

CAARNEYS POINT TOWNSHIP SEWERAGE AUTHORITY

1053

RESOLUTION 2023-54

**AUTHORIZING CONSTRUCTION OF SANITARY SEWER IMPROVEMENTS AND TREATMENT WORKS APPROVAL APPLICATION**

**WHEREAS**, Delaware View Apartments, L.P. (“Delaware View”) has applied for permission to construct sanitary sewer improvements on Block 1, Lots 16 and 17 as shown on the Carneys Point Township Tax Map; and

**WHEREAS**, Delaware View also needs to submit a TWA Permit application to the NJDEP in connection with the proposed improvements; and

**WHEREAS**, in order to do so, the CPTSA must sign the permit application; and

**WHEREAS**, the CPTSA engineer has issued a letter dated October 13, 2023 recommending authorization of the Chairman to execute the necessary permit applications; and

**WHEREAS**, the CPTSA has reviewed the CPTSA engineer letter and agrees with it;

**NOW, THEREFORE BE IT RESOLVED** that the CPTSA chairman is authorized to sign the TWA permit application for Delaware View and Delaware View may begin its proposed improvements upon receipt of NJDEP approval of the TWA Application.



Kenneth Brown, Authority Chairman

Date of Adoption: October 17, 2023

Committee	Moved	Seconded	Y	N	Abstain	Absent
Mr. Bomba	✓		✓			
Mr. Basile			✓			
Mr. Brown			✓			
Mr. Newton			✓			
Dr. Racite		✓	✓			



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



## Statements of Consent for TWA applications

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

**1. GENERAL INFORMATION**

Applicant/Owner/Operator: DELAWARE VIEW APARTMENTS, LP

Name of Facility/Site/Project: DELAWARE VIEW APARTMENTS

Street Address/Location: 47 SEVENTH AVENUE

City or Town: CARNEYS POINT State: NJ Zip Code: 08069

**2. CERTIFICATION CHECKLIST (I.E. CERTIFICATIONS SUBMITTED WITH THIS FORM)**

*Note: Refer to this form's instructions for certification applicability.*

**Certification A: Governing Body (i.e. municipality where project is located)**

- a. Certification(s) Submitted with this Form?  Yes  No
- b. Number of Certifications Submitted with this Form? \_\_\_\_\_  
*(Note: More than one certification is required when multiple governing bodies are impacted by the project.)*

**Certification B: Sewerage Authority**

- a. Certification Submitted with this Form?  Yes  No

**Certification C: Wastewater Conveyance System Owner**

- a. Certification(s) Submitted with this Form?  Yes  No
- b. Number of Certifications Submitted with this Form? \_\_\_\_\_  
*(Note: More than one certification is required when multiple wastewater conveyance system owners are impacted by the project.)*

**Certification D: Wastewater Treatment Facility Owner**

- a. Certification Submitted with this Form?  Yes  No

**Certification E: District Sludge Management Lead Planning Agency**

- a. Certification Submitted with this Form?  Yes  No



**B. CERTIFICATION BY THE SEWERAGE AUTHORITY**

*Note: This certification is required 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.*

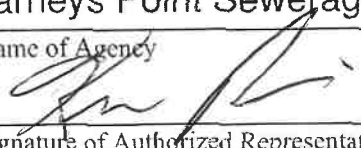
Name of Facility/Site/Project: DELAWARE VIEW APARTMENTS

**Certifying Statement:**

"As an authorized representative of the below identified agency, I hereby certify that the 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."

**Carneys Point Sewerage Authority**

Name of Agency \_\_\_\_\_

Signature of Authorized Representative \* 

Date 10/17/23

**Ken Brown**

**Chairman**

Print or Type Name \_\_\_\_\_

Print or Type Position \_\_\_\_\_

**k.brown@carneyspointtwp.org**

**(856) 299-5210**

Email \_\_\_\_\_

Telephone \_\_\_\_\_

\* Authorization to sign for the agency: \_\_\_\_\_

Resolution # \_\_\_\_\_

Date \_\_\_\_\_

*(Note: Submit the resolution with this certification. If no such resolution granting authority to sign exists, the full resolution, consenting to the project, must be submitted with this certification.)*



