



EROSION AND SEDIMENT CONTROL 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: _____ | | |
| <input type="checkbox"/> Application Complete | | | Date of: <input type="checkbox"/> Return <input type="checkbox"/> Withdrawal <input type="checkbox"/> Denial | | |
| Date Determined Complete: _____ | | | _____ | | |
| Issuance Date: _____ | | | Date Resubmission Received: _____ | | |
| Effective Date: _____ | | | Expiration Date: _____ | | |
| GENERAL INFORMATION | | | | | |
| 1. Applicant Name(s): _____ | | | | | |
| 2. Appl. Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Major Amendment <input type="checkbox"/> Minor Amendment Permit No. PA_____ | | | | | |
| 3. Project Description: _____ _____ | | | | | |
| 4. Project Activity: <input type="checkbox"/> Road Maintenance <input type="checkbox"/> Timber Harvesting <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other: _____ | | | | | |
| 5. <input type="checkbox"/> Site Restoration Project 6. <input type="checkbox"/> Discharges to Special Protection Waters (Module 3 Attached) | | | | | |
| 7. <input type="checkbox"/> Project Site Within 150 Feet of Special Protection Waters (Module 4 Attached) | | | | | |
| 8. <input type="checkbox"/> Phased Project No. phases: _____ No. phases complete: _____ | | | | | |
| PROJECT SITE INFORMATION | | | | | |
| 1. Project Site Name: _____ | | | | | |
| 2. Total Project Site Area: _____ acres | | | | | |
| 3. Project Site Impervious Area – Pre-Construction: | | | acres | Percent of Total: | % |
| 4. Project Site Impervious Area – Post-Construction: | | | acres | Percent of Total: | % |
| 5. Hydric soils or other wetland features are present within the Project Site. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <input type="checkbox"/> If Yes, the wetland determination is attached to the application. | | | | | |
| 6. County Name | Municipality Name | | City | Boro | Twp State |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 _____ _____ | | | | | |
| 9. Site Location City | | State | ZIP+4 | | |

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: _____

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: _____

EARTH DISTURBANCE INFORMATION

1. Total Earth Disturbance Area _____ acres _____ sf
 2. Pre-Construction Impervious Area: _____ sf
 3. Post-Construction Impervious Area: _____ sf
 4. Pre-Construction/Present Land Use(s): _____ 5. Post-Construction Land Use(s): _____
 _____ % _____ %
 _____ % _____ %
 _____ % _____ %
 _____ % _____ %
 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: _____ Longitude: _____
 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 exported from the 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. | RECEIVING WATERS | | | | | | TMDL? |
|---------------------|---------------------|----------------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|
| | LATITUDE Degrees | LONGITUDE Degrees | Name of Receiving Waters | Ches. Bay? | Non-Surface Waters | Ch. 93 Class. | |
| | | | | <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"/> | | <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. | RECEIVING WATERS | | | | | | TMDL? |
|---------------------|---------------------|----------------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|
| | LATITUDE Degrees | LONGITUDE Degrees | Name of Receiving Waters | Ches. Bay? | Non-Surface Waters | Ch. 93 Class. | |
| | | | | <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 ☐ Yes ☐ No
 Name of storm sewer owner/operator: Is the storm sewer an MS4 or CSS?
 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.

Applicant Name (type or print legibly)

Official Title

Applicant Signature

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