



**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: _____ Permit ID: _____
 Application Complete Date of: Return Withdrawal Denial
 Date Determined Complete: _____
 Issuance Date: _____ Date Resubmission Received: _____
 Effective Date: _____ Expiration Date: _____

GENERAL INFORMATION

1. Applicant Name(s): **Blue Ridge Real Estate Company**

2. Appl. Type: New Renewal Major Amendment Minor Amendment Permit No. PA_____

3. Primary NAICS Code: 236210 4. Additional NAICS Codes:

5. Project Description: Development includes the construction of a 420,000 sf building, trailer parking areas, employee parking areas, and stormwater management facilities.

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: Blue Ridge Real Estate Lot #2

2. Total Project Site Area: 76 acres

3. Project Site Impervious Area – Pre-Construction: 0.70 acres Percent of Total: 0.92 %

4. Project Site Impervious Area – Post-Construction: 22.69 acres Percent of Total: 29.85 %

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	Municipality Name	City	Boro	Twp	State
Carbon	Kidder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PA
7. County Name	Municipality Name	City	Boro	Twp	State
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PA

8. Site Location Address
SR 940

9. Site Location City: White Haven State: PA ZIP+4: 18661

OPERATOR INFORMATION

1. Operator Name: _____ 2. Contact Name: _____
 3. Operator Address: _____ 4. Operator Phone: _____
 5. Operator City, State, ZIP: _____
 6. Operator's Role in Project: General Contractor Consultant Excavation Contractor Other
 7. Operator's Responsibilities: _____

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 3. Operator Address: _____ 4. Operator Phone: _____
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EARTH DISTURBANCE INFORMATION

1. Total Earth Disturbance Area 46.3 acres 2016828 sf
 2. Pre-Construction Impervious Area: 30492 sf
 3. Post-Construction Impervious Area: 988376 sf
 4. Pre-Construction/Present Land Use(s):
 Undeveloped/Wooded 100 %
 _____ %
 _____ %
 _____ %
 5. Post-Construction Land Use(s):
 Developed/Industrial 61 %
 _____ %
 _____ %
 _____ %
 6. A map/drawing showing the site, LOD, surface waters, discharge points, BMPs and drainage is attached.
 7. Report latitude and longitude at the center of the proposed disturbed area.
 Latitude: 41.08305 Longitude: -75.68305
 8. Horizontal Reference Datum: NAD of 1927 NAD of 1983 WGS of 1984 Unknown
 9. There will be off-site construction support activities. Yes No
 10. If Yes, identify the nature of known off-site support activities whose disturbance is included in #1, above:

Description of Off-Site Support Activity	Distance from Site	Disturbance Area
	mi	acres
	mi	acres

11. Identify any other off-site support activities whose disturbance is not included in #1, above (see instructions).

Description of Off-Site Support Activity	Distance from Site	Disturbance Area
	mi	acres
	mi	acres

12. Check the appropriate box concerning fill material (see instructions):

No fill material is expected to be imported to the project site.

It is expected that fill will be needed for this project. The source of fill has not yet been determined but will undergo environmental due diligence when identified.

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	Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?	TMDL?
1	41.08305	-75.68305	Black Creek / UNT to Black Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HQ-CWF, MF	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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	Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?	TMDL?
1	41.08305	-75.68305	Black Creek / UNT to Black Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HQ-CWF, MF	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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: _____

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.

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.

Bruce Beaty

Applicant Name (type or print legibly)

President

Official Title



Applicant Signature

10-26-23

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

