep/dwq/owm_main.htm https://www.nj.gov/dep/dwq/forms_ad_twa.htm |
| All other treatment works | (609) 984-4429 | https://www.nj.gov/dep/dwq/bcep_hm.htm |

1. **Type of TWA** – In Section A, select the type of TWA permit action requested by this application. If this application is for a modification of an existing TWA, identify the TWA permit number and type.

Important Information:

- If this application is for a Stage III (Operate Only) TWA, all items identified in N.J.A.C. 7:14A-22.10(c) must accompany this application.
- If this application is for a N.J.A.C. 7:9A Septic System TWA, completion of Section B is not needed. However, the applicant must proceed to completing Section C. These TWAs are issued for septic systems with a design flow \leq 2000 gpd, the property of which does not need or have a NJPDES permit.

In Section B, select the type(s) of treatment works associated with this application. If this application is for the modification of an existing TWA permit, provide the TWA permit number.

Important Information:

- If this application is associated with an Onsite Subsurface Sewage Disposal System that needs a NJPDES permit, information regarding the application for such NJPDES permit must be provided in Section 7 of this application.

Section C should only be completed if “N.J.A.C. 7:9A Septic System (i.e. Chapter 199)” was selected in Section A. In this section, select one of the TWA types provided.

2. **Applicant(s)/Owner** - Provide the name, as it is legally referred to, of the permit applicant. The applicant/owner should be the **eventual owner** of the proposed treatment works. Provide the mailing address of the applicant. If the mailing address is outside the United States, provide the correct foreign mailing address. Provide the applicant’s contact person and their title, telephone number and e-mail address. Identify the applicant’s organizational type by checking the appropriate box.

Important Information: Applicant/owner shall be the eventual owner and shall be responsible for operation of the proposed treatment works after completion of construction. The governing public entity (Municipality, Township, City or Sewage Authority, etc.) shall be the eventual owner for any treatment works proposed on public roads, right-of ways and/or easements.

3. **Location of Activity** - Provide the name and address/location of the facility/site of the activity. Street number and name must be used (PO Box numbers will not be acceptable). Provide the municipality and county where the facility/site is physically located. Do not use local or neighborhood names. Provide the lot and block numbers. Provide the mailing address of the facility/site if it is different than the locational information already provided.

4. **New Jersey Licensed Professional Engineer** - Provide the name and license number of the applicant's professional engineer. If the professional engineer is employed by an organization, provide the name of the firm. Provide the mailing address, telephone number and email address of the professional engineer.
5. **Estimated Construction Costs and Application Fee** – In Section A, provide the total cost of the treatment works proposed in this application. A breakdown of the cost of all items related to the construction of the proposed treatment works must be attached and submitted with this application form. Section A is not applicable and does not need to be completed if this application is for a Stage III (Operate Only) TWA.

In Section B, identify the fee associated with this application. For guidance on how to calculate the application fee, please refer to N.J.A.C. 7:14A-22.25(a) through (c) and the most recent annual TWA fee schedule published on the Department's website. Consistent with N.J.A.C. 7:14A-22.25(d), a check for the application fee, made payable to "Treasurer, State of NJ, Environmental Services Fund", should accompany this application.

6. **Project Description** - Provide a brief description of the proposed treatment works and the intended use. If requesting a modification to your TWA permit, provide a detailed explanation of the changes.
7. **Other Required Permits** – If applications for any of the permit types identified in this section have been submitted for this project, provide the application status, application date and, if available, application number for each permit type. This section does not need to be completed if this application is for a Stage III (Operate Only) TWA.
8. **Applicant's Agent (Optional)** - Identify the person who is authorized to act as agent/representative in all matters pertaining to this application. Provide the name, position, organizational name, mailing address, telephone number and email address of the agent. Original signatures from both the agent and the authorized official of the applicant must be provided in this section of the application. Please note that signatures in this section that are more than one year old will result in a deficient application.
9. **Property Owner's Certification** – The owner of the property where the treatment works are located shall certify to the statement in this section by providing their original signature and date. In addition, the property owner shall provide their name, position, email address and telephone number. A "Property" includes all contiguous lots and blocks, including vacant land, owned or otherwise under the control of the owner or operating entity of the regulated facility. Please note that a signature in this section that is more than one year old will result in a deficient application.
10. **Statement of Preparer of Plans, Specifications and Engineer's Report and/or Abstract:** The preparer of the engineering plans, specifications, and engineer's report and/or abstract shall certify to the statement in this section by providing their original signature and date. In addition, the engineer shall provide their name, position, email address, telephone number and embossed seal. Please note that a signature in this section that is more than one year old will result in a deficient application.
11. **Certification by Applicant/Owner:** Consistent with N.J.A.C. 7:14A-22.8(c), this application shall have an original signature by the applicant, a responsible official of the application as defined below, or an authorized agent. The signatory must certify to the *Proper Construction and Operation Clause*, as well as the statements pertaining to the information contained within this application. Please note that a signature on this application that is more than one year old will result in a deficient application.

A responsible official is an individual meeting the requirements set forth in N.J.A.C. 7:14A – 4.9(a) and identified below:

For a corporation:

- A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation;
- The manager of one or more manufacturing, production, or operating facilities, provided:
 - The manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of recommending major capital investment, initiating and directing comprehensive measures to assure long term compliance with environmental laws and regulations, and ensuring that the necessary systems are established, or actions taken to gather complete and accurate information for permit application requirements; or
 - The authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures; or
- A duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).

For a partnership or sole proprietorship: A general partner or the proprietor or a duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).

For a government agency:

- A ranking elected official; or
- A chief executive officer of the agency; or
- A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator); or
- A duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).

Please complete this form in its entirety. The completed form should be submitted to the address identified below and must contain the original wet-ink signatures and raised seals:

Mail Code: 401-02B
NJDEP - Division of Water Quality
Bureau of Ground Water, Residuals and Permit Administration – Permit Administration Section
PO Box 420
Trenton, NJ 08625-0420