

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
RECEIPT #7021 0350 0000 4156 1632

April 13, 2022

Mr. Brian Carl, Manager / Zoning Officer
Lowhill Township
2175 Seipstown Road
Fogelsville, PA 18051

Re: Individual NPDES Permit Application
2951 Betz Court Site
CRG Services Management, LLC
Lowhill Township, Lehigh County, PA
ACT 14, 67, 68 & 127 NOTIFICATION

Dear Brian:

Acts 14, 67, 68, and 127, which amended the Municipalities Planning Code, direct state agencies to consider comprehensive plans and zoning ordinances when reviewing applications for permitting of facilities and infrastructure, and specify that state agencies may rely upon comprehensive plans and zoning ordinances under certain conditions as described in Sections 619.2 and 1105 of the Municipalities Planning Code. The Pennsylvania Department of Environmental Protection's Policy for Consideration of Local Comprehensive Plans and Zoning Ordinances in DEP Review of Permits for Facilities and Infrastructure (DEP's Land Use Policy) provides direction and guidance to DEP staff, permit applicants, and local and county governments for the implementation of Acts 14, 67, 68 and 127 of 2000. This policy can be found at www.dep.state.pa.us, keyword: Land Use.

Enclosed please find the Municipal Notification of Planned Land Development for Chapter 102 Permits that is to be submitted with our permit application to DEP for an NPDES Permit for Stormwater Discharges Associated with Construction Activities. Please complete the attached form and return within 30 days to the Agent of Applicant:

Agent of Applicant: Joshua D. Hoffman, P.E.
Snyder, Secary & Associates, A Division of Pennoni

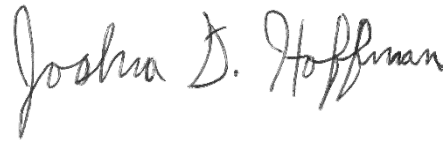
Address of Agent: 2000 Linglestown Road
Suite 304
Harrisburg, PA 17110
(717) 975-7863

Please do not send this form to DEP, as we must include the Municipal Notification of Planned Land Development for Chapter 102 Permits with our permit application. If we do not receive a response from you **within 30 days**, we shall proceed to submit our permit application to DEP without the Municipal Notification of Planned Land Development for Chapter 102 Permits. If the Municipal Notification of Planned Land Development for Chapter 102 Permits is not submitted with our permit application, and we provide proof to DEP that we attempted to obtain it, DEP will assume there are no substantive land use conflicts and proceed with the normal application review process.

If you have any questions, please do not hesitate to contact me at (717) 975-7863 or jhoffman@pennoni.com. Thank you.

Sincerely,

Snyder, Secary & Associates, LLC

A handwritten signature in black ink that reads "Joshua D. Hoffman". The signature is written in a cursive style with a large initial 'J'.

Joshua D. Hoffman, P.E.
Senior Engineer

cc: File

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CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

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Certified Mail Fee	\$	3.75
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	3.05
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	1.70
Total Postage and Fees	\$	8.56



Sent To Lowhill Township
 Street and Apt. No., or PO Box No. 2175 Seipstown Road
 City, State, ZIP+4® Fogelsville PA 18051

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Mr. Brian Carl
Lowhill Township
2175 Seipstown Road
Fogelsville, PA 18051



9590 9402 6062 0125 9901 25

Article Number (Transfer from service label)
7021 0350 0000 4156 1632

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Janet Hewitzy Addressee
 B. Received by (Printed Name), Janet Hewitzy C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt