



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 type="checkbox"/> Design Flow | <input type="checkbox"/> Grinder Pump |
|--|--------------------------------------|---------------------------------------|

2. APPLICANT/OWNER *

Applicant/Owner Name: Township of North Brunswick

Mailing Address: 710 Hermann Road

City or Town: North Brunswick State: NJ Zip Code: 08902

Contact Person: Francis Womack Title: Mayor

Telephone: 732-247-0922 Email: mayorwomack@northbrunswicknj.gov

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: Warehouse Facility - Treuman
 Street Address/Location: 2700 Route 130
 City or Town: North Brunswick State: NJ Zip Code: 08902
 Municipality: North Brunswick County: Middlesex Block(s): 224 Lot(s): 2,5,6 & 87
 Mailing Address (if different than facility street address): 1260 Stelton Road
 City or Town: Piscataway State: NJ Zip Code: 08854

4. NEW JERSEY LICENSED PROFESSIONAL ENGINEER

Name: Jillian Ng, PE N.J. License No: GE56375
 Name of Firm, if employee: EP Design Services, LLC
 Mailing Address: 2901 Hamilton Blvd.
 City or Town: South Plainfield State: NJ Zip Code: 07080
 Telephone: (908) 205-0443 Email: jng@epdesignservices.com

5. ESTIMATED CONSTRUCTION COST AND APPLICATION FEE

- A) Cost of treatment works proposed in this application: \$ 275,468.75
** Attach a breakdown of the cost of all items related to the construction of the proposed treatment works.*
- B) Application Fee: \$ 4,624.13
** 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)

REROUTE EXISTING GRAVITY SANITARY SEWER MAIN RUNNING THROUGH THE SITE TO THE PERIMETER OF THE SITE VIA 30" PVC PIPE

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"/>		
• 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 checked="" type="checkbox"/>	2012	1200-09-0002 3 FHA120001
• Freshwater Wetlands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2012	1200-09-0002 3 FWW 110001, 2 & 3
• 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.

8. APPLICANT'S AGENT (Optional)

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

Name: _____ Position: _____

Organization Name: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

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."

Ronald Aulibach
Signature of Property Owner

DM Investments of North Brunswick, LLC - Jack Morris

Print or Type Name

raulenbach@edgewoodproperties.com

Email

Date

Managing Member

Print or Type Position

(732) 985-1900

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."

Jillian Ng
Signature of Engineer

Jillian Ng

Print or Type Name

Professional Engineer

Print or Type Position

(908) 205-0443

Telephone

jng@epdesignservices.com

Email

4-24-25
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

Francis Womack

Print or Type Name

mayorwomack@northbrunswicknj.gov

Email

Date

Mayor

Print or Type Position

(732) 247-0922

Telephone