## **RESOLUTION 2023-54**

# AUTHORIZING CONSTRUCTION OF SANITARY SEWER IMPROVMENTS 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	1		1			
Mr. Basile			1			
Mr. Brown	1		J			
Mr. Newton			<b>✓</b>			
Dr. Racite		<b>√</b>	1			



# 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	GENERA	L Information	
	Applicant/	Owner/Operator: DELAWARE VIEW APARTMENT	rs, LP
		facility/Site/Project: DELAWARE VIEW APARTM	MENTS
		Iress/Location: 47 SEVENTH AVENUE	
	City or To	CADNEVS POINT	State: NJ Zip Code: 08069
	0.0, 0.70		
2.	CERTIFI	CATION CHECKLIST (I.E. CERTIFICATIONS SUBMITTED WI	TH THIS FORM)
		is form's instructions for certification applicability.	
	Certificat	ion A: Governing Body (i.e. municipality where project is located)	
	a.	Certification(s) Submitted with this Form?	✓ Yes
	b.	Number of Certifications Submitted with this Form? (Note: More than one certification is required when multiple governing bodies are impacted by the project.)	
	Certificat	ion B: Sewerage Authority	
	a.	Certification Submitted with this Form?	✓ Yes
	Certificat	ion 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.)	; <del></del>
	Certificat	ion D: Wastewater Treatment Facility Owner	
	a.	Certification Submitted with this Form?	✓ Yes
	Certificat	ion E: District Sludge Management Lead Planning Agency	
	a.	Certification Submitted with this Form?	Yes V No

### A. CERTIFICATION BY THE GOVERNING BODY (I.E. MUNICIPALITY WHERE PROJECT IS LOCATED)

Note: This certification is required for all TWA applications.

Name of Facility/Site/Project: DELAWARE VIEW APARTMENTS

#### Certifying Statement:

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

Carneys Point Township				
Name of Municipality or Municipal Authority				
An K		10/17/2023		
Signature of Authorized Representative *	<del></del>	Date		
Ken Brown		CPTSA 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 must be submitted with this certification.)	such resolution granting author	ity to sign exists, the full resolution, consenting to the project,		

# 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 Auth	ority		
Name of Agency		10/17/23	
Signature of Authorized Representative *	-	Date	
Ken Brown		Chairman	
Print or Type Name		Print or Type Position (856) 299-5210	
.brown@carneyspointtwp.org			
Email		Telephone	
* Authorization to sign for the agency:			
-	Resolution #	Date	
( <u>Note</u> : Submit the resolution with this certification. If no must be submitted with this certification.)	such resolution granting author	rity to sign exists, the full resolution, consenting to the project,	

# C. CERTIFICATION BY THE WASTEWATER CONVEYANCE SYSTEM OWNER

Note: This certification must be completed by the owner/operator of the wastewater conveyance system into which the project named herein will directly connect.

Name of Facility/Site/Project:

**DELAWARE VIEW APARTMENTS** 

#### Certifying Statement:

"By agreeing to accept wastewater from the project, I hereby certify that to the best of my 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 am 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."

Carneys Point Township Sewerage	Authority
Name of Municipality or Authority	
17- 12-	10/17/2023
Signature of Authorized Representative *	Date
Ken Brown	CPTSA Chairman
Print or Type Name	Print or Type Position
k.brown@carneyspointtwp.org	(856) 299-5210
Email	Telephone
* Authorization to sign for the agency:	
Res	Solution # Date
( <u>Note</u> : Submit the resolution with this certification. If no such resolution be submitted with this certification.)	olution granting authority to sign exists, the full resolution, consenting to the project.
1	

# CERTIFICATION BY THE WASTEWATER TREATMENT FACILITY OWNER

Notes: This certification is required for applications that include a sewer connection/extension. This certification must be completed by the owner of the wastewater treatment facility receiving the wastewater identified in this application,

Name of Facility/Site/Project: DELAWARE VIEW APARTMENTS

#### Certifying Statement:

"I hereby certify that the committed flow to the below identified 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. 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. I 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 assessment of all information pertinent to this permit request, is anticipated to continue to do so with the additional flow from this project."

NJ0021601
NJPDES Permit Number
10/17/23
Date
Chairman
Print or Type Position
Telephone
Date