RESOLUTION NO. R-35-2026

RESOLUTION OF THE MAYOR AND COMMITTEE OF THE TOWNSHIP OF ELK AUTHORIZING AND APPROVING EXECUTION OF A TREATMENT WORKS APPROVAL ("TWA") APPLICATION FOR LAUX LAKEVIEW PARK

WHEREAS, Laux Lakeview Park Inc. is the owner of property located at 734 Bridgeton Pike, and identified as Block 8, Lot 5 in the Township of Elk; and

WHEREAS, Joseph Laux has submitted for approval and execution a Treatment Works Approval (TWA") Application seeking authorization for the construction of a new septic system servicing 205 mobile home units; and

WHEREAS, the Township, in reliance upon said Application.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Committee of the Township of Elk, County of Gloucester and State of New Jersey that:

1. The governing body does hereby approve and authorize the Mayor or Township Clerk to execute the attached TWA Application by Joseph Laux for property located at 734 Bridgeton Pike, and identified as Block 8, Lot 5 in the Township of Elk.

2. This Resolution shall take immediate effect.

ADOPTED at a Regular Meeting of the Elk Township Committee held January 20, 2026.

TOWNSHIP OF ELK

BY: _____
CAROLYN D. K. SAMMONS, Deputy Mayor

ATTEST:

_____
TIMOTHY PINE, Acting Township Clerk

ROLL CALL VOTE				
COMMITTEE	**AYE**	**NAY**	**ABSTAIN**	**ABSENT**
Cammarata	✓			
Cowan				✓
Lucas	✓			
Sammons	✓			
Rambo				✓

CERTIFICATION

I hereby certify that the above resolution is a true copy of a resolution adopted by the Township Committee of the Township of Elk, County of Gloucester, State of New Jersey, at a meeting held by the same on January 20, 2026, in the Elk Township Municipal Building, 680 Whig Lane, Monroeville, New Jersey.

_____
TIMOTHY PINE
Acting Clerk

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: Joseph Laux

Name of Facility/Site/Project: Laux Lakeview Park

Street Address/Location: 734 Bridgeton Pike

City or Town: Elk State: NJ Zip Code: 08062

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

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: Laux Lakeview Park

Certifying Statement:

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

Elk Township
Name of Municipality or Municipal Authority

Signature of Authorized Representative *

1/23/26
Date

Timothy Pine
Print or Type Name

Acting Municipal Clerk
Print or Type Position

TPine@ElkTownshipnj.gov
Email

856-881-6525 x 110
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.)

N/A

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: Laux Lakeview Park

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."

Name of Agency

Signature of Authorized Representative *

Date

Print or Type Name

Print or Type Position

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.)

N/A

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: Laux Lakeview Park

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."

Name of Municipality or Authority

Signature of Authorized Representative * | Date

Print or Type Name | Print or Type Position

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.)

N/A

D. 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: Laux Lakeview Park

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."

Name of Wastewater Treatment Plant _____ NJPDES Permit Number _____

Name of Authority Accepting for Treatment _____

Signature of Authorized Representative * _____ Date _____

Print or Type Name _____ Print or Type Position _____

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.)

N/A

E. CERTIFICATION BY THE DISTRICT SLUDGE MANAGEMENT LEAD PLANNING AGENCY

Note: This certification is only required for applications that involve construction of residual management units at ultimate residuals management sites.

Name of Facility/Site/Project: Laux Lakeview Park

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."

Name of Agency

Signature of Authorized Representative *

Date

Print or Type Name

Print or Type Position

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.)