



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) INDIVIDUAL PERMIT FOR DISCHARGES OF STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITIES APPLICATION

Before completing this form, read the step-by-step instructions provided in the individual permit package.

DEP / CCD USE ONLY

Date Received: <u>4/24/23</u>	Permit ID: <u>PAD280019</u>
<input checked="" type="checkbox"/> Application Complete	Date of: <input type="checkbox"/> Return <input type="checkbox"/> Withdrawal <input type="checkbox"/> Denial
Date Determined Complete: <u>6/13/23</u>	
Issuance Date: <u>12/20/23</u>	Date Resubmission Received: _____
Effective Date: <u>12/20/23</u>	Expiration Date: <u>12/19/28</u>

GENERAL INFORMATION

1. Applicant Name(s): **Infrastructure and Energy Alternatives, Inc.**
2. Appl. Type: New Renewal Major Amendment Minor Amendment Permit No. PA_____
3. Primary NAICS Code: 221114 4. Additional NAICS Codes: _____
5. Project Description: This project proposes the installation of a +/- 100 megawatt ground-mounted principal solar energy system across 12 parcels that are comprised of a total of +/- 1,073 acres. Project improvements include: solar arrays, access roads, a substation, and necessary stormwater management measures.
6. Site Restoration Project 7. Discharges to Special Protection Waters (Module 3 Attached)
8. Project Site Within 150 Feet of Special Protection Waters (Module 4 Attached)
9. Common Plan of Development or Sale No. phases: _____ No. phases complete: _____

PROJECT SITE INFORMATION

1. Project Site Name: Aspen Solar Project
2. Total Project Site Area: 1073.7 acres
4
3. Project Site Impervious Area – Pre-Construction: 21.21 acres Percent of Total: 1.98 %
4. Project Site Impervious Area – Post-Construction: 31.95 acres Percent of Total: 2.98 %
5. Hydric soils or other wetland features are present within the Project Site. Yes No
 If Yes, the wetland determination is attached to the application.
6. County Name: Franklin County Municipality Name: Fannett City: Boro: Twp: State: PA
7. County Name: _____ Municipality Name: _____ City: Boro: Twp: State: PA
8. Site Location Address
See attached map.

9. Site Location City	State	ZIP+4
Dry Run	PA	17220

It is expected that fill will be needed for this project. The applicant has identified the source of the fill and has determined the material to be clean fill. DEP's online Certification of Clean Fill form has been submitted.

EARTH DISTURBANCE INFORMATION (CONTINUED)

- It is expected that fill will be needed for this project, which is located on a site that is being remediated to Act 2 standards and will be utilized in accordance with DEP standards under that program.
- It is expected that fill will be needed for this project. The applicant has identified the source of the fill and has determined it to be regulated fill. The regulated fill is authorized on the project site under a Waste Management General Permit No. WMGR096 authorization dated: _____.
- It is expected that fill will be needed for this project, which is not on an Act 2 site. The applicant has identified the fill and has determined that it does not meet criteria for clean fill. The applicant is seeking authorization to use the regulated fill from DEP's Waste Management Program.

13. The site is enrolled in DEP's Act 2 Program. Yes No

14. The site was previously enrolled in DEP's Act 2 Program and cleanup standards have been met. Yes No

15. Is Act 537 sewage planning approval needed for this project? Yes No

The Act 537 approval letter is attached to the NOI. Yes No (will be submitted prior to approval) N/A

16. A Chapter 105 permit or authorization is required. Yes No

17. If Yes, identify the necessary authorization. Joint Permit General Permit Waiver

18. Other DEP/CCD permits or authorizations are required. Yes No

19. If Yes, identify the necessary authorizations.

EXISTING PERMITS

Identify all environmental permits issued by DEP/CCD/EPA or are pending for this facility/project site within the past 5 years.

Type of Permit	Permit No.	Date Issued	Issued By

COMPLIANCE HISTORY

Was/Is the facility owner or operator in violation of any DEP regulation, permit, order, or schedule of compliance at this or any other facility or project site within the past 5 years? Yes No

If "Yes," list each permit, order or schedule of compliance and provide current compliance status. Use additional sheets to provide information on all permits.

Permit Program: _____ Permit No.: _____

Brief Description of Non-Compliance:

Steps Taken to Achieve Compliance Date(s) Compliance Achieved

Current Compliance Status: In Compliance In Non-Compliance

STORMWATER DISCHARGE INFORMATION

1. List all stormwater discharge points during construction and provide the information requested below (see instructions). Not Applicable

Discharge Point No.	LATITUDE		LONGITUDE		RECEIVING WATERS					
	Degrees	Degrees	Degrees	Degrees	Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?	TMDL?
DP001	40.1421	-77.7676			Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP002	40.1436	-77.7707			Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP003	40.1454	-77.7711			Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP004	40.1458	-77.7702			UNT 59690 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP005	40.1490	-77.7680			UNT 59690 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP006	40.1513	-77.7677			UNT 59690 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>

2. List all stormwater discharge points after construction and stabilization are complete and provide the information requested below. Not Applicable

Discharge Point No.	LATITUDE		LONGITUDE		RECEIVING WATERS					
	Degrees	Degrees	Degrees	Degrees	Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?	TMDL?
DP001	40.1421	-77.7676			Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP002	40.1436	-77.7707			Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP003	40.1454	-77.7711			Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP004	40.1458	-77.7702			UNT 59690 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP005	40.1490	-77.7680			UNT 59690 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP006	40.1513	-77.7677			UNT 59690 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>

3. Will any of the points identified above discharge to a storm sewer system? Yes No
 Name of storm sewer owner/operator: _____ Is the storm sewer an MS4 or CSS? Yes No
 Discharge points discharging to storm sewer: _____

4. Identify and describe all non-stormwater discharges that are expected to occur during permit coverage. Describe the frequency and volume of all such discharges.

 No non-stormwater discharges are anticipated.

5. Will there be any new or increased discharge to non-surface waters prior to reaching surface waters? Yes No
 If Yes, the applicant is expected to 1) secure legal authority for the non-surface water discharge if the discharge will be to property not owned by the applicant, and 2) provide for adequate controls during and after earth disturbance activities to prevent accelerated erosion.

STORMWATER DISCHARGE INFORMATION

1. List all stormwater discharge points during construction and provide the information requested below (see instructions). Not Applicable

Discharge Point No.	LATITUDE		LONGITUDE		RECEIVING WATERS					
	Degrees		Degrees		Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?	TMDL?
DP007	40.1547		-77.7636		Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP008	40.1529		-77.7614		Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP009	40.1502		-77.7582		Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP010	40.1520		-77.7544		Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP011	40.1564		-77.7514		UNT 59703 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP012	40.1620		-77.7523		Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. List all stormwater discharge points after construction and stabilization are complete and provide the information requested below. Not Applicable

Discharge Point No.	LATITUDE		LONGITUDE		RECEIVING WATERS					
	Degrees		Degrees		Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?	TMDL?
DP007	40.1547		-77.7636		Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP008	40.1529		-77.7614		Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP009	40.1502		-77.7582		Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP010	40.1520		-77.7544		Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP011	40.1564		-77.7514		UNT 59703 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP012	40.1620		-77.7523		Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will any of the points identified above discharge to a storm sewer system? Yes No
 Name of storm sewer owner/operator: _____ Is the storm sewer an MS4 or CSS? Yes No
 Discharge points discharging to storm sewer: _____

4. Identify and describe all non-stormwater discharges that are expected to occur during permit coverage. Describe the frequency and volume of all such discharges.

 No non-stormwater discharges are anticipated.

5. Will there be any new or increased discharge to non-surface waters prior to reaching surface waters? Yes No
 If Yes, the applicant is expected to 1) secure legal authority for the non-surface water discharge if the discharge will be to property not owned by the applicant, and 2) provide for adequate controls during and after earth disturbance activities to prevent accelerated erosion.

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1. List all stormwater discharge points during construction and provide the information requested below (see instructions). Not Applicable

Discharge Point No.	LATITUDE		LONGITUDE		RECEIVING WATERS					
	Degrees	Degrees	Degrees	Degrees	Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?	TMDL?
DP013	40.1649	-77.7528			Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP014	40.1658	-77.7475			UNT 59706 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DP015	40.1698	-77.7547			Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP016	40.1739	-77.7589			UNT 59713 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP017	40.1795	-77.7560			UNT 59719 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP018	40.1718	-77.7531			Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. List all stormwater discharge points after construction and stabilization are complete and provide the information requested below. Not Applicable

Discharge Point No.	LATITUDE		LONGITUDE		RECEIVING WATERS					
	Degrees	Degrees	Degrees	Degrees	Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?	TMDL?
DP013	40.1649	-77.7528			Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP014	40.1658	-77.7475			UNT 59706 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP015	40.1698	-77.7547			Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP016	40.1739	-77.7589			UNT 59713 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP017	40.1795	-77.7560			UNT 59719 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
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DP019	40.1803	-77.7431			UNT 59717 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP020	40.1763	-77.7387			UNT 59706 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP021	40.1740	-77.7377			UNT 59706 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP022	40.1726	-77.7356			UNT 59709 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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DP021	40.1740	-77.7377			UNT 59706 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
DP022	40.1726	-77.7356			UNT 59709 to Dry Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CWF/MF	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

3. Will any of the points identified above discharge to a storm sewer system? Yes No Is the storm sewer an MS4 or CSS? Yes No
Name of storm sewer owner/operator: Discharge points discharging to storm sewer:

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No non-stormwater discharges are anticipated.

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DISCHARGES TO IMPAIRED WATERS

1. Are stormwater discharges anticipated to impaired waters during or following construction activities? Yes No
2. If Yes to #1, is Antidegradation Module 3 attached to the application? Yes No
3. Is there an EPA-approved TMDL for the impaired waters? Yes No
4. If Yes to #3, is there a WLA(s) in the TMDL that would apply to the applicant's discharges? Yes No
5. If Yes to #4, explain in the space provided or in a separate attachment how the discharges will comply with the WLA(s).

CERTIFICATION FOR APPLICANTS

I certify under penalty of law and subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I will abide by the terms and conditions of the permit until the Notice of Termination (NOT) is submitted. I will not commence in construction resulting in earth disturbance until all criteria specified in the permit are met for commencing construction. I will ensure that a licensed professional or a designee is present on-site and be responsible during critical stages of implementation of the PCSM Plan, as applicable. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

MARISA POLICASTRO

Applicant Name (type or print legibly)

Director Civil Engineering

Official Title

Maris Polcastro

Applicant Signature

3/28/2023

Date Signed

CERTIFICATION FOR OPERATORS

I understand that I am assuming joint and severable responsibility, coverage, and liability under the permit for all duties, responsibilities, and non-compliance with the Chapter 102 permit, as a co-permittee of this permit coverage. I certify that I will implement the requirements of the permit and the approved design plans and will notify the permittee and the agency that issued permit coverage prior to implementing changes to the plans.

Operator Name (type or print legibly)

Official Title

Operator Signature

Date Signed

Operator Name (type or print legibly)

Official Title

Operator Signature

Date Signed