



**PAG-02
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
GENERAL PERMIT FOR DISCHARGES OF
STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITIES
NOTICE OF INTENT (NOI)**

Before completing this form, read the step-by-step instructions provided in the PAG-02 NOI package.

DEP / CCD USE ONLY			
Date Received: _____	Permit ID: _____		
<input type="checkbox"/> Project Eligible	<input type="checkbox"/> NOI Complete	Date of: <input type="checkbox"/> Return	<input type="checkbox"/> Withdrawal <input type="checkbox"/> Denial
Date Resubmission Received: _____	_____		
Date Determined Complete: _____	Issuance Date: _____		
Coverage Effective Date: _____	Coverage Expiration Date: _____		
GENERAL INFORMATION			
1. NOI Type: <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Major Amendment <input type="checkbox"/> Minor Amendment Permit No. PA_____			
2. Primary NAICS Code: <u>237310</u>		3. Additional NAICS Codes: _____	
4. Project Description: Construction of an approximately 1.5 mile, 6-foot wide roadside path			
5. <input type="checkbox"/> Site Restoration Project			
6. <input type="checkbox"/> Common Plan of Development or Sale No. phases: _____ No. phases complete: _____			
APPLICANT INFORMATION			
1. Organization Name or Registered Fictitious Name Kennett Township		2. Employer ID# (EIN) 236000377	
3. Individual Last Name	First Name	MI	Suffix
4. Mailing Address Line 1 801 Burrows Run Road		Mailing Address Line 2	
5. Address Last Line – City Chadds Ford	State PA	ZIP+4 19317-9219	Country Chester
6. Applicant Contact Last Name Ratliff	First Name Eden	MI	Suffix
7. Applicant Contact Title Township Manager	8. Phone 610-388-1300	Ext	
9. Email Address eden.ratliff@kennett.pa.us	10. FAX		
11. Ownership: Government: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> School District <input type="checkbox"/> Non-Government <input type="checkbox"/> Mixed (Public/Private)			

ELIGIBILITY INFORMATION		
1. Stormwater discharges from the project site will not drain to surface waters, including wetlands, that are classified for special protection.	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
2. The applicant is not in violation of any DEP or EPA enforceable document, including any permit, schedule of compliance, consent assessment of civil penalty, or order at the project site or other sites or facilities owned or operated by the applicant in Pennsylvania, and has not shown a lack of ability or intention to comply with laws administered by DEP or EPA as indicated by past or continuing violations.	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
3. The PNDI receipt indicates either 1) "No Impact", or 2) "Conservation Measures", or 3) "Avoidance Measures" that have been agreed to by the applicant, or 4) "Potential Impact" or "Avoidance Measures" not agreed to by the applicant but clearance letters from jurisdictional agencies are attached to the NOI or otherwise will be submitted prior to General Permit coverage.	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
4. Soils in the area of the earth disturbance are not contaminated at levels exceeding residential or non-residential medium-specific concentrations (MSCs) in 25 Pa. Code Chapter 250 at residential or non-residential construction sites, respectively, unless a site-specific standard has been met or evidence is provided that the contamination is naturally occurring or the result of widespread atmospheric deposition.	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
5. Stormwater will not be discharged to MS4 or CSO systems or will be discharged to MS4 or CSO systems with no net change in volume, rate or water quality or will be discharged to MS4 or CSO systems with a net change (increase) and written consent of the MS4 or CSO permittee.	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
6. All fill material imported to the project site will be clean fill or will be regulated fill that has been authorized for use on the project site by DEP's Waste Management Program or will be used on an Act 2 site in accordance with standards established by DEP's Land Recycling and Environmental Remediation Standards Program.	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
7. Stormwater discharges will not occur that would contain toxic or hazardous pollutants as defined in sections 307 and 311 of the Clean Water Act (33 U.S.C. §§ 1317 and 1321) or any other substance that – because of its quantity, concentration, or physical, chemical or infectious characteristics – may cause or contribute to an increase in mortality or morbidity in either an individual or the total population, or pose a substantial present or future hazard to human health or the environment when discharged into surface waters.	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
8. Stormwater will not be discharged to impaired waters caused by siltation, suspended solids, turbidity, water/flow variability, flow modifications/alterations, or nutrients, or stormwater will be discharged to impaired waters but the applicant will implement non-discharge alternative(s) or ABACT BMPs.	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False
9. Stormwater will not be discharged to waters with an EPA-approved or established TMDL for siltation, suspended solids, or nutrients, or will be discharged to TMDL waters (including the Chesapeake Bay) but the applicant will implement non-discharge alternative(s) or ABACT BMPs and any applicable wasteload allocation (WLA) will be achieved.	<input checked="" type="checkbox"/> True	<input type="checkbox"/> False

EXISTING PERMITS

Identify all environmental permits issued by DEP/CCD or EPA or are pending for this facility/project site within the past 5 years.

Type of Permit	Permit No.	Date Issued	Issued By
Joint Permit (Small Project)	E15-906	12/19/2018	PA DEP and U.S. Army Corps
Chap. 105/106 & Sec. 404 Joint Permit	Pending		

PROJECT SITE INFORMATION					
1.	Project Site Name	Greenway Trail along Chandler Mill Road	2.	Total Project Site Area	10.65 acres
3.	Project Site Impervious Area – Pre-Construction	3.52 acres		Percent of Total	33 %
4.	Project Site Impervious Area – Post-Construction	4.61 acres		Percent of Total	43 %
5.	Hydric soils or other wetland features are present within the Project Site. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, the wetland determination is attached to the NOI.				
6.	County Name	Municipality Name	City	Boro	Twp State
	Chester	Kennett	<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 Along Chandler Mill Road (T-408) between Buck Road and Hillendale Road				
9.	Site Location City	State	ZIP+4		
	Avondale	PA	19311-9625		
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: <input type="checkbox"/> General Contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Excavation Contractor <input type="checkbox"/> 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: <input type="checkbox"/> General Contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Excavation Contractor <input type="checkbox"/> Other				
7.	Operator's Responsibilities:				
EARTH DISTURBANCE INFORMATION					
1.	Total Earth Disturbance Area	4.40 acres	191,455	sf	
2.	Pre-Construction Impervious Area:	11,645	sf		
3.	Post-Construction Impervious Area:	55,056	sf		
4.	Pre-Construction/Present Land Use(s):		5.	Post-Construction Land Use(s):	
	Roadwy (Impervious)	6 %	Roadway/Path (Impervous)	29	%
	Meadow (Pervious)	45 %	Meadow (Pervious)	63	%
	Woods (Pervious)	49 %	Open Space	8	%
		%			%
6.	<input checked="" type="checkbox"/> Plan Drawings within E&S Plans and PCSM Plans showing topography, project site and LOD boundaries, surface waters, discharge points, E&S and PCSM BMPs, and drainage patterns are attached.				
7.	Report latitude and longitude at the center of the proposed disturbed area (decimal degrees).				
	Latitude:	<u>39.825633</u>	Longitude:	<u>-75.717744</u>	
8.	Horizontal Reference Datum: <input type="checkbox"/> NAD of 1927 <input checked="" type="checkbox"/> NAD of 1983 <input type="checkbox"/> WGS of 1984 <input type="checkbox"/> Unknown				

EARTH DISTURBANCE INFORMATION (CONTINUED)

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.
- 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 obtained before construction) 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.

COMPLIANCE HISTORY

Was/Is the applicant, 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?
DP 001	39.812119	-75.713518	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 002	39.812575	-75.714897	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 003	39.813714	-75.715550	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 004	39.814633	-75.715153	West Branch of Red Clay Creek	<input type="checkbox"/>	<input type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 005	39.815956	-75.714675	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" 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?
DP 001	39.812119	-75.713518	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 002	39.812592	-75.714900	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 003	39.813714	-75.715539	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 004	39.814619	-75.715156	West Branch of Red Clay Creek	<input type="checkbox"/>	<input type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 005	39.815958	-75.714703	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" 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 E&S controls to prevent accelerated erosion.

STORMWATER DISCHARGE INFORMATION (CONTINUED)

6. For each discharge to an impaired water (with or without a TMDL, including Ches. Bay) complete the information below.

Discharge Point No.: 001

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Inlet protection, compost filter sock, concrete washout, pumped water filter bag

Description of PCSM BMP(s): Infiltration trench

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 002

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Level spreader

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 003

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Rock apron

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 004

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Infiltration trench

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 005

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Bubbler structure, infiltration trench

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

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?
DP 006	39.816692	-75.714436	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 007	39.817008	-75.714356	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 008	39.818686	75.714886	West Branch of Red Clay Creek	<input type="checkbox"/>	<input type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 009	39.820244	-75.715247	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 010	39.822714	-75.716428	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" 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?
DP 006	39.816697	-75.714461	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 007	39.817011	-75.714383	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 008	39.818681	75.714925	West Branch of Red Clay Creek	<input type="checkbox"/>	<input type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 009	39.820233	-75.715281	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 010	39.822706	-75.716461	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" 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 E&S controls to prevent accelerated erosion.

STORMWATER DISCHARGE INFORMATION (CONTINUED)

6. For each discharge to an impaired water (with or without a TMDL, including Ches. Bay) complete the information below.

Discharge Point No.: 006

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Level spreader

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 007

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Bubbler structure, infiltration trench

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 008

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): N/A

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 009

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Rock apron, infiltration trench

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 010

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Rock apron, infiltration trench

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

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?
DP 011	39.823628	-75.716933	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 012	39.826094	-75.717858	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 013	39.827400	-75.717733	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 014	39.828108	-75.717811	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 015	39.829228	-75.718578	West Branch of Red Clay Creek	<input type="checkbox"/>	<input type="checkbox"/>	TSF-MF	<input checked="" 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?
DP 011	39.823619	-75.716942	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 012	39.826094	-75.717869	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 013	39.827369	-75.717778	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 014	39.828103	-75.717839	West Branch of Red Clay Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP 015	39.829217	-75.718594	West Branch of Red Clay Creek	<input type="checkbox"/>	<input type="checkbox"/>	TSF-MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" 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 E&S controls to prevent accelerated erosion.

STORMWATER DISCHARGE INFORMATION (CONTINUED)

6. For each discharge to an impaired water (with or without a TMDL, including Ches. Bay) complete the information below.

Discharge Point No.: 011

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Rock apron, infiltration trench

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 012

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Level spreader, infiltration trench

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 013

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Rock apron, infiltration trench

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 014

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Rock apron, infiltration trench

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.: 015

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s): Compost filter sock, pumped water filter bag

Description of PCSM BMP(s): Infiltration trench

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

CERTIFICATION FOR PAG-02 APPLICANTS

I certify under penalty of law that this application and all related attachments were prepared by me or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my own knowledge and on inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. The responsible official's signature also verifies that the activity is eligible to participate in the NPDES permit, and that BMP's, E&S Plan, PPC Plan, PCSM Plan, and other controls are being or will be, implemented to ensure that water quality standards and effluent limits are attained. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment or both for knowing violations pursuant to Section 309(c)(4) of the Clean Water Act and 18 Pa. C.S.A. § 4904.

I grant permission to the agencies responsible for the permitting of this work, or their duly authorized representative to enter the project site for inspection purposes. I will abide by the conditions of the permit if issued and will not begin work prior to permit issuance.

(For individuals no indication of title is necessary, choose the box below. All others proceed to the next paragraph)

Individual; proceed to signature portion.

I hereby certify that I am the signatory pursuant to 25 Pa, Code § 92a.22 and 40 CFR §122.22 and that I am the person who is responsible for decision-making regarding environmental compliance functions for Kennett Township, the manager of one or more manufacturing, production, or operating facilities of the applicant and am authorized to make management decisions which govern the operation of regulated facility including having explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure the applicant's long term environmental compliance with environmental laws and regulations; and I am responsible for ensuring that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements.

(choose one of the following; not applicable for individuals):

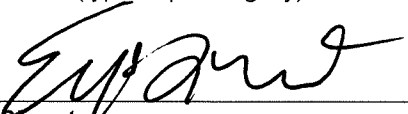
- The responsible corporate officer president vice president secretary treasurer of _____
Corporation/Company Entity name
- The person either holding a position designated or individually listed on a "Certificate of Limited Liability Company Authority" filed with the Pennsylvania Department of State as a position/person with the authority to bind the company OR the person listed in the LLC's most current and active operating agreement as having the authority to bind the company. Please attach the applicable "Certificate of Limited Liability Company Authority" or operating agreement. If the operating agreement is attached, please identify the page and paragraph containing the applicable information.
- The general partner of _____ partnership/LP/LLP
Entity name
- The principal executive officer or ranking elected official of Kennett Township Municipality/State/Federal/other public agency
Entity name
- Power of Attorney/delegation of contractual authority (documentation supporting delegation of contracting authority must be provided) for _____
Entity name

Eden Ratliff

Applicant Name (type or print legibly)

Township Manager

Official Title



Applicant Signature

8/4/22

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