

April 2025

203699

**PADEP PAG-02 NPDES GENERAL PERMIT  
FOR STORMWATER DISCHARGES  
ASSOCIATED WITH CONSTRUCTION  
ACTIVITIES**

*for the*

**WEST FIELD PROJECT**  
*Blacklick Township*  
*Center Township*  
*Indiana County, Pennsylvania*

*Prepared for*



**HOMER CITY GENERATION LP**  
*1750 Power Plant Road*  
*Homer City, PA 15748*

*Prepared by*

**Michael Baker**

**INTERNATIONAL**

**Michael Baker International**  
*Moon Twp., Pennsylvania*

**PAG-02 NPDES General Permit for Stormwater Discharges  
Associated with Construction Activities**

**West Field Project**

**Homer City Generation LP**

**Indiana County, Pennsylvania**

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## **NOI FORM and CHECKLIST**



## PAG-02

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 GENERAL PERMIT FOR DISCHARGES OF  
 STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITIES  
 NOTICE OF INTENT (NOI)**
**DEP / CCD USE ONLY**

Date Received: \_\_\_\_\_ Permit ID: \_\_\_\_\_  
☐ Project Eligible ☐ NOI Complete Date of: ☐ Return ☐ Withdrawal ☐ Denial  
 Date Resubmission Received: \_\_\_\_\_  
 Date Determined Complete: \_\_\_\_\_ Issuance Date: \_\_\_\_\_  
 Coverage Effective Date: \_\_\_\_\_ Coverage Expiration Date: \_\_\_\_\_

**GENERAL INFORMATION**

1. NOI Type: ☒ New ☐ Major Amendment ☐ Minor Amendment Permit No. PA  
 2. Project Type: ☐ Residential ☒ Commercial ☐ Industrial ☐ Agricultural ☐ Utilities  
☐ Roadways ☐ Redevelopment ☐ Site Restoration ☐ Other  
 3. Project Site Name: West Field Project 4. Primary NAICS Code: 238910  
 5. Project Description: Site grading and stormwater control for future site development project  
 6. ☐ Common Plan of Development or Sale No. phases: \_\_\_\_\_ No. phases complete: \_\_\_\_\_  
 7. Anticipated Earth Disturbance Start Date: 8/1/25 Earth Disturbance End Date: 8/1/26

**APPLICANT INFORMATION**

1. Applicant Type: a. ☐ Individual b. ☒ Non-Government  
 c. ☒ Private Business (Attach to the NOI documentation identifying the names of each current owner, member, etc.)  
 Structure: ☒ LLC ☐ SP ☐ Partnership ☐ Corporation ☐ Other: \_\_\_\_\_  
☒ Registered with PA Department of State File No.: 13722612  
 d. ☐ Government: ☐ Federal ☐ State ☐ County ☐ Municipal ☐ School District  
 2. Applicant Name  
 Homer City Generation LP  
 3. Contact Name  
 Michael Levesque  
 4. Applicant Mailing Address Line 1  
 1750 Power Plant Road  
 5. Applicant Contact Title  
 Chief Operating Officer  
 Applicant Mailing Address Line 2  
 6. Applicant Contact Phone No.  
 724-479-6166  
 7. Applicant Mailing Address City, State, and ZIP  
 Homer City, PA 15748  
 8. Applicant Contact Email  
 mlevesque@homercityredevelopment.com  
 9. ☐ There are co-applicants for this NOI (If checked, attach a separate page 1 and certification for each co-applicant)

**CONSULTANT INFORMATION**

1. Consultant Name  
 Toby Partridge, P.E.  
 2. Consultant Firm  
 Michael Baker International  
 3. Consultant Mailing Address  
 100 Airside Drive  
 4. Consultant Mailing Address City, State, and ZIP  
 Moon Township, PA 15108  
 5. Consultant Phone No.  
 412-375-3186  
 6. Consultant Email  
 tpartridge@mbakerintl.com

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 MS4s or CSSs or will be discharged to MS4s or CSSs with a decrease or no net change in volume, rate or water quality or will be discharged to MS4s or CSSs with an increase in volume, rate or water quality and written consent of the MS4 or CSS permittee is provided.	<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; turbidity; Total Suspended Solids (TSS); algae; eutrophication; nutrients; flow regime modification; and/or habitat alterations, 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; turbidity; Total Suspended Solids (TSS); algae; eutrophication; nutrients; flow regime modification; and/or habitat alterations, 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 five (5) years.			
Type of Permit	Permit No.	Date Issued	Issued By

PROJECT SITE AND EARTH DISTURBANCE INFORMATION						
			Project Site		Earth Disturbance	
1. Total Area (acres):			169.2		169.2	
2. Pre-Construction Impervious Area (acres):			1.95			
3. Post-Construction Impervious Area (acres):			<b>1.57</b>			
4. Project Site Pre-Construction Land Uses:			5. Project Site Post-Construction Land Uses:			
<b>Land Use</b>		<b>% of Total</b>	<b>Land Use</b>		<b>% of Total</b>	
Agricultural Fields, Gas Wells and Overhead Electric		<b>100</b>	Graded, vegetated pads for future development		100	
6. Number of proposed lots or parcels comprising the project site:			<b>0</b>			
7. Number of proposed lots or parcels within the project site that are expected to be sold prior to project completion:			0			
8. Number of proposed lots or parcels within the project site with PCSM SCMs that are expected to be sold prior to project completion:			0			
<b>NOTE – The PAG-02 General Permit requires permittees to: provide a copy of the long-term O&amp;M Plan and record drawings or equivalent to new owners of properties containing PCSM SCMs; complete the New Property Owner Notification form (3800-FM-BCW0271i) and provide it to the new property owner; and submit the New Property Owner Notification form to DEP/CCD within 30 days of the date of transfer of a property.</b>						
9. County Name		Municipality Name		City	Boro	Twp State
Indiana		Blacklick		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PA
10. County Name		Municipality Name		City	Boro	Twp State
Indiana		Center		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PA
11. Site Location Address 1750 Power Plant Road						
12. Site Location City, State, ZIP Homer City, PA 15748						
13. Report latitude and longitude at the center of the proposed disturbed area (decimal degrees). Latitude: 40.5088 Longitude: -79.2042						
14. Horizontal Reference Datum: <input checked="" type="checkbox"/> NAD of 1927 <input type="checkbox"/> NAD of 1983 <input type="checkbox"/> WGS of 1984 <input type="checkbox"/> Other _____						
15. There will be off-site construction support activities. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
16. If Yes to #15, 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	
17. 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	

PROJECT SITE AND EARTH DISTURBANCE INFORMATION	
<p>18. Check the appropriate box concerning fill material (see instructions):</p> <p><input checked="" type="checkbox"/> No fill material is expected to be imported to the project site.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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: _____.</p> <p><input type="checkbox"/> 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.</p>	
<p>19. <input type="checkbox"/> An Environmental Site Assessment (ESA) has been completed      <input type="checkbox"/> Soil samples have been analyzed</p>	
<p>20. The site is currently or was previously enrolled in DEP's Act 2 Program.      <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>21. Act 2 cleanup standards have been met.      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p>22. Is Act 537 sewage planning approval needed for this project?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No    (Attach approval letter if available)</p>	
<p>23. Is a Chapter 105 permit or authorization required?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>24. If Yes to #23, identify the necessary authorization.    <input type="checkbox"/> Joint Permit    <input type="checkbox"/> General Permit    <input type="checkbox"/> Waiver</p>	
<p>25. If Yes to #23, report the disturbed area not subject to NPDES permit requirements (acres):</p>	
<p>26. Other DEP/CCD permits, or authorizations are required.    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>27. If Yes, identify the necessary authorizations.</p>	
COMPLIANCE HISTORY	
<p>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 five (5) years?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p>If "Yes," list each permit, order or schedule of compliance and provide current compliance status. Use additional sheets to provide information on all permits.</p>	
Permit Program: <b>See Attached Sheets</b>	Permit No.:
Brief Description of Non-Compliance:	
Steps Taken to Achieve Compliance	Date(s) Compliance Achieved
<p>Current Compliance Status:    <input checked="" type="checkbox"/> In Compliance    <input type="checkbox"/> In Non-Compliance</p>	

### STORMWATER DISCHARGE INFORMATION

1. List all stormwater discharge points (DPs) during construction and provide the information requested below (see instructions). ☐ Chesapeake Bay

DP ID	Latitude	Longitude	Name of Receiving Waters	Ch. 93	Distance to Waters	EP Analysis	Impaired?	TMDL?
SCM 2	40.5105	-79.2098	Trib 44070 of Blacklick Creek	CWF	~100 ft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCM 3	40.5101	-79.2103			~50			
SCM 3	40.5078	-79.2084	Trib 44062 of Blacklick Creek	CWF	~50 ft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCM 4	40.5081	-79.2057			~50			
SCM 5	40.5062	-79.2080			~50			
SCM 7	40.5030	-79.2058	Trib 44062 of Blacklick Creek	CWF	~50 ft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCM 8	40.5024	-79.2059			~50			
SCM 9	40.5049	-79.1995	Trib 44076 of Blacklick Creek	CWF	~425 ft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SCM 11	40.5074	-79.2019	Trib 44076 of Blacklick Creek	CWF	~50 ft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SCM 12	40.5142	-79.2083	Trib 44072 of Blacklick Creek	CWF	~250 ft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCM14	40.5169	-79.2050			~750			

2. List all stormwater DPs after construction and stabilization are complete and provide the information requested below.

DP ID	Latitude	Longitude	Name of Receiving Waters	Ch. 93	Distance to Waters	EP Analysis	Impaired?	TMDL?
SCM 2	40.5105	-79.2098	Trib 44070 of Blacklick Creek	CWF	~100 ft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCM 3	40.5101	-79.2103			~50			
SCM 3	40.5078	-79.2084	Trib 44062 of Blacklick Creek	CWF	~50 ft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCM 4	40.5081	-79.2057			~50			
SCM 5	40.5062	-79.2080			~50			
SCM 7	40.5030	-79.2058	Trib 44062 of Blacklick Creek	CWF	~50 ft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCM 8	40.5024	-79.2059			~50			
SCM 9	40.5049	-79.1995	Trib 44076 of Blacklick Creek	CWF	~425 ft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SCM 11	40.5074	-79.2019	Trib 44076 of Blacklick Creek	CWF	~50 ft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SCM 12	40.5142	-79.2083	Trib 44072 of Blacklick Creek	CWF	~250 ft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCM14	40.5169	-79.2050			~750			

3. Stormwater will be managed using ☐ non-discharge alternative(s) ☒ ABACT BMPs/SCMs for stormwater discharges during and following construction.

4. Will any of the points identified above discharge to a sewer system? ☐ Yes ☒ No Is the sewer an MS4 or CSS? ☐ Yes ☐ No  
Name of storm sewer owner/operator: Will there be an increase in rate, volume or WQ? ☐ Yes ☐ No

5. 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.

6. Will stormwater flow off the project site through properties owned by others prior to reaching a surface water or storm sewer during or following construction? ☐ Yes ☒ No



If Yes to #6, has an easement been obtained? ☐ Yes ☐ No

**NOTE** – The applicant is expected to: 1) secure legal authority for discharges on or through property not owned by the applicant; 2) provide for adequate E&S controls and a stable conveyance as necessary to prevent accelerated erosion; and 3) complete an EP Analysis when necessary according to the NOI Instructions.

**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 for coverage under the PAG-02 General Permit; that BMPs, SCMs, 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; and that I will submit a Notice of Termination (NOT) to DEP/CCD upon final stabilization of the project site if I am the permittee or co-permittee at that time. I grant permission to DEP/CCD and EPA to enter the project site for inspection purposes. 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.

For applicants that are individuals or sole proprietors, check the box below and proceed to the signature section.

☐ **Individual / Sole Proprietor**

For all other applicants, select the applicable box after reviewing the certification below.

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 the entity named below, 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.

☒ **Corporation/Company:** I am the ☒ Responsible Corporate Officer ☐ President ☐ Vice President  
☐ Secretary ☐ Treasurer ☐ Other: \_\_\_\_\_ for Homer City Generation LP

☐ **LLC:** I am a 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. **Attach the applicable "Certificate of Limited Liability Company Authority" or operating agreement.** If the operating agreement is attached, identify the page and paragraph containing the applicable information.


☐ **Partnership:** I am a general partner of \_\_\_\_\_  
☐ Partnership ☐ LP ☐ LLP

☐ **Government:** I am the principal executive officer or ranking elected official of \_\_\_\_\_  
☐ Federal ☐ State ☐ Municipal ☐ Other

☐ **Power of Attorney / delegation of contractual authority** (documentation supporting delegation of contracting authority must be provided) for \_\_\_\_\_

**Michael Levesque**

Name (type or print legibly)

  
Signature

Chief Operating Officer

Title

3/31/2025  
Date Signed