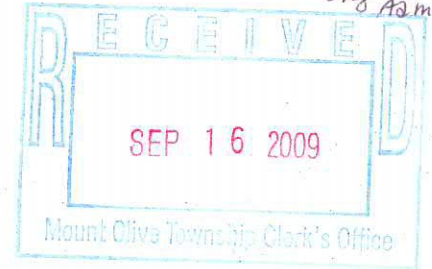




State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
Municipal Finance and Construction Element
Division of Water Quality
P.O. Box 425
Trenton, New Jersey 08625
Fax: (609) 633-8165
www.state.nj.us/dep/dwq

JON S. CORZINE
Governor



MARK N. MAURIELLO
Acting Commissioner

William Sohl, Buis. Adm.
Twp. of Mount Olive
204 Flanders-Drakestown Rd.
Budd Lake, NJ 07828

SEP 11 2009

RE: One-Year Extension of Time
Treatment Works Approval No. 07-0387
Mt. Olive Mews
Mount Olive Twp, Morris County

Dear William Sohl:

This is in response to your request for a one-year extension of time to proceed with construction of the treatment works approved under the above referenced permit. Based upon the information presented in your letter, we have decided to grant an extension of time for a period of one (1) year, in accordance with N.J.A.C. 7:14A-22.12.

Therefore, the new expiration date for Permit No. 07-0387 shall be 09/09/2010. Unless construction of the treatment works approved under the above noted permit is initiated by that date or an additional time extension granted, this permit shall become null and void.

Please note that each time extension is granted for a maximum period of one year and no permit will be extended beyond a total of five (5) years from the original date of the permit. If there are any questions concerning the above, please contact James Pontoriero of this office at (609) 984-6840.

Sincerely,

Gautam R. Patel, Chief
Bureau of Financing and Construction Permits

07-0387

cc: Simoff Eng.

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY
CN425
TRENTON, N.J. 08625-0425
TREATMENT WORKS APPROVAL PROGRAM

CERTIFICATION FOR APPROVAL BY PROFESSIONAL ENGINEER

Within 30 days after the construction of the treatment works has been completed, the permittee shall submit two executed copies of this form to the appropriate receiving wastewater treatment plant for their approval prior to operation. One executed copy approved by the receiving wastewater treatment plant shall be forwarded to the Division of Water Quality at the above noted address.

Treatment Works Approval Permit No.: _____

Name of Permittee: _____

Location of Activity: _____
(Municipality and County)

I hereby certify the treatment works identified above has been inspected and tested under my supervision. Construction was witnessed as required in the specifications.

The project was constructed in substantial conformance with the approved plans and specifications. Any minor exceptions to the approved plans and/or specifications are attached hereto with the approval of the permittee.

Signature of Certifying Engineer

Name and Date
(Print or Type)

Professional Engineer's
Embossed Seal

RECEIVING WASTEWATER TREATMENT PLANT ACKNOWLEDGMENT	
Name of Wastewater Treatment Plant	_____
Acknowledgment by Wastewater Treatment Plant Owner*	_____
	(signature and date)

* Person authorized to sign section C of the NJDEP's WQM-003 Consent Form