Township of Gloucester
Planning Board Agenda
February 28, 2017

Salute to the Flag
Opening Statement
Roll Call
General Rules

Meeting will start at 7:00 P. M.
No new applications will be heard after 10:00 P. M.
All persons testifying before the Board must be sworn in.
The Board Chairperson reserves the right to hear applications in any order

MINUTES FOR MEMORIALIZATION

Minutes for Memorialization – January 24, 2017

RESOLUTIONS FOR MEMORIALIZATION

#161073CM (In folder) **Minor Subdivision Plan/Bulk C**
Courtland Beakley, Jr. **Block: 15805 Lot: 47.01**

APPLICATIONS FOR REVIEW

#171006RDSPW
Northbrook Behavioral Health Hospital

Site Plan Waiver
Block: 12301 Lot: 1.01
Location: 425 Woodbury-Turnersville Road
Blackwood, N..J. 08012
Zoned: LLP-1 Lakeland Redevelopment
Adding Addition in Interior Courtyard.

General Correspondence

NJDEP Expedited Review - Treatment Works Approval
Recovery Centers of America
1840 Peter Cheeseman Road
Block: 14003, Lot: 13
Expand the existing facility to accommodate for 125-total beds, resulting in an extra 23,000 gallons per day sewer flow.

Proposed 6" Sewer Force Main
Block: 16504 Lots: 10, 11 & 12-TMsht. No. 165
Jarvis Road

Meeting Adjourned

TOWNSHIP OF GLOUCESTER
PLANNING BOARD

Tuesday January 24, 2017

Mr. Lechner calls the meeting to order sitting in place for Chairman Owens.
Salute to the Flag
Opening Statement made by Mr. Lechner
Mr. Lechner requests a Roll Call.

Roll Call:

Mr. Dintino	Present
Mr. Dority	Present
Mr. Guevara	Absent
Mr. Kricun	Absent
Mr. Reagan	Absent
Mrs. Washington	Present
Councilman Hutchison	Present
Mrs. Costa	Present
Mrs. Bradley	Present
Chairman Owens	Absent
Mr. Wells	Present
Mr. Bach/Roorda, Jr.	Present
Mr. Lechner	Present

Mr. Lechner announces general rules of the meeting.

Minutes for Memorialization

Minutes from January 11, 2017.
Mr. Lechner requested a motion to approve the minutes
Mr. Dintino made a motion seconded by Mr. Hutchinson.

Roll Call:

Mr. Dintino	Yes
Councilman Hutchinson	Yes
Mrs. Costa	Yes
Mr. Reagan	Yes

Resolutions for Memorialization

0-97-17
Amending Ordinance
#6 Glen Oaks Redevelopment

To Establish a Commercial Office and Planned Residential Overlay District for Specific Tax Block / Lots pursuant to N.J.S.A. 40A:12A-1E SEQ

Mr. Lechner requested a motion to approve the Resolution.
Mr. Hutchinson made a motion seconded by Mr. Dintino.
Roll Call:

Mr. Dintino	Yes
Councilman Hutchinson	Yes
Mrs. Costa	Yes
Mr. Reagan	Yes

Applications for Review

#161073CM
Courtland Beakley, Jr.

Minor Subdivision/Bulk C
Block: 15805 Lot: 47.01
Location: 341 Jarvis Road
Erial, New Jersey
Zoned: R1

Mr. Lechner asked for a motion to approve the amendment.
Mr. Hutchinson made a motion seconded by Mr. Dintino.

Roll Call:

Mr. Dintino	Yes
Mr. Dority	Yes
Mrs. Washington	Yes
Councilman Hutchison	Yes
Mrs. Costa	Yes
Mrs. Bradley	Yes

General Correspondence

Freshwater Wetland Letter of Interpretation/Line Verification.

Application: 1840 Peter Cheeseman Road, LLC
Block: 14003 Lots: 13 & 14
Recovery Center of America

Mr. Lechner asked attending members if they had any Board Business.

Mr. Lechner requested a motion to adjourn.
Motion to adjourn was made by Mr. Dority seconded by Mr. Hutchinson.

Meeting adjourned.

Recording Secretary,

Christopher Nowak

TOWNSHIP OF GLOUCESTER

Chews-Landing Clementon Road at Hider Lane
P.O. Box 8 Blackwood, NJ 08012
(856) 374-3511 Planning (856) 374-3512 Zoning (856) 232-6229

RECEIVED JAN 25 2017

For Office Use Only

Submission Date[1]: _____ Application №.: 171006RDSPW

Taxes Paid Yes/No HP (Initial)

Fees 750.00 Project # 11058

☐ Planning Board ☐ Zoning Board of Adjustment

[1] Upon receipt of all fees, documents, plans, etc.

Escr. 150.00 Escr.# 11059

LAND DEVELOPMENT APPLICATION

1. Applicant	2. Owner(s) (List all Owners)
Name: Northbrook Behavioral Health Hospital	Name(s): Camden County Realty
Address: 425 Woodbury Turnersville Rd	Address: 485 River Road
City: Blackwood	City: Lakewood
State, Zip: New Jersey 08012	State, Zip: New Jersey 08701
Phone: (856) 374 - 6641 Fax: (___) 637 - 3991	Phone: ~~(856)~~ 732 364 - 8050 Fax: (___) ___ - ___
Email: _____	

3. Type of Application. Check as many as apply:

☐ Informal Review [2]	☐ Planned Development [2]
☐ Minor Subdivision	☐ Interpretation [2]
☐ Preliminary Major Subdivision [2]	☐ Appeal of Administrative Officer's Decision
☐ Final Major Subdivision	☐ Bulk "C" Variance [2]
☐ Minor Site Plan	☐ Use "D" Variance [2]
☐ Preliminary Major Site Plan [2]	■ Site Plan Waiver
☐ Final Major Site Plan	☐ Rezoning Request
☐ Conditional Use Approval [2]	☐ Redevelopment Agreement
☐ General Development Plan [2]	☐ _____

RECEIVED JAN 19 2017 BY: _____

[2] Legal advertisement and notice is required to all property owners within 200 feet.

4. Zoning Districts (Circle all Zones that apply)

ER	R4	GCR	CR	BP	G-RD	LP-1
R1	RA	BWD	NC	IN	M-RD	NVBP
R2	APT	OR	HC	PR	BW-RD	SCR-HC Overlay
R3	SCR	OF	GI	FP	L-RD	NVSCR Overlay
						IR

5. The following applicants are required to be represented by a New Jersey Attorney: Corporation, Partnership, Limited Liability Corporation and Limited Liability Partnership

Name of Attorney: Bill Ziegler	Firm: Holston, MacDonald
Address: 66 Euclid St	State, Zip: NJ 08096
City: Woodbury NJ	Phone: (856) 845-5858 Fax: (856) 848-1898
	Email: WZiegler@holstonlaw.com

6. Name of Persons Preparing Plans and Reports:

Name: Brommer Architects, LLC	Name:
Address: 723 Electronic Drive	Address:
Profession: Architect	Profession:
City: Horsham	City:
State, Zip: PA. 19044	State, Zip:
Phone: (215) 657 - 4010 Fax: (215) 657 - 4340	Phone: (___) ___ - ____ Fax: (___) ___ - ____
Email: barry.brommer@brommerarchitects.com	Email:

7. Location of Property:

Street Address: 425 Woodbury Turnerville Rd Block(s): 12301

Tract Area: 32.49 Lot(s): 1.01

8. Land Use:

Existing Land Use: Long Term Care/Behavioral Health Hospital

Proposed Land Use (Describe Application): See attached Project Narrative

9. Property:

Number of Existing Lots: 1

Number of Proposed Lots: 1

Proposed Form of Ownership:

■ Fee Simple ☐ Cooperative

☐ Condominium ☐ Rental

Are there *existing* deed restrictions? ■ No ☐ Yes **(If yes, attach copies)**

Are there *proposed* deed restrictions? ■ No ☐ Yes

10. Utilities: (Check those that apply.)

■ Public Water ■ Public Sewer ☐ Private Well ☐ Private Septic System

11. List of Application Submission Materials:

List all additional materials on an additional sheet.

12. List Previous or Pending Applications for this Parcel:

List all applications on a separate sheet.

13. Zoning

All Applications	Proposed
Front setback 1	
Front setback 2	
Rear setback	
Side setback 1	
Side setback 2	
Lot frontage	
Lot depth	
Lot area	
Building height	

Fence Application	Proposed
Setback from E.O.P.*1	
Setback from E.O.P.*2	
Fence type	
Fence height	

*E.O.P. = Edge Of Pavement.

Pool Requirements	
Setback from R.O.W.1	
Setback from R.O.W.2	
Setback from property line 1	
Setback from property line 2	
Distance from dwelling	

Distance = measured from edge of water.
R.O.W. = Right-of-way.
Setback = Measured from edge of pool apron.

Garage Application	
Garage Area	
Garage height	
Number of garages	
(Include attached garage if applicable)	
Number of stories	

Shed Requirements	
Shed area	
Shed height	
Setback from R.O.W.1	
Setback from R.O.W.2	
Setback from property line 1	
Setback from property line 2	

14. Parking and Loading Requirements:

Number of parking spaces required: _____ Number of parking spaces provided: _____

Number of loading spaces required: _____ Number of loading spaces provided: _____

15. Relief Requested:

☐ Check here if zoning variances are required.

☐ Check here if exceptions to the application or municipal requirements are requested (N.J.S.A. 40:55D-51).

☐ Check here if exceptions to the Residential Site Improvement Standards (RSIS, N.J.A.C. 5:21-3.1) are requested.

☐ Check here if waivers from the Residential Site Improvement Standards (RSIS, N.J.A.C. 5:21-3.2) are requested. [Such waivers require application to, and approval of the N.J. Site Improvement Advisory Board].

NOTE: If any of above are required, attach hereto separate exhibit(s) for each category of relief sought, stating the factual basis, legal theory, and whether they have been previously granted.

16. Signature of Applicant

_____ 1/12/17

Signature of Applicant Date

_____ _____

Signature of Co-applicant Date

17. Consent of Owner(s):

I, the undersigned, being the owner(s) of the lot or tract described in this application, hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency. **(If owned by a corporation, attach a resolution authorizing application and officer signature).**

1/12/17
Date

Signature

Abraham Feigenbaum
Print Name

Sworn and Subscribed to before me this 12th day of January, 2017 (Year).

Signature

Print Name

AVROHOM Y. MAIEROVITS
NOTARY PUBLIC, NEW JERSEY
My Commission Expires 10/04/2020

18. Disclosure Statement (Pursuant to N.J.S.A. 40:55D-48.1 and 48.2):

Complete each of the following sections:

A.	Is this application to subdivide a parcel of land into six or more lots?	☑ No ☐ Yes
B.	Is this application for a variance to construct a multiple dwelling of 25 or more family units?	☑ No ☐ Yes
C.	Is this application for approval on a site or sites for commercial purposes?	☐ No ☐ Yes
D.	Is the applicant a corporation?	☑ No ☐ Yes
E.	Is the applicant a limited liability corporation?	☐ No ☑ Yes
F.	Is the applicant a partnership?	☐ No ☐ Yes

IF YES TO ANY OF THE ABOVE:

1. List the names and addresses of all stockholders or individual partners owning at least 10 percent of it's stock of any class or at least 10 percent of the interest in partnership, as the case may be. (Use additional sheets as necessary).
2. Does a corporation or partnership own 10 percent or more of the stock in this corporation or partnership?

IF YES:

List the names and addresses of the stockholders of that corporation holding 10 percent or more of the stock or 10 percent or greater interest in that partnership, as the case may be. This requirement is to be followed by every corporate stockholder or partnership, until the names and addresses of the non-corporate stockholder and individual partners with 10 percent or more ownership have been listed. (Use additional sheets as necessary). ☐ No ☐ Yes

Signature of Applicant

Abraham Feigenbaum
Print Name

1/12/17
Date

19. Survey waiver certification:

As of the date of this application, I hereby certify that the survey submitted with this application, under the date of _____, shows and discloses the premises in its entirety, described as Block 12301 Lot 1.01; and I further certify that no buildings, fences or other facilities have been constructed, installed or otherwise located on the premises after the date of the survey with the exception of the structures shown.

State of New Jersey,
County of Camden:

_____ of full age, being duly sworn to law, on oath and says that all of the above statement herein is true.

Abraham Feigenbaum
Name of property owner or applicant

Sworn and subscribed to
On this 12th day of January, 2017 before the following authority.

Notary public

AVROHOM Y. MAIEROVITS
NOTARY PUBLIC, NEW JERSEY
My Commission Expires 10/04/2020

BROMMER ARCHITECTS, LLC
723 ELECTRONIC DRIVE, STE. 300 HORSHAM, PA 19044
P:215 657 4010 F:215 657 4340

PROJECT NARRATIVE

Northbrook Behavioral Health Hospital
Building Addition and Interior Alterations
425 Woodbury Turnersville Rd.
Blackwood, NJ 08012

The project includes a two-story addition to the facility within an interior courtyard. The existing courtyard is partially paved and the paved area is approximately the same square footage as the proposed addition (see attached photos). The addition will add 1,150 sf to the existing footprint of 161,500 sf.

The addition will provide the facility with 6 additional psychiatric beds and an office per floor. There will be a total of 12 new psychiatric beds, bringing the total number of psychiatric beds to 81 per floor, or 162 total in the facility.

BROMMER ARCHITECTS LLC

camden county
Improvement Authority

2220 Voorhees Town Center
Voorhees, New Jersey 08043
Tel: (856) 751-CCIA (2242)
Fax: (856) 566-3105

Christopher A. Orlando
Interim Executive Director

Improvement Authority Members

William R. Hosey, Chair
Linda M. Rohrer, Vice Chair
Louis Cappelli, Jr., Freeholder Liaison
Joseph P. Schooley
William W. Spearman
Reginald C. Stevenson

December 2, 2016

Mr. Moshe Barash
Northbrook Behavioral Health Hospital
425 Woodbury Turnersville Rd.
Blackwood, NJ 08012

Re: Lakeland Redevelopment Area

Dear Mr. Barash

Thank you for sending over your plans and concepts for the building addition and interior alterations for the Northbrook Behavioral Health Hospital located within the Lakeland Redevelopment Area ("Lakeland"). As you may know, the Camden County Improvement Authority ("Authority") is the redevelopment entity for Lakeland. Based on staff review of the proposed plans, the Authority has concluded that the proposed activity will have no impact on any potential redevelopment activities within the Lakeland Redevelopment Area. As it is requested by the Township Planning Board, please submit a copy of this letter with your site plan application. If you have any questions regarding this letter, please call me at (856) 374-6152.

Sincerely,

James Lex
Chief Operating Officer

Cc: Christopher Orlando, Executive Director
David Patterson, Esquire

Zoning Permit Denial

425 TURNERSVILLE RD
Block/Lot 12301/1//T01

Applicant
CAMDEN COUNTY HEALTH SERVICES
425 TURNERSVILLE ROAD
BLACKWOOD, NJ 08012

Real Estate Owner
CAMDEN COUNTY HEALTH SERVICES
425 TURNERSVILLE ROAD
BLACKWOOD, NJ 08012

This is to certify that the above-named applied for a permit to/authorization for.
a proposal of first floor addition as well as a second floor addition totaling an additional 1,150 square footage to the orginal.. This application for approval is hereby denied

Zone
LP1
Application is
Denied

Comments on Decision:
A Redevelopment Agreement is required as well as Site Plan approval by the Planning Board.

. Additional permits must be obtained through the Construction Office

Gloucester Township
P O Box 8
Blackwood, NJ 08012
(856)228-4000 FAX(856)232-6229

Alisa Ortiz
Zoning Officer
July 20, 2016

Applic No. 10658
5617

Cut Here

Deliver to...

CAMDEN COUNTY HEALTH SERVICES
425 TURNERSVILLE ROAD
BLACKWOOD, NJ 08012

RECEIVED
JUL 07 2016

TOWNSHIP OF GLOUCESTER

1261 Chews Landing Road - P.O. Box 8, Blackwood, NJ 08012
Phone: (856) 374-3500 Fax: (856) 232-6229

APPLICATION FOR ZONING PERMIT

Submission Date: 7/8/16 Tax Block/Lot: 12031 / 1.01

Application Fee: $25.00 (PAYABLE UPON SUBMISSION) ☐ CASH ☐ CHECK

Work site address: 425 Woodbury Turnersville RD

Contact Person: Moshe Barash Phone: (732) 691 5039 -

Check how you want to receive permit: ☐ REGULAR MAIL ☐ E-MAIL ☐ FAX ☐ PICK-UP

Do you have an approval from the Planning Board or Zoning Board of Adjustment for this project? ☐ Yes ■ No

If yes, provide the application number: _____ Resolution approval date: _____

Applicant	Owner
Name: Northbrook Behavioral Health Hospital	Name: Camden County Realty LLC
Address: 425 Woodbury Turnersville RD	Address: 485 river
City: Blackwood	City: Lakewood
State, Zip: Nj, 08012	State, Zip: new jersey, 08701
Phone: (856) 374 - 6641 Fax: ( ) -	Phone: (732) 691 - 5039 Fax: ( ) -
E-mail: moshe@oceanhealthcare.com	E-mail: moshe@oceanhealthcare.com

Check the type of project below:

IMPORTANT: THIS APPLICATION MUST INCLUDE A PROPERTY PLAN (BIRD'S EYE VIEW) OR LAND SURVEY THAT SHOWS THE PROPOSED BUILDING/STRUCTURE DIMENSIONS (LENGTH X WIDTH) AND DISTANCE FROM AT LEAST TWO (2) PROPERTY LINES. ALSO SHOW EXISTING BUILDINGS, SHEDS, POOLS, DRIVEWAYS, WALKWAYS, PATIOS, FENCES, ETC.

RESIDENTIAL

☐ DWELLING: ____ square feet | ____ height	☐ ADDITION: ____ length x ____ width x ____ height	☐ DECK: ____ length x ____ width
☐ GARAGE: ____ length x ____ width x ____ height	☐ SHED: ____ length x ____ width x ____ height	☐ POOL: ____ length x ____ width | ____ or diameter
☐ FENCE: ____ type and ____ height	☐ DRIVEWAY: ____ length x ____ width	☐ PATIO: ____ length x ____ width

☐ OTHER:

Deny

COMMERCIAL

☐ NEW CONSTRUCTION (describe project): 1st + 2nd fl. additions

☐ TENANT FIT-UP (describe the proposed use): Resev. aggreem + sitplan.

■ OTHER (describe project): See attached project narrative

Moshe Barash
AGENT/OWNER'S NAME

SIGNATURE

TOWNSHIP OF GLOUCESTER
Inter-office Correspondence

TO: Planning Board

FROM: Kenneth D. Lechner, PP, AICP, Director/Planner
Dept. of Community Development & Planning

RE: ***APPLICATION #171006RDSPW*** ***Escrow #11058***
Northbrook Behavioral Health Hospital
BLOCK 12301, LOT 1.01

DATE: February 13, 2017

The Applicant requests a site plan waiver for a "Two-story addition" adding a 1,150 sf footprint at the "Long Term Care/Behavioral Hospital" within the LP1 – Lakeland Phase 1 Redevelopment Area. The project is located on the east side of Woodbury-Turnersville Road north of Lakeland Road.

The application and support documents have been reviewed and the following comments are offered for your consideration.

Should you have any questions regarding this application, do not hesitate to contact me at (856) 374-3511.

- Applicant: Northbrook Behavioral Health Hospital, 425 Woodbury-Turnersville Road, Blackwood, NJ 08012 (telephone #856-374-6641).
- Owner: Camden County Realty, 485 River Road, Lakewood, NJ 08701 (telephone #732-364-8050).
- Architect: Barry Brommer, RA, Brommer Architects, LLC, 723 Electronic Drive, Suite 300, Horsham, PA 19044 (Telephone #215-657-4010).
- Attorney: William F. Ziegler, Esq., Holston, MacDonald, Uzdavinis, Zeigler & Myles, 66 Euclid Street, Woodbury, NJ 08096 (telephone #856-848-1898).

I. INFORMATION SUBMITTED

1. Holston, MacDonald, Uzdavinis, Zeigler & Myles Camden CountyApplication Letter dated 01/27/17.
2. Holston, MacDonald, Uzdavinis, Zeigler & Myles Transmittal Letter dated 01/18/17.
3. Township of Gloucester Land Development Application Form with disclosure statement dated 01/25/17.
4. Brommer Architects, LLC Project Narrative, no date
5. Five (5) color photos.
6. Camden County Improvement Authority as Redevelopment Entity Approval Letter dated 12/02/17.
7. Minor Subdivision Plat (copy), as prepared by & & M Associates comprising one (1) sheet dated 12/05/12, last revised 3/25/13.

8. Plot Plan, as prepared by Brommer Architects, LLC comprising one (1) sheet dated 4/03/15, last revised 11/18/15.

9. Proposed Building Elevations and Floor Plan, as prepared by Brommer Architects, LLC consisting of the following:

Sheet	Plan Description	Date / Latest Revision
A-2	Quarter Scale Const/Demo Plans	4-03-15 / 11-18-15
A-4	Roof Plan & Exterior Elevations Plan	4-03-15 / 11-18-15

II. REDEVELOPMENT PLAN REVIEW

1. The Lakeland Phase 1 Redevelopment Zone allows the permitted uses in the SCR – Senior Citizen Residential of Article IV, of Ordinance O-03-03, Land Development.
   a. Long-term care facilities are permitted uses in the LP1 – Lakeland Phase 1 Redevelopment Zone.
      i. The former county health care center and county offices and facilities do not require specific area, yard, height, and building coverage or other general requirements (p.7, Lakeland Complex Phase 1 (Block 12301) Redevelopment Plan).

Description	Required (Long-term care)	Lot 1.01	Conforms
Lot size (min.)	4 acres	32.49 acres	yes
Lot size (max.)	8 acres	32.49 acres	yes
Lot frontage (min.)	200 ft.	829.07 ft.	yes
Lot depth (min.)	300 ft.	±852 ft.[1]	yes
Building length through axis (max.)	240 ft.	±780 ft.[1]	enc
Building coverage (max.)	35%	11.50%	yes
Lot coverage (max.)	65%	27.73%	yes
Density (max.)[2]	10 du/ac.	2.49 du/ac.	yes
Principal Building Minimum Yard Depths and Height Limitations			
Front yard (min.) - addition	75 ft.	±420 ft.[1]	yes
Side yard (min.) - addition	50 ft.	±546 ft.[1] / ±700 ft.[1]	yes / yes
Rear yard (min.) - addition	50 ft.	±640 ft.[1]	yes
Building Height (max.)	3 stories or 45 ft.	n/a	yes
Parking Area Setbacks			
From building	12 ft.	±12 ft.[1]	yes
From public street	50 ft.	±72 ft.[1]	yes
From internal street or collector driveway	10 ft.	±18 ft.[1]	yes

[1] = Scaled data.

[2] = One (1) bed equals 0.50 dwelling unit.

enc = Existing nonconformance.

III. WAIVER COMMENTS

The Applicant has requested a waiver from Site Plan Review as per §801.A(3). The applicable Land Development Ordinance states the following:

> "The approving authority may waive the requirement of site plan approval whenever it determines that the proposed development, alteration, repair, or change of use or occupancy does not affect the existing condition of the lot or premises, including: topography; vegetation; drainage; flood plains; marshes and waterways; open space; walkways, means of ingress and egress; utility services; landscaping; structures; signs; lighting and screening devices; and other considerations of site plan review ..."

IV. VARIANCES COMMENTS

The instant application doesn't require any variances.

V. LAND DEVELOPMENT ORDINANCE COMMENTS

The Applicant is advised of the following additional requirements of the Land Development Ordinance:

1. *A soil removal plan if soil is to be removed from the site for use or sale other than the premises subject to this application as per §801.C, Soil Removal.*
2. *A grading plan prepared and sealed by licensed professional engineer as per §814, Grading Approval.*
3. *Affordable housing requirement as per §902, Affordable Housing Fees and Procedures.*
4. *Before recording final subdivision plats or as condition of final site plan approval or as a condition to the issuance of a zoning permit pursuant to N.J.S.A. 40:50D-65d the furnishing of a performance guarantee, maintenance guarantee, and inspection fees as per §903, Guarantees and Inspections and §904, Certification or Guarantee Required; Estimate of Guarantee.*
5. *Requirements precedent to construction as per §905, Pre-conditions to Commencement of Construction.*
6. *Construction of off-tract improvements as per §906, Off-Tract Improvements Recapture.*
7. *A zoning permit is required prior to the issuance of any construction permits and prior to the issuance of a Certificate of Occupancy by the Construction Official the Applicant must acquire a Certificate of Zoning Conformity from the Zoning Officer as per §1102, Permits, General, §1103, Zoning Permit and §1104, Certificate of Zoning Conformity.*

VI. RECOMMENDATIONS

1. The Applicant is advised revised plans and support documents would not be accepted by this Department without sufficient escrows for professional services in accordance with the signed escrow agreement.

cc: Northbrook Behavioral Health Hospital
William F. Ziegler, Esq.
Barry Brommer, RA
Richard Wells, Esq.
Steven M. Bach, PE

BACH Associates, P C
ENGINEERS • ARCHITECTS • PLANNERS

February 10, 2017

Township of Gloucester
Chews Landing-Clementon Road, at Hider Lane
PO Box 8
Blackwood, NJ 08012-0008

Attn: Ken Lechner, Township Director / Planner

RECEIVED
FEB 13 2017

Re: Northbrook Behavioral Health Hospital
425 Woodbury Turnersville Road
Block 12301, Lot 1.01
Site Plan Waiver
Review No. 1
Bach Project No. GTPB-2017-1

Dear Mr. Lechner:

We have received the following items submitted for the referenced project:

- Township of Gloucester Land Development Application for a Minor Site Plan, received by the Gloucester Twp. Planning Board on January 19, 2017.
- Land Development Ordinance Checklist, received by the Gloucester Twp. Planning Board on January 19, 2017.
- Architectural Plans (Sheets A-2 & A-4) entitled "Building Addition & Interior Alterations at Northbrook Behavioral Health Hospital, 425 Woodbury Turnersville Road, Blackwood, New Jersey", prepared by Brommer Architecture, LLC, dated April 3, 2015, revised to November 18, 2015.
- Plan entitled "Minor Subdivision Plat, Lakeland Facility, Block 12301, Lot 1, Township of Gloucester, Camden County, New Jersey", prepared by T & M Associates, dated December 5, 2012, revised to March 25, 2013.

GENERAL INFORMATION:

Applicant: Northbrook Behavioral Health Hospital
425 Woodbury Turnersville Road
Blackwood, New Jersey 08012
856-374-6641

Owner: Camden County Realty
485 River Road
Lakewood, New Jersey 08701
732-364-58050

PROJECT SUMMARY:

This application is for the 1,150 square foot addition to an existing 161,500 square foot medical facility on the northeast side of Woodbury – Turnersville Road (County Route 707) and the northerly side of Lakeland Road (County Route 707). The proposed addition will be located within a portion of an interior courtyard of the existing building. There are no additional site improvements being proposed by this application. The site is a 32.4 acre parcel of land located in the Lakeland Phase I Redevelopment Plan (LP-1) Zoning District. The applicant is seeking a Site Plan Waiver approval.

CONCLUSION:

Our office has reviewed all information submitted for conformance with the Township's Land Development Ordinance.

The applicant has requested waivers for many of the required items of the submitted Land Development Ordinance Submission Checklist.

As there are no site improvements proposed by this application, our office has no objection to the Site Plan waiver requested.

If there are any questions or if any additional information is required please contact this office.

Very truly yours,
BACH ASSOCIATES, PC

Steven M. Bach, PE, RA, PP, CME
President

Cc: Gloucester Township Planning Board Members
Richard Wells, Esq., PB Solicitor
Northbook Behavioral Health Hospital, Applicant
Camden County Realty, Owner
William Biegler, Esq., Applicant's Attorney
Barry Brommer, Applicant's Professional

BACH Associates, PC
ENGINEERS • ARCHITECTS • PLANNERS

304 White Horse Pike • Haddon Heights, NJ 08035
Phone (856) 546-8611 • Fax (856) 546-8612

Bldg 62

TOWNSHIP OF GLOUCESTER
PLANNINGING BOARD TRANSMITTAL

APPLICATION NO. 171006RDSPW

DATE: January 25, 2017

Block: 12301 Lot: 1.01

LOCATION: 425 Woodbury Turnersville Rd.
Blackwood, NJ 08012 **Escrow: 11058**

NORTHBROOK BEHAVIORAL HEALTH HOSPITAL

ZONE: LP-1 LakeLand Redevelopmnet

TRANSMITTAL TO:

O	Camden County Planning	O	Taxes & Tax Assessor	O	MUA
O	Richard Wells	O	Aqua Water Co.	O	Construction
O	Steven Bach, Esq.	O	New Jersey America	O	Traffic/Police
O	Planner	O	Fire District 1 2 3 4 5 6	O	GTEMS

STATUS of APPLICATION: Site Plan Waiver Addition adding 1,150 sf. To existing Footprint of 161,500 sq. ft. (Interior Court Yard)

PURPOSE OF TRANSMITTAL: ☒ For Your Review

- ☑ 1 Copy – Proposed Bldg. Addition, Lakeland Facility,
- ☑ 1 Copy – Application, Checklist, Project Narrative
- ☐ 1 Copy – Fresh Water Wetlands Statement/Ordinance Relief
- ☐ 1 Copy – Aerial Map Exhibit/Boundary & Topographic Survey
- ☐ 1 Copy - Certification from Tax Assessor –New Lot Numbers
- ☐ 1 Copy - Minor Subdivision/Legal Descriptions/Access & Road Easements
- ☐ 1 Copy - Stormwater Management Report
- ☐ 1 Copy – Traffic Impact Study
- ☐ 1 Copy – Plan of Survey & Topography

OK 1-26-17 JVG Bldg – Site Plan

Commissioners
Richard P. Calabrese
Chairman
Frank Simiriglia
Vice Chairman

Board Members
Dora M. Guevara
Joseph Pillo
Glen Bianchini
Dorothy Bradley
Ken Garbowski

THE GLOUCESTER TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
401 W. Landing Road, Blackwood, NJ 08012
P.O. Box 216, Glendora, NJ 08029-0216
Phone: (856) 227-8666 • FAX: (856) 227-5668

Raymond J. Carr
Executive Director

Marlene Hrynio
Administrative Secretary

Howard C. Long Jr, Esq.
Solicitor

Thomas Leisse, PE, CME
Consulting Engineer

January 30, 2017

Township of Gloucester
Dept. of Community Development
P.O. Box 8
Blackwood, New Jersey 08012

Re: Application #171006RDSPW
Northbrook Behavioral Health Hospital
425 Woodbury Turnersville Road, Blackwood, NJ 08012
Block 12301, Lot 1.01

Gentlemen:

In response to your letter regarding the above application, a Form "F" Application is required.

Should you have any further questions, please feel free to contact me.

Very truly yours,

THE GLOUCESTER TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

Raymond J. Carr
Executive Director

RJC:mh

TOWNSHIP OF GLOUCESTER
PLANNINGING BOARD TRANSMITTAL

APPLICATION NO. 171006RDSPW

DATE: January 25, 2017

Block: 12301 Lot: 1.01

LOCATION: 425 Woodbury Turnersville Rd.
Blackwood, NJ 08012 **Escrow: 11058**

NORTHBROOK BEHAVIORAL HEALTH HOSPITAL

ZONE: LP-1 LakeLand Redevelopmnet

TRANSMITTAL TO:

O	Camden County Planning	✓	Taxes & Tax Assessor	O	MUA
O	Richard Wells	O	Aqua Water Co.	O	Construction
O	Steven Bach, Esq.	O	New Jersey America	O	Traffic/Police
O	Planner	O	Fire District 1 2 3 4 5 6	O	GTEMS

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- ☐ 1 Copy - Stormwater Management Report
- ☐ 1 Copy – Traffic Impact Study
- ☐ 1 Copy – Plan of Survey & Topography

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JAN 30 2017

No Issues Sir.

1/30/17

Absent

TOWNSHIP OF GLOUCESTER
PLANNINGING BOARD TRANSMITTAL

APPLICATION NO. 171006RDSPW

DATE: January 25, 2017

Block: 12301 Lot: 1.01

LOCATION: 425 Woodbury Turnersville Rd.
Blackwood, NJ 08012

Escrow: 11058

NORTHBROOK BEHAVIORAL HEALTH HOSPITAL

ZONE: LP-1 LakeLand Redevelopmnet

TRANSMITTAL TO:

- O Camden County Planning
- O Richard Wells
- O Steven Bach, Esq.
- O Planner
- O Taxes & Tax Assessor
- O Aqua Water Co.
- O New Jersey America
- ☑ Fire District 1 2 3 4 5 6
- O MUA
- O Construction
- O Traffic/Police
- O GTEMS

STATUS of APPLICATION: Site Plan Waiver Addition adding 1,150 sf. To existing Footprint of 161,500 sq. ft. (Interior Court Yard)

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- ☐ 1 Copy - Minor Subdivision/Legal Descriptions/Access & Road Easements
- ☐ 1 Copy - Stormwater Management Report
- ☐ 1 Copy – Traffic Impact Study
- ☐ 1 Copy – Plan of Survey & Topography

Gloucester Township Fire District # 5
DENIED
Richard Donato, Fire Marshal

(1) need sprinkler info/water flow Rates
(2) Strobes within Court yard need to be moved / where?

TOWNSHIP OF GLOUCESTER

1261 Chews Landing-Clementon Rd., at Hider Lane
P.O. Box 8, Blackwood, New Jersey 08012

(856) 228-4000

FAX: (856) 374-3527
374-3528

To Whom It May Concern:

Our records indicate that the below referenced property is current with taxes and there are no outstanding liens.

Name: Camden County Realty LLC

Address: 425 Turnerville Rd

Block: 12301 Lot: 101

If you have any questions, please feel free to contact the tax office at 856-228-4000.

1/23/17
Date

Gloucester Township Tax Collector

Printed on recycled paper

CAMDEN COUNTY PLANNING BOARD APPLICATION
SUBMISSION REQUIREMENTS

camden county

Making It Better, Together.

Documents must be submitted to the Planning Division Staff at least thirty (30) working days prior to the scheduled Planning Board meeting. No provisional approvals will be issued at Planning Board meeting.

Subdivision Requirements:

- ○ Two (2) Copies of the County Planning Board Application (Municipal use section must be filled out and bottom of this page must be signed)
- ○ One (1) Copy of Local Municipal Application
- ○ One (1) Copy of the Fee Schedule, Filled Out and Signed (Checks made payable to *Camden County Treasurer*)
- ○ One(1) Set of Plans
- ○ Two (2) Copies of the Affidavit of Ownership
- ○ One (1) Copy of Pinelands Certificate of Filing (If applicable)

RECEIVED JAN 30 2017

Site Plan & Site Plan Revision Requirements

- ✓ Two (2) Copies of the County Planning Board Application (Municipal use section must be filled out and bottom of this page must be signed)
- ✓ One (1) Copy of Local Municipal Application
- ✓ One (1) Copy of the Fee Schedule, Filled Out and Signed (Checks made payable to *Camden County Treasurer*)
- ✓ Two (2) Sets of Plans of Signed and Sealed Plans (Only 24" by 36" Site plans will be accepted)

  (Plans must reflect all requirements contained in Subdivision and Site Plan Procedures, Engineering and Planning Standards Vol. 1 & Development Regulations Vol. 2)
- ○ Two (2) Copies of County Road Improvement Plans (If applicable and not included in Original Set of Plans)
- ○ Two (2) Copies of a Signed and Sealed Survey

  (Conducted by a licensed surveyor if existing documents are referenced in accordance with NJAC 13:40-7.2 (a)1)
- ○ Two (2) Sets of Drainage Calculations (Data based upon 10 YEAR-PRE & 25 YEAR-POST Year Storm Event)
- ○ Two (2) Sets of Traffic Impact Study (If available)
- ○ Two (2) Copies of the Local Engineer Report
- ✓ Two (2) Copies of the Affidavit of Ownership
- ○ One (1) Copy of Pinelands Certificate of Filing (If applicable)
- ○ One (1) Copy of All Dedication, Easement, Deed, and Other Relevant Documents

Please Submit the Following Additional Items:

- ○ Map or Most Recent Aerial Photo of Site
- ○ Digital Copy of the Site Plan, Subdivision Plan or Major Subdivision

(The digital copy should be provided in the form of a pdf on a CD or flash drive. If no digital copy can be provided, please include 11" by 17" reduction of the plan)

X _____
Certification of Completeness
Signature By Local Official

X _____
Signature of Agent or Applicant

WILLIAM F. ZIEGLER
Attorney At Law
State of New Jersey

CAMDEN COUNTY PLANNING BOARD APPLICATION

camden county

Making It Better, Together.

Application for County Approval of Subdivision, Site & Development Plans

Camden County Planning Board
Charles J. DePalma Public Works Complex
2311 Egg Harbor Road
Lindenwold, NJ 08021

Phone: 856.566.2978 Fax: 856.566.2988
E-mail: planningdivision@camdencounty.com

This application must be completed in full, duplicated, signed and filed with the municipality. Please also submit a copy of local application and approval. See County Submission requirement list for all documents necessary for a complete application.

(PLEASE TYPE OR PRINT LEGIBLY)

Project Information:

Project Name: NORTHBROOK BEHAVIORAL HEALTH HOSP. - BUILDING ADDITION & INTERIOR ALTERATIONS

Project Address (if applicable) & Municipality: 425 WOODBURY TURNERSVILLE RD.

Abuts County Road: _____ County Route No.: _____

Type of Submission (please check one):

- ◯ New Site Plan
- ◯ New Minor Subdivision
- ◯ New Major Subdivision
- ☒ Request for Letter of No Impact or Waiver Review
- ◯ Revision to Prior Site Plan
  - Original Site Plan Application No.: _____ Date Originally Approved: _____
- ◯ Resubmission of Major Subdivision
  - Original Major Subdivision Application No. _____ Date Originally Approved: _____

Tax Map Data:

Plate(s): _____

Block(s): 12301

Lot(s): 1.01

Existing Zoning: SCR

Variance(s) Required: _____

The Camden County planning process concerns itself primarily with a review of factors that directly impact county facilities such as County owned roads and stormwater management systems. This application as well as Subdivision and Site Plan Procedures, Engineering and Planning Standards Vol. 1 & Development Regulations Vol. 2 can be found on the Camden County Planning Division website: http://www.camdencounty.com/government/office-departments/planning-division/. If you have any questions please call 856-566-2978.

CAMDEN COUNTY PLANNING BOARD APPLICATION

Applicant & Agent Contact Information (please type or print legibly or your application may be delayed):

Applicant: Northbrook Behavioral Health Hosp. Phone: 374-6641 Fax: 637-3991

Address: 425 Woodbury Tville Rd. Town & State: Blackwood / Gl. Tp. NJ

Email: _____ Zip.: _____

Attorney: William Ziegler Phone: 848-5858 Fax: 848-1898

Address: 66 Euclid St. Town & State: Woodbury, NJ

Email: WZiegler@holstonlaw.com Zip.: 08096

Engineer: BROMMER ARCHITECTS, LLC Phone: (215) 657-4010 Fax: (215) 657-4340

Address: 723 ELECTRONIC DRIVE, STE 300 Town & State: HORSHAM, PA

Email: barry.brommer@brommerarchitects.com Zip.: 19044

Proposed Use (please check all that apply):

Residential	Commercial	Industrial
◯ Single Family Detached	◯ Retail	◯ Maintenance/ Repair Shop
◯ Town Homes	◯ Office	◯ Flex Space
◯ Duplex	◯ Restaurant/ Food Establishment	◯ Storage/ Warehouse
◯ Apartments	◯ Hospitality/ Hotel Space	◯ Distribution Center
◯ Condominiums	☒ Medical Use	◯ Manufacturing
◯ Medical Care Residential	◯ Sports or Entertainment	◯ Other: _____

Project Description & Statistics:

Short Description of Project: NARRATIVE ENCLOSED

Increase in Impervious Coverage?: YES / NO Total Increase or Decrease: _____

Total Amount of Land Disturbed: 1,150 SF Addition

Total Gross SF of all Buildings/ Development: _____

Total New Residential Units: _____

Total New Jobs Created: _____

BROMMER ARCHITECTS, LLC
723 ELECTRONIC DRIVE, STE. 300 HORSHAM, PA 19044
P:215 657 4010 F:215 657 4340

PROJECT NARRATIVE

Northbrook Behavioral Health Hospital
Building Addition and Interior Alterations
425 Woodbury Turnersville Rd.
Blackwood, NJ 08012

The project includes a two-story addition to the facility within an interior courtyard. The existing courtyard is partially paved and the paved area is approximately the same square footage as the proposed addition (see attached photos). The addition will add 1,150 sf to the existing footprint of 161,500 sf.

The addition will provide the facility with 6 additional psychiatric beds and an office per floor. There will be a total of 12 new psychiatric beds, bringing the total number of psychiatric beds to 81 per floor, or 162 total in the facility.

BROMMER ARCHITECTS LLC

CAMDEN COUNTY PLANNING BOARD APPLICATION

Subdivision Description (if applicable):

Does this application include a lot consolidation? YES / (NO)

Will new lots be created? YES / (NO) How Many New Lots? _____

Size of Existing Lot(s): _____

Portion to be Subdivided: N/A

Municipal Use:

Title of Municipal Official: Gloucester Twp. Director of Planning

Authorized Municipal Signature: [signature] Date: 1/30/17

Transmittal Date (if applicable): 1/30/17

Phone Number: (856) 374-3511

Signatures Required:

Name of Applicant: Northbrook Behavioral Health.

Signature of Applicant: [signature] Date: 1/27/17

WILLIAM F. ZIEGLER
Attorney At Law
State of New Jersey

Agent Completing Application: _____

Signature of Agent: _____ Date: _____

For County Use:	*Stamp Date Received Below*
Classification of Application: _____	
Fees Included with Application: YES / NO	
County Plan Number: _____	

CAMDEN COUNTY PLANNING BOARD APPLICATION
AFFIDAVIT OF OWNERSHIP

camden county

Making It Better, Together.

Company/ Organization Information

Name of Company/Organization: Northbrook Behavioral Health, LLC

Is the Company a Corporation? YES / (NO) LLC

If yes, what State is the Corporation incorporated in? NJ

Is the Company a Partnership? YES / NO

Is Company an Individual Owner? YES / NO

Please list any/all individuals who are owners *(full/ part)* / *(individual/multiple)* of the Company/Organization. If applicant is a Non-Profit Organization, please list all Board Members.

Name	Address	Title
See list attached to Gloucester Township Application as to owners of the LLC		

I certify that the above information is true and correct to the best of my knowledge:

X _____ _____
Signature of Owner & Title *Date*

X _____ _____
Signature of Owner & Title *Date*

CAMDEN COUNTY PLANNING BOARD APPLICATION
FEE SCHEDULE

camden county

Making It Better. Together.

Applicant's Name: Northbrook Behavioral Health

Project Name: Northbrook Hospital Addition Municipality: Gloucester Tp.

Project Address: 425 Woodbury Turnersville Rd Plate: ___ Block: 12301 Lot: 1.01

Type of Plan

◯ Minor Subdivision (3 lots or less) ◯ Major Subdivision (4 lots or more) ☒ Site Plan

Subdivision Fees

◯ Minor Review Fee ($200.00)..... $ _____

◯ Major Review Fee ($500.00) ..... $ _____

Site Plan Fees

◯ Design Review Fee ($500.00)..... $ _____

◯ Total Parking Spaces ($8.00/Space) ..... $ _____

◯ Dwelling Units ($16.00/Unit) ..... $ _____

◯ Dedication, Easement, Deed, Etc. Review Fee ($150.00) ..... $ _____

◯ Inspection Fee ($200.00) ..... $ _____

Additional/ Other Fees

◯ Preliminary Fee ($200.00)..... $ _____

◯ Concept Drawing Review Fee ($200.00) ..... $ _____

☒ Request for Waiver Review or Letter of No Impact ($200.00) ..... $ _____

N/A ☒ Revisions ($200.00) ..... $ 200.00

◯ Signing of Filing Plats ($150.00)..... $ _____

Total $ 200.00

X _____ 1/30/17

Signature of Agent or Applicant *Date*

SPECIAL PROVISIONS

The Fee Schedule Check is Payable to the Camden County Treasurer after Applications are Deemed Complete and Consistent with Municipal Review and Regulations. Fees paid are non-refundable once the review process begins.

All Plans, Applications, Dedications, Easements, Deeds, etc. MUST be submitted to the Planning Board at Least Thirty (30) Working Days Prior to the Scheduled Planning Board Meeting. All Complete Plan and Application

WILLIAM F. ZIEGLER
Attorney At Law
State of New Jersey

HOLSTON, MacDONALD, UZDAVINIS,
ZIEGLER, & MYLES
ATTORNEY BUSINESS ACCOUNT
66 EUCLID ST., WOODBURY, NJ 08096
(856) 848-5858

TD BANK, NATIONAL ASSOCIATION
55-136/312

12874

1/30/17

PAY TO THE ORDER OF Treasurer of Camden County $ 200.00

Two Hundred ---------- xx/xx DOLLARS

PROTECTED AGAINST FRAUD

Holston, MacDonald, Uzdavinis, Ziegler, & Myles

MEMO Application Fee
Block 12301, Lot 1.01 Gloucester Twp.
Northbrook Behavioral

⑈012874⑈ ⑆031201360⑆ 7850432951⑈

© 2014 INTUIT INC. 1-800-433-8810

Details on Back

Intuit® CheckLock™ Secure Check

HOLSTON, MacDONALD, UZDAVINIS, ZIEGLER, & MYLES / ATTORNEY BUSINESS ACCOUNT

12874

1/30/17
$200.00
Treasurer of Camden County
Application Fee - Block 12301, Lot 1.01 - Northbrook Behavioral
Z-22192 - Northbrook

RECEIVED
JAN 30 2017

ARH ASSOCIATES

Principals
Richard Rehmann, GISP
Chris Rehmann, PE, CME, PP, PLS
Richard Heggan, PLS, PP
Robert Heggan, PLS, PP

RECEIVED
FEB 14 2017
BY:

February 13, 2017

Mr. John Maselli
Municipal Finance & Construction
NJ Department of Environmental Protection
401 East State Street, 3rd floor
Trenton, NJ 08625

Hand Delivery

Re: **NJDEP Expedited Review – Treatment Works Approval**
Recovery Centers of America – 1840 Peter Cheeseman Road, LLC
1840 Peter Cheeseman Road; Block 14003, Lot 13
Gloucester Township, Camden County, NJ
Application for Treatment Works Approval – 23000 GPD
ARH #50-52433

Dear John:

On behalf of Recovery Centers of America, RCA, we hereby submit the following documents for consideration of granting approval for sewer improvements for this major site plan:

a. CCMUA Resolution
b. GTMUA Resolution
c. Fee in the amount of $850.00 payable to Treasurer, State of NJ (CHECK 3739)
d. TWA Checklist
e. Receipts of Public Notification to Local Board and Environmental Commission
f. Major Site Plans, revised February 13, 2017
g. Technical Specifications, Water & Sewer, dated December 22nd, 2016
h. Engineer's Report, dated December 22nd, 2016, Revised January 17, 2016
i. Estimates for Sewer Construction Cost
j. *Sewer Forms:*
   1. Checklist & fee calc sheet
   2. Quad Location Map
   3. WQM-003
   4. WQM-006
   5. TWA-1

Proposal:

The applicant requests an Expedited review for NJDEP approvals to expand the existing facility to accommodate for 125-total beds, resulting in an extra 23,000 gallons per day sewer flow.

The applicant is proposing to utilize the existing footprint and construct three new additions onto the existing structure as well as construct a 1-story treatment center building.

The applicant has received approvals from the local jurisdictions including Camden County MUA and Gloucester Township MUA for the proposed site improvements.

Request Expedited Treatment Works Approval:

The Developer wishes to obtain a state permit to install this 8-inch lateral into the existing public mains, in order to expand the existing rehabilitation facility to a total of 125 beds, with no other improvements to the system.

This application should fall within the threshold for 'expedited review.'

Receipts of Notification:

Attached are the white slips from the Post Office for Certified Mailings of the application and plans to the Planning Board Secretary as well as the Gloucester Township Environmental Commission.

Should you have any further questions, comments, or concerns regarding this project, please do not hesitate to contact me at 856-340-9920.

If you should require additional information or have any questions, please feel free to contact our office.

Sincerely,

Senior Client Manager
ARH Associates

TW/ajw
Enclosures – Originals and Check
cc: Jerry O-Connor, RCA (w/enc)
Jack Plackter, Esq., Appl Attorney (w/enc)
John Lombardo, RCA (w/enc)
Gloucester Township Planning Board Engineer (w/enc)
Gloucester Township Planning Board Secretary (w/enc – certified mail return receipt)
Gloucester Township Clerk (w/enc – certified mail return receipt)
Gloucester Township Environmental Commission (w/enc– certified mail return receipt)

TW//ajw
w:\fileroom\hq\5\5052433\eng - recovery centers of america\twa permits\new submission dec 2016\njdep twa forms (estimates here)\submission to dep twa 2-13-17.docx

Civil Solutions
a division of arh

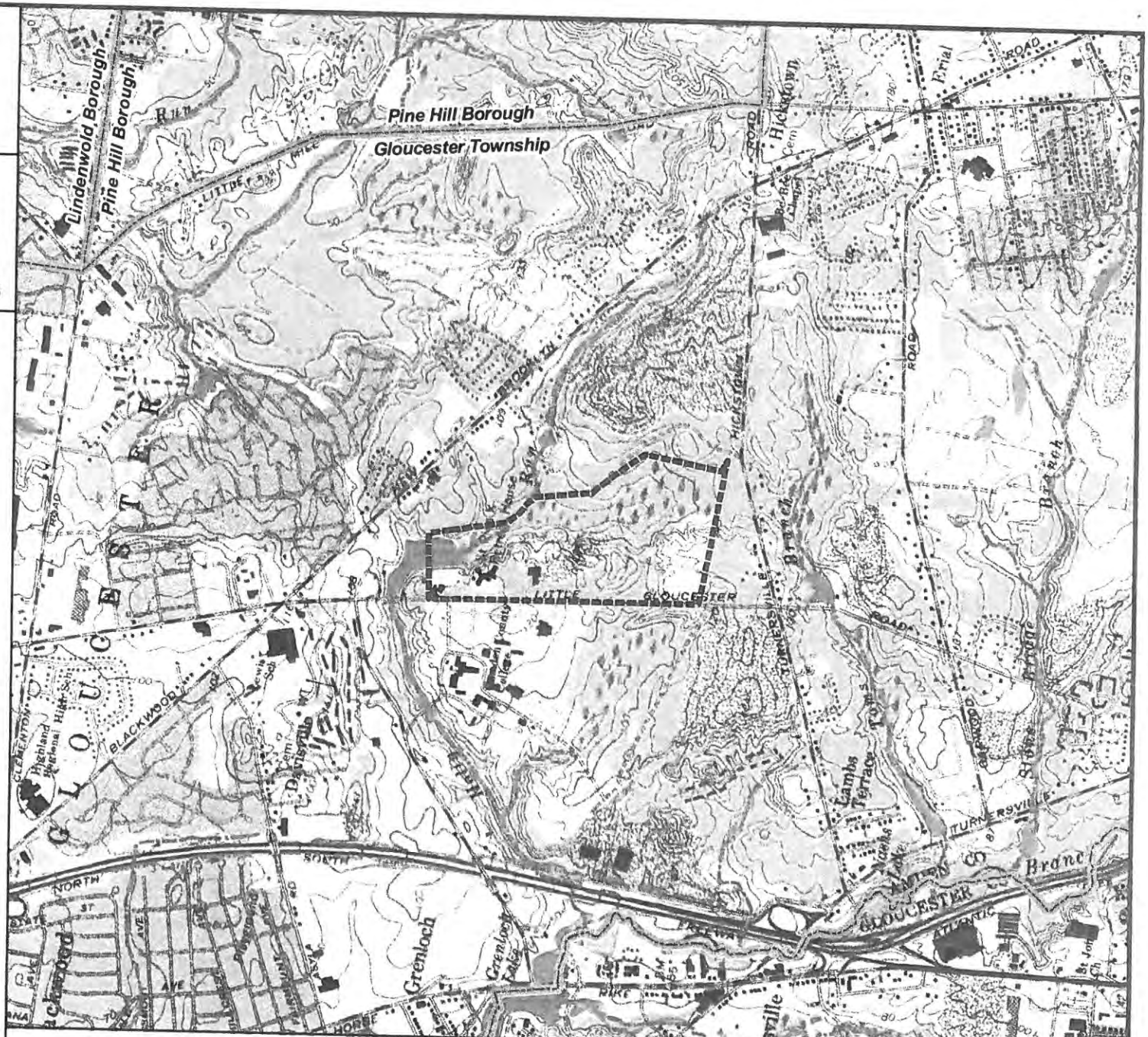
County - Camden
Township - Gloucester Twp
Block - 14003
Lot - 13, 14
St Frontage - Peter Cheeseman Rd
Drawn by: CHD Dated: 12/12/2016

Legend

- Site Area
- Water bodies (NJDEP)
- Streams (NJDEP)

Recovery Center of America - Gloucester Twp.

0 1,000 2,000
Feet
1 inch = 2,000 feet



USGS
SE RUNNEMEDE NJ Quadrangle #1154
ARH Project #50-52433

Note:
This map was developed using New Jersey Department of Environmental Protection Geographic Information System digital data, but this secondary product has not been verified by NJDEP and is not state-authorized.

Monday, December 12, 2016 8:31:51 AM
W:\FILEROOM\HQ\5\5052433\GIS\MAP\Site Maps\USGS_2016.mxd

Recovery Centers of America
2701 Renaissance Blvd
King Of Prussia, PA 19406

Customers Bank

3739
Date: 02/06/2017

Pay To
The Order Of Treasurer, State of New Jersey
Eight Hundred Fifty Dollars

$**850.00**

Treasurer, State of New Jersey
125 West State Street
Trenton, NJ 08625
United States

⑈003739⑈ ⑆031302976⑆ 6208872⑈

Recovery Centers of America
V00599--Treasurer, State of New Jersey
Print As: Treasurer, State of New Jersey

125 West State Street
Trenton, NJ 08625

3739
Customers Bank
Operating 8872
Date: 02/06/2017

Date	Bill #	Reference Number	Amount Due	Amount Paid/Applied
11/28/2016	11/28/2016		$850.00	$850.00
Net Amount:				$850.00

TWA - 1

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

Reset form

Treatment Works Approval Permit Application

Refer to Instructions on Page 4 and Provide All Applicable Information. Please Print or Type.

1. APPLICANT/OWNER*

Name Gloucester Township Municipal Utilities Authority Telephone (856) 227-8666

Permanent Legal Address P.O. Box 216

City or Town Glendora State NJ Zip Code 08029 E-mail mhrynio@gtmua.com

* *Applicant/Owner should be the eventual owner of the proposed Treatment Works.*

2. LOCATION OF ACTIVITY

Name of Facility/Site **Recovery Centers of America**

Street Address/Location **1840 Peter Cheeseman Road**

Lot No. **13** Block No. **14003**

City or Town **Gloucester** State **NJ** Zip Code 08030

Municipality **Camden** County Camden

3. NEW JERSEY LICENSED PROFESSIONAL ENGINEER

Name Theodore Wilkinson N.J. License No. 39607

Name of Firm, if employee ARH Associates

Mailing Address 215 Bellevue Avenue

City or Town Hammonton State NJ Zip Code 08037

Telephone (609) 561-0482 Fax (609) 704-8011 E-Mail twilk@arh-us.com

4. ESTIMATED CONSTRUCTION COST AND APPLICATION FEE

A. Cost of treatment works proposed in this application $ 45,580.80
(Attach a breakdown of the cost of all items related to the construction of the proposed treatment works).

B. Application Fee $ 850.00 minimum per TWA Program "Fee Report and Fee Schedule for FY2008"
(In accordance with N.J.A.C. 7:1C-1.5 et seq., made payable to Treasurer, State of NJ, Environmental Services Fund).

5. Other Required Permits

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

Permit Type	Application Status (check one) Pending	Approved*	Application Date (or Application No.)
• Treatment Works Approval	☑	☐	
• Exemption From Sewer Ban	☐	☐	
• Water Quality Management Plan Amendment	☐	☐	
• CAFRA	☐	☐	
• Stream Encroachment	☐	☐	
• Freshwater Wetlands	☑	☐	
• Tidal or Coastal Wetlands	☐	☐	
• Waterfront Development	☐	☐	
• NJPDES Permits	☐	☐	
• Pinelands Certificate	☐	☐	
• Delaware & Raritan Canal Commission	☐	☐	
• Hackensack/Meadowlands Commission	☐	☐	
• Other Related Approvals	☑	☐	SCD

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

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

Site will be used as a rehabilitation center, for short and long term treatment, consisting of 125 total beds. There will be a installation of sewer main and sewer service laterals. The installation consists of 548 LF of 8" PVC sewer main, 122 LF of 6" PVC sewer laterals, and 100 LF of 4" PVC sewer laterals. The installation includes 5 manholes and the appropriate cleanouts and risers. The connections will be made into the existing sanitary system on site by way of 6" and 8" corings.

7. APPLICANT'S AGENT (Optional)

I, Gloucester Township Municipal Utilities Authority
(Applicant/Owner's Name)
authorize to act as my agent/representative in all matters pertaining to my application the following person:

Name Theodore Wilkinson, PE Position Senior Project Engineer

Address 215 Bellevue Avenue City Hammonton

State NJ Zip Code 08037 Telephone (609) 561-0482

Signature of Agent 1/25/17 Date Signature of Applicant/Owner 1-25-17 Date

8. PROPERTY OWNER'S CERTIFICATION

I hereby certify that Recovery Centers of America, LLC
(Property Owner's Name)
owns 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 Owner 1/24/17 Date

Print or Type: Name and Position JP Christen, COO

9. 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 1/25/17 Date

Print or Type: Name and Position Theodore Wilkinson, PE

PROFESSIONAL ENGINEER'S EMBOSSED SEAL

10. Proper Construction and Operation Clause

I, the Applicant/Owner, Gloucester Township Municipal Utilities Authority agree that the treatment works will be properly constructed and operated in accordance with the engineering plans, specifications and conditions under which approval is granted by the Department of Environmental Protection.

Signature of Applicant/Owner _____ Date 1-25-17

Print or Type: Name and Position Raymond J. Carr Executive Director

11. Certification by Applicant/Owner

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 _____ Date 1-25-17

Print or Type: Name and Position Raymond J. Carr Executive Director

Instructions for Completing Form TWA - 1

This form should accompany all Treatment Works Approval permit applications.

1. **General Information** - (items #1 through #4, #6) Complete the requested applicant and project information.
2. **Other Required Permits** (item # 5) - Please list all permits issued for the subject project (in addition to the permits being applied for at this time).
3. **Signatures** (items #7 through #11) - All signatures must comply with N.J.A.C. 7:14A-4.9 and N.J.A.C. 7:14A-22.8. Where indicated under items #1, #10 and #11, the applicant/owner should be the eventual owner of the proposed treatment works. Item #8 shall be completed by the owner of the property.

Should you need assistance in completing the application, please call the appropriate phone number listed below:

- **Bureau of Construction & Connection Permits**
  (609) 984-4429
  Municipal Treatment Works, Industrial Treatment Works, Sewer Extension, Sewer Ban Exemption, Subsurface Disposal Systems
- **Bureau of Nonpoint Pollution Control**
  (609) 633-7021
  Alternate Design Septic Systems (design flow less than 2,000 GPD)

WQM-006

Revision 06/2010

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Quality

Reset Form

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: Gloucester Township Municipal Utilities Authority **Municipality:** Gloucester Township

Project Name: Recovery Centers of America **County:** Camden

Name of Receiving Sewage Treatment Plant: CCMUA Delaware #1 Water Pollution Control Facilities

NJPDES Permit Number: NJ0026182

Effluent Receiving Waters: Delaware River

Scope of Project:

Site will be used as a rehabilitation center, for short and long term treatment, consisting of 125 beds. There will be an installation of sewer main and sewer service laterals.

The installation consists of 548 LF of 8" PVC sewer main, 122 LF of 6" PVC sewer laterals, and 100 LF of 4" sewer laterals. The service laterals service a total of

25,482 sf of new building. The installation includes 5 manholes and 3 services. The site already has a 30,000 sf building on the property with existing sewer service.

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.)
Institution Rehab Building Additions		125 Beds	X	175	=	21,875
Gymnasium/ Fitness Center		1	X	600	=	600
Outpatient Services Building(1-Story)		3850 SF	X	.100	=	385
			X		=	

Combined Projected Flow: 0.023 M.G.D.
Existing Contributory Flow (if any): 0 M.G.D.
TOTAL FLOW: 0.023 **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"	546	PVC	.010	400	.4	4.5	0.564

1.	What is the minimum cover (as measured from the top of the pipe to the grade elevation) provided along the entire sewer line?	4 ft.		
2.	What is the infiltration and/or exfiltration limit for testing purposes (gallons per inch of pipe per mile per day)?	50 gpd-mi/in.		
		YES	NO	N/A
3.	Are sewers within 100 feet of a public water supply well or a below-grade reservoir?	☐	☑	☐
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?	☑	☐	☐
5.	Are sewers crossing streams located within 10 feet of a stream embankment encased in concrete?	☐	☐	☑
6.	Is a drop pipe provided for sewers entering manholes above the manhole invert wherever the difference in elevation is two feet or more?	☐	☐	☑
7.	Are all manholes located more than 100 feet from a public water supply well or a below-grade reservoir?	☐	☐	☑
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?	☐	☐	☑
9.	Are the sanitary sewers designed to carry at least twice the estimated average projected flow when flowing half full?	☑	☐	
10.	Have adequate provisions been made for the ventilation of manholes?	☑	☐	
11.	If siphons are part of this project, are they in conformance with N.J.A.C. 7:14A - 23.7?	☐	☐	☑
12.	Are the immediate downstream sewer lines constructed?	☑	☐	☐

(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: N/A GPD
Peaking factor: _____
Peak design flow: _____ GPD
Number of pumps: _____
Surface area of wet well: _____ ft^2
Wet Well Detention Time : _____ minutes
TDH of pump: _____ ft
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)
N/A						

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?	☐	☐	☐	
6.	Are air and/or vacuum release valves provided on the high points of the force main?	☐	☐	☐	
7.	Are adequate freshwater wash-down facilities provided?	☐	☐		
8.	If a domestic water service connection will be utilized for wash-down purposes, is it protected by a backflow prevention device?	☐	☐	☐	
9.	Are shut-off valves on suction and discharge piping and check valves on discharge lines provided?	☐	☐		
10.	Is the base of the pump station wet well sloped toward the pump suction?	☐	☐		
11.	Does the alarm system provide for competent assistance on a 24 hour basis?	☐	☐		
12.	Is the pump station adequately protected from flooding?	☐	☐		
13.	Is the dry well provided with a sump pump?	☐	☐		

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 ☑]?

Professional Engineer's Embossed Seal

Signature of Engineer:

Name and Date: (Print or Type) Theodore Wilkinson, PE

Firm Name: ARH Associates, Inc.

2. DOMESTIC WASTEWATER TREATMENT AND/OR RESIDUAL FACILITIES

N/A

Is the following information submitted with this engineer's report?		YES	NO
1.	A complete description of the selected wastewater treatment system.	☐	☐
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.	☐	☐
3.	Hydraulic profiles of the flow of wastewater through the system.	☐	☐
4.	A unit by unit mass balance for all discharge parameters.	☐	☐
5.	The ultimate disposal location of all effluent.	☐	☐
6.	The basis and computations for average and peak flow requirements.	☐	☐
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.	☐	☐
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.	☐	☐
9.	Documentation of adequate storage and handling facilities for residuals.	☐	☐
10.	Provisions for the ultimate management of residuals.	☐	☐
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.	☐	☐
12.	The basis and computations for the projected wastewater flow.	☐	☐
13.	A fully executed Licensed Operator Grading Form.	☐	☐

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. NJ0026182. 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* N/A

Professional Engineer's Embossed Seal

Name and Date: (Print or Type) Theodore Wilkinson. PE

Firm Name: ARH Associates, Inc.

** This certification may not be completed until the effective date of the associated final NJPDES Discharge Permit.*

Brahin Properties, Inc.
1535 Chestnut St.
Philadelphia, Pennsylvania 19102

February 1, 2017
File No. 15073

Sent Via Certified Mail

Gloucester Township Planning Board
Chews Landing Clementon Road at Hide Lane
P.O. Box 8
Blackwood, NJ 08012

Re: **Proposed 6" Sewer Force Main**
Block 16504, Lots 10, 11 & 12-TM Sht. No. 165
Jarvis Road
Gloucester Township, Camden County, New Jersey

Dear Planning Board:

This letter is being submitted to inform you that a force main application (TWA) has been submitted for approval to the NJDEP Division of Water Quality. The proposed 6" Force Main through Peachtree Lane will re-direct discharge from the Jarvis Road Sump Pump Station and connect to the gravity sewer system on Sturbridge Drive as there is available capacity to that portion of the GTMUA collection system.

Sincerely,

Lee Brahin,
Owner
Brahin Properties, Inc.
215-563-7111