



Earthtech, Inc.

CONSULTING SCIENTISTS & ENGINEERS

Environmental, Mining &
Site Development Services
www.earthtechinc.net

February 12, 2021

CERTIFIED MAIL: 7020 0640 0000 3298 4021

Derry Township
c/o Municipal Secretary
5231 Route 982
Derry, PA 15627

Dear Municipal Secretary:

The purpose of this notice is to inform you that the Pennsylvania Department of Environmental Protection (DEP) has received the following application:

Permit Application Type: Large Non-Coal Surface Mine Permit

Applicant Contact: Mr. David Herrholtz of Ligonier Stone & Lime Company

Project Location: Located approximately 1 mile southwest of Blairsville along the western side of State Route 217.

Project Description: The SMT East LNC includes the removal of the Benwood Limestone on the Ligonier Stone & Lime Company property in Derry Township at the above project location.

DEP Office Contact Information: Department of Environmental Protection, New Stanton District Office, P.O. Box 133, 131 Broadview Road, New Stanton, PA 15672: Acts 67,68 and 127 of 2000, which amended the Municipalities Planning Code (MPC) to direct state agencies to consider comprehensive plans and zoning ordinances when reviewing applications for permitting of facilities or infrastructure, and specify that state agencies may rely upon comprehensive plans and zoning ordinances under certain conditions as described in Sections 619.2 and 1105 of the MPC.

Enclosed is a General Information Form (GIF) completed by Earthtech, Inc. for the applicant for this project. DEP invites you to review the attached GIF and comment on the accuracy of answers provided with regard to land use aspects of this project; please be specific to DEP and focus on relationship to zoning ordinances. If you wish to submit comments to DEP to become part of a land use review of this project, you must respond within 30 days to the DEP regional office referenced in this letter. If there are no land use comments received by the end of the comment period, DEP will assume that there are no substantive land use conflicts and proceed with the normal application review process.

For more information about this land use review process, please visit www.dep.state.pa.us, Keyword: "DEP Land Use Reviews."

Sincerely,

Kari Hissem

Attachments

Mailing Address: P.O. Box 4-A
Lemont Furnace, PA 15456

Office Numbers: Somerset: (814) 266-6402 FAX: (814) 266-6530
Uniontown: (724) 439-1313 FAX: (724) 439-0633



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February 12, 2021

CERTIFIED MAIL: 7020 0640 0000 3298 4038

Westmoreland County
County Commissioners
2 N. Main Street, Suite 101
Greensburg, PA 15601

Dear County Commissioners:

The purpose of this notice is to inform you that the Pennsylvania Department of Environmental Protection (DEP) has received the following application:

Permit Application Type: Large Non-Coal Surface Mine Permit

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Project Location: Located approximately 1 mile southwest of Blairsville along the western side of State Route 217.

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Sincerely,

Kari Hissem

Attachments

cc: Westmoreland County Planning Commission

Mailing Address: P.O. Box 4-A
Lemont Furnace, PA 15456

Office Numbers: Somerset: (814) 266-6402 FAX: (814) 266-6530
Uniontown: (724) 439-1313 FAX: (724) 439-0633



GENERAL INFORMATION FORM – AUTHORIZATION APPLICATION

Before completing this General Information Form (GIF), read the step-by-step instructions provided in this application package. This form is used by the Department of Environmental Protection (DEP) to inform our programs regarding what other DEP permits or authorizations may be needed for the proposed project or activity. This version of the General Information Form (GIF) must be completed and returned with any program-specific application being submitted to the DEP.

<p style="text-align: center;">Related ID#s (If Known)</p> <p>Client ID# 239228 APS ID# _____</p> <p>Site ID# _____ Auth ID# _____</p> <p>Facility ID# _____</p>	<p>DEP USE ONLY</p> <p>Date Received & General Notes</p>
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CLIENT INFORMATION

DEP Client ID# 239228	Client Type / Code PACORP	Dun & Bradstreet ID#	
Legal Organization Name or Registered Fictitious Name Ligonier Stone & Lime Company		Employer ID# (EIN) 20-2279082 Is the EIN a SSN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	
State of Incorporation or Registration of Fictitious Name PA	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Association/Organization <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other		
Individual Last Name	First Name	MI	Suffix
Additional Individual Last Name	First Name	MI	Suffix
Mailing Address Line 1 117 Marcia Street		Mailing Address Line 2	
Address Last Line – City Latrobe	State PA	ZIP+4 15650	Country USA
Client Contact Last Name Herrholtz	First Name David	MI S.	Suffix
Client Contact Title President	Phone 724-537-6023	Ext	Cell Phone
Email Address dh@ligonierconstruction.com	FAX 724-537-6021		

SITE INFORMATION

DEP Site ID#	Site Name SMT East	
EPA ID#	Estimated Number of Employees to be Present at Site	15
Description of Site Noncoal Surface Mine		
Tax Parcel ID(s): 45-17-29, 94 & 142; 45-18-6		
County Name(s)	Municipality(ies)	
Westmoreland	Derry	
Site Location Line 1 Along the western side of SR217	Site Location Line 2	
Site Location Last Line – City Blairsville	State PA	ZIP+4 15717

Detailed Written Directions to Site
Follow SR217 south from Blairsville approximately 1 mile, turn right onto Pizza Barn Road. Make a right onto Derry Lane. The entrance is through the adjoining SMT Property Surface Mine on the right.

Site Contact Last Name Herrholtz	First Name David	MI S.	Suffix
Site Contact Title President	Site Contact Firm Ligonier Stone & Lime Company		
Mailing Address Line 1 117 Marcia Street		Mailing Address Line 2	
Mailing Address Last Line – City Latrobe		State PA	ZIP+4 15650
Phone 724-537-6023	Ext	FAX 724-537-6021	Email Address dh@ligonierconstruction.com
NAICS Codes (Two- & Three-Digit Codes – List All That Apply) 21 - 212 & 213			6-Digit Code (Optional)
Client to Site Relationship OPR			

FACILITY INFORMATION

Modification of Existing Facility	Yes	No
1. Will this project modify an existing facility, system, or activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Will this project involve an addition to an existing facility, system, or activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>If "Yes", check all relevant facility types and provide DEP facility identification numbers below.</i>		

Facility Type	DEP Fac ID#	Facility Type	DEP Fac ID#
<input type="checkbox"/> Air Emission Plant	_____	<input type="checkbox"/> Industrial Minerals Mining Operation	_____
<input type="checkbox"/> Beneficial Use (water)	_____	<input type="checkbox"/> Laboratory Location	_____
<input type="checkbox"/> Blasting Operation	_____	<input type="checkbox"/> Land Recycling Cleanup Location	_____
<input type="checkbox"/> Captive Hazardous Waste Operation	_____	<input type="checkbox"/> Mine Drainage Treatment / Land Recycling Project Location	_____
<input type="checkbox"/> Coal Ash Beneficial Use Operation	_____	<input type="checkbox"/> Municipal Waste Operation	_____
<input type="checkbox"/> Coal Mining Operation	_____	<input type="checkbox"/> Oil & Gas Encroachment Location	_____
<input type="checkbox"/> Coal Pillar Location	_____	<input type="checkbox"/> Oil & Gas Location	_____
<input type="checkbox"/> Commercial Hazardous Waste Operation	_____	<input type="checkbox"/> Oil & Gas Water Poll Control Facility	_____
<input type="checkbox"/> Dam Location	_____	<input type="checkbox"/> Public Water Supply System	_____
<input type="checkbox"/> Deep Mine Safety Operation -Anthracite	_____	<input type="checkbox"/> Radiation Facility	_____
<input type="checkbox"/> Deep Mine Safety Operation -Bituminous	_____	<input type="checkbox"/> Residual Waste Operation	_____
<input type="checkbox"/> Deep Mine Safety Operation -Ind Minerals	_____	<input type="checkbox"/> Storage Tank Location	_____
<input type="checkbox"/> Encroachment Location (water, wetland)	_____	<input type="checkbox"/> Water Pollution Control Facility	_____
<input type="checkbox"/> Erosion & Sediment Control Facility	_____	<input type="checkbox"/> Water Resource	_____
<input type="checkbox"/> Explosive Storage Location	_____	<input type="checkbox"/> Other:	_____

Latitude/Longitude Point of Origin	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	40	24	49	-79	16	20
Horizontal Accuracy Measure	Feet	+/- 50	--or--	Meters		
Horizontal Reference Datum Code	<input type="checkbox"/>	North American Datum of 1927	<input checked="" type="checkbox"/>	North American Datum of 1983	<input type="checkbox"/>	World Geodetic System of 1984
Horizontal Collection Method Code	GISDR					
Reference Point Code	CENTER					
Altitude	Feet	1100	--or--	Meters		
Altitude Datum Name	<input checked="" type="checkbox"/>	The National Geodetic Vertical Datum of 1929	<input type="checkbox"/>	The North American Vertical Datum of 1988 (NAVD88)		
Altitude (Vertical) Location Datum Collection Method Code	TOPO					
Geometric Type Code	POINT					
Data Collection Date	February 18, 2020					
Source Map Scale Number	1	Inch(es)	=	2,000	Feet	
	--or--	Centimeter(s)	=		Meters	

PROJECT INFORMATION

Project Name SMT East			
Project Description Noncoal Surface Mine			
Project Consultant Last Name Verwelst	First Name Brian	MI	Suffix
Project Consultant Title Professional Engineer		Consulting Firm Earthtech, Inc.	
Mailing Address Line 1 P.O. Box 4-A		Mailing Address Line 2	
Address Last Line – City Lemont Furnace		State PA	ZIP+4 15456
Phone 724-439-1313	Ext	FAX 724-439-0633	Email Address bverwelst@earthtechinc.net
Time Schedules	Project Milestone (Optional)		

1. Is the project located in or within a 0.5-mile radius of an Environmental Justice community as defined by DEP? Yes No

To determine if the project is located in or within a 0.5-mile radius of an environmental justice community, please use the online [Environmental Justice Areas Viewer](#).

2. Have you informed the surrounding community prior to submitting the application to the Department? Yes No

Method of notification: _____

3. Have you addressed community concerns that were identified? Yes No N/A

If no, please briefly describe the community concerns that have been expressed and not addressed.

4. Is your project funded by state or federal grants? Yes No

Note: If "Yes", specify what aspect of the project is related to the grant and provide the grant source, contact person and grant expiration date.

Aspect of Project Related to Grant
Grant Source: _____
Grant Contact Person: _____
Grant Expiration Date: _____

5. Is this application for an authorization on Appendix A of the Land Use Policy? (For referenced list, see Appendix A of the Land Use Policy attached to GIF instructions) Yes No

Note: If "No" to Question 5, the application is not subject to the Land Use Policy. If "Yes" to Question 5, the application is subject to this policy and the Applicant should answer the additional questions in the Land Use Information section.

LAND USE INFORMATION

Note: Applicants should submit copies of local land use approvals or other evidence of compliance with local comprehensive plans and zoning ordinances.

- | | | | | | |
|----|---|-------------------------------------|-----|-------------------------------------|----|
| 1. | Is there an adopted county or multi-county comprehensive plan? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. | Is there a county stormwater management plan? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. | Is there an adopted municipal or multi-municipal comprehensive plan? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. | Is there an adopted county-wide zoning ordinance, municipal zoning ordinance or joint municipal zoning ordinance? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
- Note:** If the Applicant answers "No" to either Questions 1, 3 or 4, the provisions of the PA MPC are not applicable and the Applicant does not need to respond to questions 5 and 6 below.
If the Applicant answers "Yes" to questions 1, 3 and 4, the Applicant should respond to questions 5 and 6 below.
- | | | | | | |
|----|--|--------------------------|-----|--------------------------|----|
| 5. | Does the proposed project meet the provisions of the zoning ordinance or does the proposed project have zoning approval? If zoning approval has been received, attach documentation. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. | Have you attached Municipal and County Land Use Letters for the project? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

COORDINATION INFORMATION

Note: The PA Historical and Museum Commission must be notified of proposed projects in accordance with DEP Technical Guidance Document 012-0700-001 utilizing the Project Review Form.

If the activity will be a mining project (i.e., mining of coal or industrial minerals, coal refuse disposal and/or the operation of a coal or industrial minerals preparation/processing facility), respond to questions 1.0 through 2.5 below.

If the activity will not be a mining project, skip questions 1.0 through 2.5 and begin with question 3.0.

- | | | | | | |
|-----|---|-------------------------------------|-----|-------------------------------------|----|
| 1.0 | Is this a coal mining project? If "Yes", respond to 1.1-1.6. If "No", skip to Question 2.0. | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 1.1 | Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be equal to or greater than 200 tons/day? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 1.2 | Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be greater than 50,000 tons/year? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 1.3 | Will this coal mining project involve coal preparation/ processing activities in which thermal coal dryers or pneumatic coal cleaners will be used? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 1.4 | For this coal mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 1.5 | Will this coal mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 1.6 | Will this coal mining project involve underground coal mining to be conducted within 500 feet of an oil or gas well? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2.0 | Is this a non-coal (industrial minerals) mining project? If "Yes", respond to 2.1-2.6. If "No", skip to Question 3.0. | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2.1 | Will this non-coal (industrial minerals) mining project involve the crushing and screening of non-coal minerals other than sand and gravel? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 2.2 | Will this non-coal (industrial minerals) mining project involve the crushing and/or screening of sand and gravel with the exception of wet sand and gravel operations (screening only) and dry sand and gravel operations with a capacity of less than 150 tons/hour of unconsolidated materials? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

2.3	Will this non-coal (industrial minerals) mining project involve the construction, operation and/or modification of a portable non-metallic (i.e., non-coal) minerals processing plant under the authority of the General Permit for Portable Non-metallic Mineral Processing Plants (i.e., BAQ-PGPA/GP-3)?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
2.4	For this non-coal (industrial minerals) mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
2.5	Will this non-coal (industrial minerals) mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3.0	Will your project, activity, or authorization have anything to do with a well related to oil or gas production, have construction within 200 feet of, affect an oil or gas well, involve the waste from such a well, or string power lines above an oil or gas well? If "Yes", respond to 3.1-3.3. If "No", skip to Question 4.0.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3.1	Does the oil- or gas-related project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3.2	Will the oil- or gas-related project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or storm water system? If "Yes", discuss in <i>Project Description</i> .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3.3	Will the oil- or gas-related project involve the construction and operation of industrial waste treatment facilities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4.0	Will the project involve a construction activity that results in earth disturbance? If "Yes", specify the total disturbed acreage.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
4.0.1	Total Disturbed Acreage		95.0		
4.0.2	Will the project discharge or drain to a special protection water (EV or HQ) or an EV wetland?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4.0.3	Will the project involve a construction activity that results in earth disturbance in the area of the earth disturbance that are 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?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
5.0	Does the project involve any of the following: water obstruction and/or encroachment, wetland impacts, or floodplain project by the Commonwealth/political subdivision or public utility? If "Yes", respond to 5.1-5.7. If "No", skip to Question 6.0.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.1	Water Obstruction and Encroachment Projects – Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.2	Wetland Impacts – Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a wetland?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
5.3	Floodplain Projects by the Commonwealth, a Political Subdivision of the Commonwealth or a Public Utility – Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a floodplain?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
5.4	Is your project an interstate transmission natural gas pipeline?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

5.5	Does your project consist of linear construction activities which result in earth disturbance in two or more DEP regions AND three or more counties?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
5.6	Does your project utilize Floodplain Restoration as a best management practice for Post Construction Stormwater Management?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
5.7	Does your project utilize Class V Gravity / Injection Wells as a best management practice for Post Construction Stormwater Management?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
6.0	Will the project involve discharge of construction related stormwater to a dry swale, surface water, ground water or separate storm water system?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.1	Will the project involve discharge of industrial waste stormwater or wastewater from an industrial activity or sewage to a dry swale, surface water, ground water or an existing sanitary sewer system or separate storm water system?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
7.0	Will the project involve the construction and operation of industrial waste treatment facilities?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
8.0	Will the project involve construction of sewage treatment facilities, sanitary sewers, or sewage pumping stations? If "Yes", indicate estimated proposed flow (gal/day). Also, discuss the sanitary sewer pipe sizes and the number of pumping stations/treatment facilities/name of downstream sewage facilities in the <i>Project Description</i> , where applicable.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	8.0.1 Estimated Proposed Flow (gal/day)				
9.0	Will the project involve the subdivision of land, or the generation of 800 gpd or more of sewage on an existing parcel of land or the generation of an additional 400 gpd of sewage on an already-developed parcel, or the generation of 800 gpd or more of industrial wastewater that would be discharged to an existing sanitary sewer system?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	9.0.1 Was Act 537 sewage facilities planning submitted and approved by DEP? If "Yes" attach the approval letter. Approval required prior to 105/NPDES approval.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10.0	Is this project for the beneficial use of biosolids for land application within Pennsylvania? If "Yes" indicate how much (i.e. gallons or dry tons per year).	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	10.0.1 Gallons Per Year (residential septage)				
	10.0.2 Dry Tons Per Year (biosolids)				
11.0	Does the project involve construction, modification or removal of a dam? If "Yes", identify the dam.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	11.0.1 Dam Name				
12.0	Will the project interfere with the flow from, or otherwise impact, a dam? If "Yes", identify the dam.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	12.0.1 Dam Name				
13.0	Will the project involve operations (excluding during the construction period) that produce air emissions (i.e., NOX, VOC, etc.)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	13.0.1 If "Yes", is the operation subject to the agricultural exemption in 35 P.S. § 4004.1?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	13.0.2 If the answer to 13.0.1 is "No", identify each type of emission followed by the estimated amount of that emission. Enter all types & amounts of emissions; separate each set with semicolons.				
	PM10 amount varies with specific types of crushing and screening equipment.				

14.0	Does the project include the construction or modification of a drinking water supply to serve 15 or more connections or 25 or more people, at least 60 days out of the year? If "Yes", check all proposed sub-facilities.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
14.0.1	Number of Persons Served	_____			
14.0.2	Number of Employee/Guests	_____			
14.0.3	Number of Connections	_____			
14.0.4	Sub-Fac: Distribution System	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.5	Sub-Fac: Water Treatment Plant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.6	Sub-Fac: Source	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.7	Sub-Fac: Pump Station	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.8	Sub Fac: Transmission Main	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.9	Sub-Fac: Storage Facility	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15.0	Will your project include infiltration of storm water or waste water to ground water within one-half mile of a public water supply well, spring or infiltration gallery?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
16.0	Is your project to be served by an existing public water supply? If "Yes", indicate name of supplier and attach letter from supplier stating that it will serve the project.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
16.0.1	Supplier's Name	_____			
16.0.2	Letter of Approval from Supplier is Attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17.0	Will this project be served by on-lot drinking water wells?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
18.0	Will this project involve a new or increased drinking water withdrawal from a river, stream, spring, lake, well or other water bod(ies)? If "Yes", reference Safe Drinking Water Program.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
18.0.1	Source Name	_____			
19.0	Will the construction or operation of this project involve treatment, storage, reuse, or disposal of waste? If "Yes", indicate what type (i.e., hazardous, municipal (including infectious & chemotherapeutic), residual) and the amount to be treated, stored, re-used or disposed.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
19.0.1	Type & Amount	_____			
20.0	Will your project involve the removal of coal, minerals, contaminated media, or solid waste as part of any earth disturbance activities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
21.0	Does your project involve installation of a field constructed underground storage tank? If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
21.0.1	Enter all substances & capacity of each; separate each set with semicolons.	_____			
22.0	Does your project involve installation of an aboveground storage tank greater than 21,000 gallons capacity at an existing facility? If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
22.0.1	Enter all substances & capacity of each; separate each set with semicolons.	_____			
23.0	Does your project involve installation of a tank greater than 1,100 gallons which will contain a highly hazardous substance as defined in DEP's Regulated Substances List, 2570-BK-DEP2724? If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
23.0.1	Enter all substances & capacity of each; separate each set with semicolons.	_____			

24.0 Does your project involve installation of a storage tank at a new facility with a total AST capacity greater than 21,000 gallons? Yes No
"Yes", list each Substance & its Capacity. **Note:** Applicant may need a Storage Tank Site Specific Installation Permit.

24.0.1 Enter all substances & capacity of each; separate each set with semicolons.

NOTE: If the project includes the installation of a regulated storage tank system, including diesel emergency generator systems, the project may require the use of a Department Certified Tank Handler. For a full list of regulated storage tanks and substances, please go to www.dep.pa.gov search term storage tanks

25.0 Will the intended activity involve the use of a radiation source? Yes No

CERTIFICATION

I certify that I have the authority to submit this application on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information.

For applicants supplying an EIN number: I am applying for a permit or authorization from the Pennsylvania Department of Environmental Protection (DEP). As part of this application, I will provide DEP with an accurate EIN number for the applicant entity. By filing this application with DEP, I hereby authorize DEP to confirm the accuracy of the EIN number provided with the Pennsylvania Department of Revenue. As applicant, I further consent to the Department of Revenue discussing the same with DEP prior to issuance of the Commonwealth permit or authorization.

Type or Print Name Kari Hissem


Signature

Project Coordinator

Title

2.12.2021

Date

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7020 0640 0000 3298 4021

Certified Mail Fee	\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.95
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 1.40
Total Postage and Fees	\$ 7.85



Sender	
Street	Derry Township
	5321 State Route 982
City	Derry, PA 15627
PS	Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Derry Township
 5321 State Route 982
 Derry, PA 15627



9590 9402 5919 0049 1620 82

2. Article Number (Transfer from service label)

7020 0640 0000 3298 4021

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

KH SMT EAST 07/60

A. Signature	<input type="checkbox"/> Agent
X <i>Donna Wano</i>	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
Donna Wano	2-18-21
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

7020 0640 0000 3298 4038

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ 3.60

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ 1.40

Total Postage and Fees \$ 7.85

Se Westmoreland Co. Commissioners
 St 2 N. Main Street, Suite 101
 Cl Greensburg, PA 15601

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Westmoreland Co. Commissioners
 2 N. Main Street, Suite 101
 Greensburg, PA 15601



2. Article Number (Transfer from service label):

7020 0640 0000 3298 4038

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Jeff Berkey

B. Received by (Printed Name) C. Date of Delivery

JEFF BERKEY *2-16-21*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Insured Mail Restricted Delivery (over \$500)