

March 2, 2016

Mr. Michael Tucci, P.E.  
IES Engineers  
1720 Walton Road  
Blue Bell, PA 19422

Re: Checklist Letter – Planning Module (Component 3 – Sewage Collection and Treatment Facilities)  
Elcon Recycling Services, LLC  
DEP Code No. 1-09002-245-3  
Falls Township  
Bucks County

Dear Mr. Tucci:

In response to your application mailer, this checklist letter outlines what is required to be submitted to the municipality and the Department of Environmental Protection (DEP) as a complete module packet for the proposed development. Your development proposes the construction of a facility for the treatment of hazardous liquid waste streams on 33 acres. The project will be served by public sewers. The project is located at 100 Dean Sievers Place within the Keystone Industrial Port Complex, in Falls Township (Township), Bucks County on Tax Map Parcel 13-051-001-005.

Sewage Facilities Planning Module forms are available online at [www.dep.pa.gov](http://www.dep.pa.gov). At the top of the page, select *Businesses*, then *Water*. On the right-side of the page, select the following: *Bureau of Clean Water; Wastewater Management; Act 537*; and *Sewage Facilities Planning*. Select the appropriate forms from the center of the page.

Please select the following forms for this project and enter the above-referenced DEP Code Number on the first page of each form:

Sewage Facilities Planning Module Transmittal Letter, Form 3800-FM-BPNPSM0355  
Sewage Facilities Planning Module Resolution, Form 3800-FM-BPNPSM0356  
Sewage Facilities Planning Module Component 3, Form 3800-FM-BPNPSM0353

- Instructions
- Form

#### Sewage Facilities Planning Module Component 4

- 4A-Municipal Planning Agency Review, Form 3800-FM-BPNPSM0362A
- 4B-County Planning Agency Review, Form 3800-FM-BPNPSM0362B
- 4C-County or Joint Health Department Review, Form 3800-FM-BPNPSM0362C

Please submit the completed planning modules and supporting information to the municipality(ies) in which the project is located. DEP must receive 1 copy. Please answer all questions within the planning module. Do not simply answer "N/A" or "Not Applicable." If you feel a question does not apply, explain all reasons to support that answer.

Please refer to the Standard Operating Procedures (SOP) that govern Act 537 sewage facilities planning module reviews. The SOPs can be found on the DEP website at [http://www.portal.state.pa.us/portal/server.pt/community/Permit\\_Decision\\_Guarantee/21215/SOPs/1294992](http://www.portal.state.pa.us/portal/server.pt/community/Permit_Decision_Guarantee/21215/SOPs/1294992) . Per the SOP, the Department may disapprove an administratively incomplete planning module submission. Please use the checklist provided in this letter to guide both you and the municipality in providing an administratively complete planning module submission to DEP for review.

A copy of this letter should be attached to the planning module when submitted through the municipality to DEP. This letter is to be used by the applicant (or the applicant's authorized representative) as a checklist and guide to completing the planning modules and does not supersede the rules and regulations found in Chapter 71. The municipality must submit a complete module package. (See end of letter for applicant and municipal certification statements.)

In all cases, address the immediate and long range sewage disposal needs of the proposal and comply with 25 Pa. Code, Chapter 71, Subchapter C relating to New Land Development Plan Revisions.

Mr. Michael Tucci, P.E.

- 3 -

March 2, 2016

If additional copies of the enclosed modules are needed, or if you have any questions concerning the information required, please contact me at 484.250.5184.

Sincerely,



Kelly Boettlin  
Sewage Planning Specialist 2  
Clean Water

cc: Bucks County Health Department  
Bucks County Planning Commission  
Mr. Gray - Falls Township  
USS Real Estate  
Elcon Recycling Services, LLC  
Planning Section  
Re 30 (GJE16CLW)062-14

Applicant Checklist (√ or N/A)	Materials Required to be Included in the Planning Package	DEP Completeness Review
<b>DEP Checklist Letter</b>		
	DEP checklist letter is attached with items checked off by the applicant (or applicant's authorized representative) as included	
	DEP checklist letter certification statement completed and signed	
<b>Transmittal Letter (Form 3800-FM-BPNPSM0355)</b>		
	Transmittal Letter is attached, completed and the appropriate boxes in Section (i) are checked.	
	Transmittal Letter is signed by the municipal secretary	
<b>Resolution of Adoption (Form 3800-FM-BPNPSM0356)</b>		
	Resolution of Adoption is attached and completed	
	Resolution of Adoption is signed by the municipal secretary	
	Resolution of Adoption has a visible municipal seal	
<b>Component 4A - Municipal Planning Agency Review (Form 3800-FM-BPNPSM0362A)</b>		
	Component 4A is attached, completed and signed	
	Municipal Responses to Component 4A comments are included	
<b>Component 4B – County Planning Agency Review (Form 3800-FM-BPNPSM0362B)</b>		
	Component 4B is attached, completed and signed	
	Municipal Responses to Component 4B comments are included	
<b>Component 4C – County or Joint Health Department Review (Form 3800-FM-BPNPSM0362C)</b>		
	Component 4C is attached, completed and signed	
	Municipal Responses to Component 4C comments are included	
<b>Component 3 Sewage Facilities Planning Module (Form 3800-FM-BPNPSM0353)</b>		
<i>Section A: Project Information</i>		
	Section A.1. The Project Name is completed	
	Section A.2. The Brief Project Description is completed	
<i>Section B: Client Information</i>		
	Client Information is completed	
<i>Section C: Site Information</i>		
	Site Information is completed	
	A copy of the 7.5 minute USGS Topographic map is attached with the development site outlined, as required by the instructions and the checklist	
<i>Section D: Project Consultant Information</i>		
	Project Consultant Information is completed	

<i>Section E: Availability of Drinking Water Supply</i>		
	The appropriate box is checked in Section E	
	For existing public water supplies, the name of the company is provided	
	For public water supplies, the certification letter from the public water company is attached	
<i>Section F: Project Narrative</i>		
	The Project Narrative is attached	
	All information required in the module directions has been addressed	
<i>Section G: Proposed Wastewater Disposal Facilities</i>		
	Section G.1.a. The collection system boxes are checked	
	The Pennsylvania Clean Streams Law (CSL) permit number is provided for existing systems	
	Section G.1.b. The questions on the collection system are completed	
	Section G.2.a. The appropriate treatment facility box is checked	
	For existing treatment facilities, the name is provided	
	For existing treatment facilities, the NPDES permit number is provided	
	For existing treatment facilities, the CSL permit number is provided	
	For new treatment facilities, the discharge location is provided	
	Section G.2.b. The certification statement has been completed and signed by the wastewater treatment facility permittee or their representative	
	Section G.3. The plot plan is attached and contains all items in the module instructions under Section G.3	
	The plot plan will show the proposed sewer facilities, sewer extension and/or point of connection to the existing sewer line or point of discharge	
	Copies of easement(s) or right-of-way(s) are attached	
	Section G.4. The boxes are checked regarding Wetland Protection	
	Section G.5. The boxes are checked regarding Primary Agricultural Land	
	Section G.6. The boxes are checked confirming consistency with the Historic Preservation Act	
	The Cultural Resources Notice (CRN) (Form 0120-PM-PY0003) is attached	
	A return receipt for its submission to the PHMC is attached	
	The PHMC review letter is attached	

<i>Section G: Proposed Wastewater Disposal Facilities</i>		
	Section G.7. The boxes are checked regarding Pennsylvania Natural Diversity Inventory (PNDI)	
	Pennsylvania Natural Diversity Inventory (PNDI) Project Environmental Review Receipt is attached	
	PNDI Review Receipt, if no potential impacts identified, is not older than 2 years	
	All supporting resolution documentation from jurisdictional agencies (when necessary) is attached and not older than 2 years	
	A completed PNDI Large Project Form (PNDI Form) (Form 8100-FM-FR0161) is attached with all supplemental materials and DEP is requested to complete the search.	
<i>Section H: Alternative Sewage Facilities Analysis</i>		
	The Alternative Sewage Facilities Analysis is attached	
	All information required in the module directions has been addressed	
<i>Section I: Compliance with Water Quality Standards and Effluent Limitations</i>		
	The box is checked regarding Waters Designated for Special Protection	
	The Social or Economic Justification is attached	
	The box is checked regarding Pennsylvania Waters Designated As Impaired	
	The box is checked regarding Interstate and International Waters	
	The box is checked regarding Tributaries to the Chesapeake Bay and the required information is provided	
	The Name of Permittee Agency, Authority, Municipality and the Initials of Responsible Agent are provided	
	If discharge to an intermittent stream, dry swale or manmade ditch is proposed, provide evidence that a certified letter has been sent to each owner of property over which the discharge will flow until perennial conditions are met	
<i>Section J: Chapter 94 Consistency Determination</i>		
	A map showing the path of the sewage to the treatment facility and the location of the discharge is provided	
	Section J.1. The Project Flows are provided	
	Section J.2. The permitted, existing, and projected average and peak flows are provided in the table for collection, conveyance and treatment facilities	
	Section J.3.a. The appropriate box is checked indicating capacity in the Collection and Conveyance Facilities	

<i>Section J: Chapter 94 Consistency Determination</i>		
	Section J.3.b. The Collection System information is completed, signed and dated	
	Section J.3.b. The Conveyance System information is completed, signed and dated	
	Section J.4.a. The appropriate box is checked regarding projected overloads at the Treatment Facility	
	Section J.4.b. The Treatment Facility information is completed, signed and dated	
	The Permittee of the wastewater treatment facility has submitted a Chapter 94 Wasteload Management Report, which includes the information for the collection and conveyance system to serve this project	
	An acceptable Wasteload Management Report Corrective Action Plan (CAP) and schedule has been submitted, as well as a connection management plan	
	A letter from the permittee, which grants allocations to the project consistent with the CAP, and a copy of the connection management plan has been submitted	
	Letter indicating the treatment plant is an interim regional treatment facility is attached	
<i>Section K: Treatment and Disposal Options</i>		
	For proposed treatment facilities, the appropriate box is checked indicating the selected Treatment and Disposal Option	
<i>Section L: Permeability Testing</i>		
	The Permeability Testing information is attached	
<i>Section M: Preliminary Hydrogeologic Study</i>		
	The Preliminary Hydrogeologic Study is attached	
	The Preliminary Hydrogeologic Study is signed and sealed by a Professional Geologist	
<i>Section N: Detailed Hydrogeologic Study</i>		
	The Detailed Hydrogeologic Study is attached	
	The Detailed Hydrogeologic Study is signed and sealed by a Professional Geologist	
<i>Section O: Sewage Management</i>		
	Section O.1. The box is checked indicating municipal or private facilities	
	If municipal, the remainder of Section O is not applicable	
	If private, the required analysis and evaluation of sewage management options is attached	
	Section O.2. The appropriate box is checked regarding the use of nutrient credits or offsets	

<i>Section O: Sewage Management</i>		
	Section O.3. The Project Flows for the private facilities are provided	
	Section O.4.a. The appropriate box is checked indicating capacity in the existing private Collection and Conveyance Facilities	
	Section O.4.b. The private Collection System information is completed, signed and dated	
	Section O.4.c. The private Conveyance System information is completed, signed and dated	
	Section O.5.a. The appropriate box is checked regarding projected overloads at the private Treatment Facility	
	Section O.5.b. The private Treatment Facility information is completed, signed and dated	
	Section O.6. The box is checked indicating the municipality will assure proper operation and maintenance of the proposed private facilities	
	The required documentation of sewage management is attached	
<i>Section P: Public Notification Requirement</i>		
	All Public Notification boxes in this section are checked	
	The public notice is attached, if public notification is necessary	
	All comments received as a result of the notice are attached	
	The municipal responses to these comments are attached	
	The box is checked indicating that no comments were received, if valid	
<i>Section Q: False Swearing Statements</i>		
	The planning module preparer's false swearing statement is completed and signed	
<i>Section R: Planning Module Review Fee</i>		
	The correct fee has been calculated	
	The correct fee has been paid	
	The request for fee exemption has been checked	
	The deed reference information is provided to support the fee exemption	
<i>Completeness Checklist</i>		
	The module completeness checklist is included	
	All completeness items have been checked as included by the municipality, as appropriate	
	The Municipal Official has signed and dated the checklist	



CERTIFICATION STATEMENT

I certify that this submittal is complete and includes all requested items. I understand that failure to submit a complete module package may result in a denial of the application.

Signed: \_\_\_\_\_  
**Applicant (or Applicant's authorized representative)**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
**Municipal Secretary**

Date: \_\_\_\_\_

