



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: _____
<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. Primary NAICS Code: _____	4. Additional NAICS Codes: _____
5. Project Description: _____	
6. <input type="checkbox"/> Site Restoration Project 7. <input type="checkbox"/> Discharges to Special Protection Waters (Module 3 Attached)	
8. <input type="checkbox"/> Project Site Within 150 Feet of Special Protection Waters (Module 4 Attached)	
9. <input type="checkbox"/> Common Plan of Development or Sale 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 or exported from the project site. On-site materials constitute clean fill.
 It is expected that fill will be needed for this project. Fill imported to the site will be considered clean fill.
 It is expected that fill will be exported from the project site. Fill exported from the site will be considered clean fill.

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

EARTH DISTURBANCE INFORMATION (CONTINUED)

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		RECEIVING WATERS					TMDL?
	Degrees	LONGITUDE Degrees	Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?	
				<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"/>	<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		RECEIVING WATERS					TMDL?
	Degrees	LONGITUDE Degrees	Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?	
				<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
 Name of storm sewer owner/operator: _____ Is the storm sewer an MS4 or CSS? Yes No
 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