



June 11, 2020

Mr. Fran Zalewski  
Borough of Trainer  
824 Main Street  
Trainer, PA 19061

RE: Adelfia Gateway Pipeline Project  
Act 14, 97 P.S. § 510-5  
JMT No: 18-00672-006

Dear Mr. Fran Zalewski:

This municipal notice, under the requirements of Act 14, 97 P.S. § 510-5, is to inform you that we are applying for coverage under the Erosion and Sediment Control General Permit (ESCGP-3) for Earth Disturbance Associated with Oil & Gas Exploration, Production, Processing or Treatment Operations or Transmission Facilities from the Pennsylvania Department of Environmental Protection (DEP):

**Applicant Contact:** Mark Valori, Adelfia Gateway, LLC

**Project Location:** Tilghman Lateral starts Southwest of the intersection of Ridge Rd and FedEx Drive, Lower Chichester, PA and ends Northeast of Flower St and Delaware Ave, City of Chester, PA

**Project Description:** The Tilghman lateral pipeline, known as Phase 2B of the Adelfia Gateway Lateral Project, consists of approximately 4.4 miles of a 16-inch O.D. pipeline, It is to be installed through traditional open cut installation and horizontal direction drill (HDD) installation methods.

The Tilghman Lateral runs along Ridge Road from National Ave to Langley Street and extends out of the right-of-way towards Price Street where the lateral continues Northeast along West 2nd Street to Flower Street. The Tilghman Lateral ends at a facility South adjacent to Delaware Ave. The total limit of disturbance (LOD) is approximately 1.32 acres. The entire LOD will be restored to existing conditions, and as such, will not require post construction management controls.

Enclosed is a complete copy of the Notice of Intent (NOI) completed by the applicant for this project as well as a copy of the Erosion and Sediment Control/Site Restoration plan.

Sincerely,

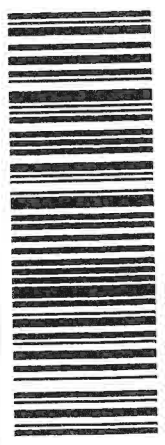
JOHNSON, MIRMIRAN & THOMPSON, INC.  
On Behalf of Applicant

Shiny M. Mathew, P.E.  
Senior Associate, Water Resources

Enclosures [2]:

1. Notice of Intent (NOI)
2. Site Restoration/Erosion and Sediment Control (E&SC) Plan

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL**



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<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Sent To: Mr. Fran Zalewski  
 Borough of Trainer  
 824 Main Street  
 Trainer, PA 19061

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

**18-00672-008**

**SENDER: COMPLETE THIS SECTION**

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- 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. Fran Zalewski  
 Borough of Trainer  
 824 Main Street  
 Trainer, PA 19061

9590 9402 4718 8344 0792 30

2. Article Number (Transfer from service label)  
 7018 2290 0001 9846 3192

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  Agent  
 Addressee

B. Received by (Printed Name) 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 checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input 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
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<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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MARCUS HOOK, PA 19061

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee)	\$2.85
<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
Postage	\$3.25
<b>Total Postage and Fees</b>	<b>\$14.65</b>

0407  
13

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06/12/2020

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 Street and Apt. No., or P.O.  
 City, State, ZIP+4®

Mr. Fran Zalewski  
 Borough of Trainer  
 824 Main Street  
 Trainer, PA 19061

PS Form 3800, April 2015 PSN 7500-02-000-9053 See Reverse for Instructions

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- Print your name and address on the reverse so that we can return the card to you.
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 Borough of Trainer  
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 Trainer, PA 19061



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 7018 2290 0001 9846 3192

**COMPLETE THIS SECTION**

A. Signature  
 X.M. 16 - C19  Agent  Addressee

B. Received by (Printed Name)  
 Fran

C. Date of Delivery  
 06/15/20

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

3. Service Type
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  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
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  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7630-02-000-9053

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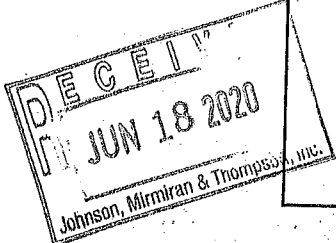


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Domestic Return Receipt

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• Sender: Please print your name, address, and ZIP+4® in this box•

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 220 St Charles Way  
 York, PA 17402

Handwritten signature: Allison Hill