

May 26, 2022  
Via Certified Mail

Lehigh Valley Planning Commission  
961 Marcon Boulevard, Suite 310  
Allentown, PA 18109

Attn: To Whom It May Concern

**RE: Proposed Industrial Development  
Marshfield Drive, River Road &  
Potomac Street  
Upper Mount Bethel Township  
Northampton County, PA  
DEC# 3810-99-001**

Dear Sir/Madam,

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 67, 68 and 127 of 2000. This policy can be found at [www.dep.pa.gov](http://www.dep.pa.gov), keyword: Land Use.

In accordance with DEP's Land Use Policy, enclosed please find a County Land Use Letter 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:

Name of Applicant: River Pointe Logistics Center, LLC

Address of Applicant: 559 Main Street, Suite 300, Bethlehem, PA 18018

Project Location: Marshfield Drive, River Road, & Potomac Street, Upper Mount Bethel Township, Northampton County, PA

Project Description: Phase I of the project proposes the construction of roadway infrastructure, stormwater facilities and four (4) industrial buildings as depicted on the Plans, with projected future buildings to be designed and permitted in subsequent phases.

Please do not send this form to DEP, as we must include the County Land Use Letter 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 County Land Use Letter. If the County Land Use Letter 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 our office.

Sincerely,

**Dynamic Engineering Consultants, PC**

A handwritten signature in black ink, appearing to read "Steve Walsh".

Steve Walsh, PE

CC: Northampton County Government Center (via certified mail)  
669 Washington Street  
Easton, PA 18042



**COUNTY NOTIFICATION OF PLANNED LAND DEVELOPMENT  
FOR CHAPTER 102 PERMITS**

**PROJECT INFORMATION (COMPLETED BY APPLICANT)**

Applicant Name: River Pointe Logistics Center, LLC Contact Name: Louis Pektor III  
 Applicant Address: 559 Main Street, Suite 300 Contact Phone: 610-332-3300  
 Applicant City, State, ZIP: Bethlehem, PA 18018 County: Northampton  
 Description of Proposed Land Development and Stormwater Controls: Municipality: Upper Mount Bethel Township

Phase I of the project proposes the construction of roadway infrastructure, above ground stormwater facilities, and four (4) industrial buildings as depicted on the Plans, with projected future buildings to be designed and permitted in subsequent phases.

Project Area: 360 acres  Phased  
 Disturbance: 274.5 acres

Surface Waters Receiving Stormwater Discharges:  
 UNT to Delaware River via surface waters;  UNT to Delaware River via non-surface waters;  UNT to Delaware River via MS4;  UNT to Allegheny Creek (No DP/Site Restoration)  
 Discharge to:  MS4  Other SS  CSS

Tax Parcel ID(s) Affected by Proposed Land Development:  
 See attached Parcel Data Sheet

The following information was submitted to the county for this project:

Land Development / Subdivision Plan  E&S Plan  PCSM Plan  Other:

**COUNTY PLAN INFORMATION (COMPLETED BY COUNTY)**

Name of county organization completing this assessment:

1. Is there an adopted county or multi-county comprehensive plan?  Yes  No
2. If Yes to #1, is the proposed project consistent with the county plan?  Yes  No
3. Is there a DEP-approved Act 167 stormwater management plan?  Yes  No  CCD
4. If Yes to #3, is the proposed project consistent with the Act 167 plan, without waiver?  Yes  No  CCD
5. If Yes to #3, list the date of the latest plan / update approved by DEP:  CCD

**APPLICANT CERTIFICATION**

I certify under penalty of law (see 18 Pa.C.S. § 4904 (relating to unsworn falsification)) that the information reported herein was 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 information, 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**COUNTY ACKNOWLEDGEMENT**

The county acknowledges that a permit application for the above-referenced project has been submitted to a reviewing agency and that notification requirements of Act 14 of 1984 and Acts 67, 68, and 127 of 2000 have been satisfied. The information reported herein by the county is true and accurate. County acknowledgment of receipt of notification shall not be construed as project approval.

River Pointe Logistics Center, LLC c/o Louis Pektor III

Applicant Name  
  
 Applicant Signature

County Representative Name  
  
 County Representative Signature


President

County Representative Title

Applicant Title  
5/19/2022  
 Date of Signature

Date of Signature

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Julie Berco</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Julie Berco</i> C. Date of Delivery <i>5/31/20</i></p>
<p>1. Article Addressed to:</p> <p>Lehigh Valley Planning Commission            961 Marcon Blvd # 310            Allentown, PA 18109</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 6362 0296 7208 94	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)            7017 1450 0000 1688 6077</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

U.S. Postal Service™ <b>CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only															
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.															
Allentown PA 18109															
<b>OFFICIAL USE</b>															
<table border="1"> <tr> <td>Certified Mail Fee</td> <td>\$ 3.75</td> </tr> <tr> <td>Extra Services &amp; Fees (check box, add fee as appropriate)</td> <td>\$ 7.05</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ 0.00</td> </tr> </table>	Certified Mail Fee	\$ 3.75	Extra Services & Fees (check box, add fee as appropriate)	\$ 7.05	<input type="checkbox"/> Return Receipt (hardcopy)	\$ 0.00	<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00	<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00	<input type="checkbox"/> Adult Signature Required	\$ 0.00	<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00	<div style="text-align: right;">             0976              99                Postmark Here              MAY 26 2022           </div>
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PS Form 3800, April 2015 PSN 7530-02-000-9047 <span style="float: right;">See Reverse for Instructions</span>															

7017 1450 0000 1688 6077

**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:

Northampton County Gov't Center  
 669 Washington St.  
 Easton, PA 18042



9590 9402 6362 0296 7211 67

2. Article Number (Transfer from service label)

7017 1450 0000 1688 6091

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Allen Frable*

- Agent
- Addressee

B. Received by (Printed Name)

*Allen Frable*

C. Date of Delivery

- D. Is delivery address different from item 1?  Yes
- If YES, enter delivery address below:  No

3. Service Type

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- Certified Mail Restricted Delivery
- Collect on Delivery
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- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7017 1450 0000 1688 6091

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Easton, PA 18042

**OFFICIAL USE**

Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
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Postage	\$ 0.98
Total Postage and Fees	\$ 7.73



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 Street and Apt. No., or PO Box No.: *669 Washington Street*  
 City, State, ZIP+4®: *Easton, PA 18042*

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions