



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

<b>Applicant Name:</b>	PROLOGIS
<b>Project Site Name:</b>	7464 & 7600 LINGLESTOWN ROAD SITE

**Place a checkmark in the box provided for all items completed and/or provided. Failure to provide all required information will delay the processing of the NOI. ENCLOSE THIS CHECKLIST WITH YOUR COMPLETED NOI.**

	NOI REQUIREMENTS <sup>1,2</sup>	Check <input checked="" type="checkbox"/> If Included	Check <input checked="" type="checkbox"/> If Not Applicable
1.	Complete NOI form (3800-PM-BCW0405b) with original signature(s)	<input checked="" type="checkbox"/>	
2.	Administrative Filing Fee (\$500 plus any additional CCD-specific fees, if applicable)	<input checked="" type="checkbox"/>	
3.	One copy of the completed NOI form to DEP (if CCD will review NOI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Disturbed Acreage Fee (\$100 x disturbed acres)	<input checked="" type="checkbox"/>	
5.	County Notification Form (3800-FM-BCW0271b) <sup>3</sup>	<input checked="" type="checkbox"/>	
6.	Municipal Notification Form (3800-FM-BCW0271c) <sup>3</sup>	<input checked="" type="checkbox"/>	
7.	Proof of county and municipal receipt of Notification Forms (required if Notification Forms are not signed by county and/or municipality) <sup>3</sup>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	PNDI Receipt with original signature(s) <sup>4</sup>	<input checked="" type="checkbox"/>	
9.	PNDI clearance letter(s) from jurisdictional agencies <sup>4</sup>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	One original and one copy of E&S Module 1 (3800-PM-BCW0406a)	<input checked="" type="checkbox"/>	
11.	Two copies of E&S Plan Drawings <sup>5</sup>	<input checked="" type="checkbox"/>	
12.	Two copies of E&S Standard Worksheets (or equivalent) and supporting calculations	<input checked="" type="checkbox"/>	
13.	One original and one copy of PCSM Module 2 (3800-PM-BCW0406b)	<input checked="" type="checkbox"/>	
14.	Two copies of PCSM Plan Drawings <sup>5</sup>	<input checked="" type="checkbox"/>	
15.	Two copies of PCSM Supporting Calculations – BMP Design	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.	Two copies of PCSM Supporting Calculations – Stormwater Analysis (required where DEP PCSM Spreadsheet not used)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17.	Two copies of the DEP PCSM Spreadsheet – Volume Worksheet (optional)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18.	Two copies of the DEP PCSM Spreadsheet – Rate Worksheet (optional)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19.	Two copies of the DEP PCSM Spreadsheet – Quality Worksheet	<input checked="" type="checkbox"/>	
20.	Two copies of soil/geologic test results (where BMPs relying on infiltration will be installed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21.	Other: Wetland Delineation	<input checked="" type="checkbox"/>	

- 1** Where the CCD is delegated to review the NOI package (all counties except Forest, Beaver, and Philadelphia), submit items 1 and 5-20 (as applicable) to the CCD in duplicate (i.e., two copies). Also submit items 2 and 4 to the CCD. Submit item 3 to the appropriate DEP regional office.
- 2** For Forest, Beaver, and Philadelphia counties, submit items 1 and 5-20 (as applicable) to the DEP regional office in duplicate. Also submit item 2 (\$500 only) and item 4 to the DEP regional office.
- 3** Applicants may submit the completed County and Municipal Notification Forms with the NOI or, if the county and/or municipality has not returned the completed form to the applicant within 30 days, the applicant may submit copies of the forms submitted to the county/municipality along with proof that the county/municipality received the form(s).
- 4** All applicants must attach a PNDI receipt with original signature(s). If the PNDI receipt indicates a Potential Impact, the applicant may submit clearance letters from jurisdictional agencies with the NOI or, if the clearance letters have not been received by the time of NOI submission, the applicant may submit clearance letters during the NOI review period. DEP or CCD will not approve coverage prior to the receipt of such letters, if applicable.
- 5** E&S and/or PCSM Plan Drawings must present project site and limit of disturbance boundaries, topography, surface waters (including wetlands), discharge points, BMPs, off-site support activities (if applicable), and all other features required by the NOI.



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 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>236220</u>		3. Additional NAICS Codes:    _____	
4. Project Description:    SEE ATTACHED PROJECT DESCRIPTION			
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		2. Employer ID# (EIN)	
PROLOGIS		94-3285362	
3. Individual Last Name	First Name	MI	Suffix
4. Mailing Address Line 1		Mailing Address Line 2	
400 Boulder Drive		Suite 200	
5. Address Last Line – City	State	ZIP+4	Country
Breinigsville	PA	18031	
6. Applicant Contact Last Name	First Name	MI	Suffix
KOERNER	DAVID		
7. Applicant Contact Title	8. Phone	Ext	
Vice President, Development Officer	(610)-530-2864		
9. Email Address	10. FAX		
dkoerner@prologis.com			
11. Ownership: <input checked="" type="checkbox"/> Non-Government			

<b>ELIGIBILITY INFORMATION</b>		
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 and non-residential medium-specific concentrations (MSCs) in 25 Pa. Code Chapter 250 at residential and non-residential construction sites, respectively, unless a site-specific standard has been met or evidence is provided of naturally occurring contamination.	<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. No regulated fill requiring a permit from DEP's Waste Management Program will be imported to, exported from, or otherwise utilized on the project site.	<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

PROJECT SITE INFORMATION					
1. Project Site Name	7464 & 7600 LINGLESTOWN ROAD SITE	2. Total Project Site Area	±103	acres	
3. Project Site Impervious Area – Pre-Construction	1.79 acres	Percent of Total	2	%	
4. Project Site Impervious Area – Post-Construction	51.34 acres	Percent of Total	50	%	
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
DAUPHIN	WEST HANOVER	<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					
7464 & 7600 LINGLESTOWN ROAD					
9. Site Location City	State	ZIP+4			
HARRISBURG	PA	17112-9429			
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	±91 acres	3,963,960	sf		
2. Pre-Construction Impervious Area:	10,810	sf			
3. Post-Construction Impervious Area:	2,159,883	sf			
4. Pre-Construction/Present Land Use(s):		5. Post-Construction Land Use(s):			
FORESTED	56	%	IMPERVIOUS	56	%
IMPERVIOUS	2	%	OPEN SPACE	44	%
OPEN SAPCE	42	%			%
		%			%
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:	40.357126	Longitude:	-76.738663		
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 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

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 <u>during construction</u> and provide the information requested below (see instructions).								<input type="checkbox"/> 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?
001	40.35582	-76.74292	U.N.T. TO BEAVER CREEK (TRIB 09452)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
002	40.35777	-76.74503	U.N.T. TO BEAVER CREEK (TRIB 09468)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
003	40.35947	-76.73749	U.N.T. TO WALNUT CREEK (TRIB 09596)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
004	40.35581	-76.74062	U.N.T. TO BEAVER CREEK (TRIB 09452) VIA WETLAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
005	40.35746	-76.73385	U.N.T. TO WALNUT CREEK (TRIB 09590) VIA WETLAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
006	40.35529	-76.73442	U.N.T. TO WALNUT CREEK (TRIB 09590) VIA WETLAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. List all stormwater discharge points <u>after construction and stabilization are complete</u> and provide the information requested below.								<input type="checkbox"/> 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?
001	40.35582	-76.74292	U.N.T. TO BEAVER CREEK (TRIB 09452)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
002	40.35777	-76.74503	U.N.T. TO BEAVER CREEK (TRIB 09468)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
003	40.35947	-76.73749	U.N.T. TO WALNUT CREEK (TRIB 09596)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
004	40.35581	-76.74062	U.N.T. TO BEAVER CREEK (TRIB 09452) VIA WETLAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
005	40.35746	-76.73385	U.N.T. TO WALNUT CREEK (TRIB 09590) VIA WETLAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
006	40.35529	-76.73442	U.N.T. TO WALNUT CREEK (TRIB 09590) VIA WETLAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WWF/MF	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Will any of the points identified above discharge to a storm sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the storm sewer an MS4 or CSS? <input type="checkbox"/> Yes <input type="checkbox"/> 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.  <input checked="" type="checkbox"/> No non-stormwater discharges are anticipated.	
5. Will there be any new or increased discharge to non-surface waters prior to reaching surface waters? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>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&amp;S controls to prevent accelerated erosion.</i>	

**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, 002, 003, 004, 005, & 006

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

Description of E&S BMP(s): FILTER SOCK: E&S MANUAL PG 62  
RCE: E&S MANUAL PG 15  
ROCK FILTER: E&S MANUAL PG 93  
SEDIMENT BASIN W/ SKIMMER: E&S MANUAL PG 166

Description of PCSM BMP(s): 6.4.5 RAIN GARDEN/BIORETENTION  
6.6.3 SUBSURFACE DRY EXTENDED DETENTION BASINS  
6.4.2 INFILTRATION BASINS  
6.4.3 SUBSURFACE INFILTRATION BEDS  
6.6.4 WATER QUALITY FILTERS (FLEXSTORM)

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.

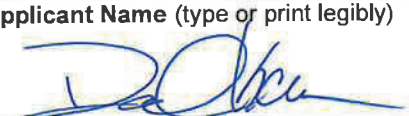
(For individuals no indication of title is necessary, choose the box below. All others proceed to the next paragraph)

**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 Prologis, LP, 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 Prologis \_\_\_\_\_ partnership/LP/LLP  
Entity name
- The principal executive officer or ranking elected official of \_\_\_\_\_ 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

David Koerner  
\_\_\_\_\_  
Applicant Name (type or print legibly)  
  
\_\_\_\_\_  
Applicant Signature

Vice President of Construction  
\_\_\_\_\_  
Official Title  
12/7/22  
\_\_\_\_\_  
Date Signed