

PERMIT APPLICATION GENERAL INFORMATION

Prepared 11/2023

This form provides general information for this Minor Permit Modification.

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FORM (11/2023) This Minor Permit Modification



GENERAL INFORMATION FORM – AUTHORIZATION APPLICATION

Before completing this General Information Form (GIF), read the step-by-step instructions provided in this application package. This version of the General Information Form (GIF) must be completed and returned with any program-specific application being submitted to the Department. Prepared 11/2023

<p style="text-align: center;">Related ID#s (If Known)</p> <p>Client ID# <u>290720</u> APS ID# _____</p> <p>Site ID# <u>239963</u> Auth ID# _____</p> <p>Facility ID# <u>100277</u></p>	<p style="text-align: center;">DEP USE ONLY</p> <p style="text-align: center;">Date Received & General Notes</p>
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CLIENT INFORMATION

DEP Client ID# <i>290720</i>	Client Type / Code <i>LLC</i>		
Organization Name or Registered Fictitious Name <i>Westmoreland Sanitary Landfill, LLC</i>		Employer ID# (EIN) <i>72-1288487</i>	Dun & Bradstreet ID# <i>00-687-9067</i>
Individual Last Name <i>N/A</i>	First Name	MI	Suffix SSN
Additional Individual Last Name <i>N/A</i>	First Name	MI	Suffix SSN
Mailing Address Line 1 <i>111 Conner Lane</i>		Mailing Address Line 2	
Address Last Line – City <i>Belle Vernon</i>	State <i>PA</i>	ZIP+4 <i>15012-4519</i>	Country <i>USA</i>
Client Contact Last Name	First Name	MI	Suffix
Client Contact Title		Phone	Ext
Email Address		FAX	

SITE INFORMATION

DEP Site ID# <i>239963</i>	Site Name <i>Sanitary Landfill</i>		
EPA ID# <i>N/A</i>	Estimated Number of Employees to be Present at Site		<i>12-14</i>
Description of Site <i>Municipal Solid Waste Landfill</i>			
County Name <i>Westmoreland County</i>	Municipality <i>Rostraver Township</i>	City <input type="checkbox"/>	Boro <input type="checkbox"/>
		Twp <input checked="" type="checkbox"/>	State <i>PA</i>
County Name	Municipality	City <input type="checkbox"/>	Boro <input type="checkbox"/>
		Twp <input type="checkbox"/>	State
Site Location Line 1 <i>111 Conner Lane</i>		Site Location Line 2	
Site Location Last Line – City <i>Belle Vernon</i>	State <i>PA</i>	ZIP+4 <i>15012-4519</i>	
Detailed Written Directions to Site <i>From Interstate 70 West, take the Monessen exit. Turn right on Tyrol Boulevard and proceed approximately 0.4 miles to the site entrance on the right (East) side of the road.</i>			
Site Contact Last Name <i>Rich</i>	First Name <i>Walton</i>	MI	Suffix
Site Contact Title <i>President</i>		Site Contact Firm <i>Westmoreland Sanitary Landfill, LLC</i>	
Mailing Address Line 1 <i>111 Conner Lane</i>		Mailing Address Line 2	

Mailing Address Last Line – City <i>Belle Vernon</i>		State <i>PA</i>	ZIP+4 <i>15012-4519</i>
Phone <i>412-426-5432</i>	Ext	FAX <i>724-929-7740</i>	Email Address <i>RWalton@nobleenviro.com</i>
NAICS Codes (Two- & Three-Digit Codes – List All That Apply) <i>562</i>			6-Digit Code (Optional)
Client to Site Relationship <i>OWNOP</i>			

FACILITY INFORMATION

Modification of Existing Facility	Yes	No
1. Will this project modify an existing facility, system, or activity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will this project involve an addition to an existing facility, system, or activity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If "Yes", check all relevant facility types and provide DEP facility identification numbers below.

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"/> MineDrainageTrmt/LandRecyProjLocation	_____
<input type="checkbox"/> Coal Ash Beneficial Use Operation	_____	<input checked="" type="checkbox"/> Municipal Waste Operation	<i>100277</i>
<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
<i>Donora, PA Quadrangle</i>	<i>N 40</i>	<i>09</i>	<i>01</i>	<i>W 79</i>	<i>51</i>	<i>15</i>
Horizontal Accuracy Measure	Feet	<i>200</i>	<i>--or--</i>	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	<i>GISDR</i>					
Reference Point Code	<i>CNTER</i>					
Altitude	Feet	<i>20</i>	<i>--or--</i>	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	<i>PHGRM</i>					
Geometric Type Code	<i>Point</i>					
Data Collection Date	<i>Revised 1993</i>					
Source Map Scale Number	<i>1.0</i>	Inch(es)	=	<i>2,000</i>	Feet	
	<i>--or--</i>	Centimeter(s)	=		Meters	

PROJECT INFORMATION

Project Name <i>Municipal Solid Waste Minor Permit Modification</i>			
Project Description <i>This Minor Permit Modification includes updates for the Form 25 to include a small tank located in the leachate loading area for off-site trucking and provide an updated PPC Plan.</i>			
Project Consultant Last Name <i>David</i>	First Name <i>Murray</i>	MI	Suffix
Project Consultant Title <i>Principal Engineer</i>		Consulting Firm <i>Civil Design Solutions, Inc.</i>	

Mailing Address Line 1 1331 State Avenue			Mailing Address Line 2		
Address Last Line – City Coraopolis			State PA	ZIP+4 15108	
Phone 412-299-2700	Ext 151	FAX 412-299-2922	Email Address DMurray@civildesign.org		
Time Schedules N/A	Project Milestone (Optional)				

1. **Have you informed the surrounding community and addressed any concerns prior to submitting the application to the Department?** Yes No

2. **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: _____

3. **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 3, the application is not subject to the Land Use Policy.
 If "Yes" to Question 3, the application is subject to this policy and the Applicant should answer the additional questions in the Land Use Information section.

LAND USE INFORMATION (Not Applicable)

- Note:** Applicants are encouraged to 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?** Yes No

 2. **Is there an adopted municipal or multi-municipal comprehensive plan?** Yes No

 3. **Is there an adopted county-wide zoning ordinance, municipal zoning ordinance or joint municipal zoning ordinance?** Yes No
Note: If the Applicant answers "No" to either Questions 1, 2 or 3, the provisions of the PA MPC are not applicable and the Applicant does not need to respond to questions 4 and 5 below.
 If the Applicant answers "Yes" to questions 1, 2 and 3, the Applicant should respond to questions 4 and 5 below.

 4. **Does the proposed project meet the provisions of the zoning ordinance or does the proposed project have zoning approval?** Yes No
 If zoning approval has been received, attach documentation.

 5. **Have you attached Municipal and County Land Use Letters for the project?** Yes 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 and the accompanying Cultural Resource Notice 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 type="checkbox"/>	Yes	<input checked="" 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 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 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 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 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 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. 4.0.1 Total Disturbed Acreage <i>No change to disturbed area as part of this application.</i>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.0	Does the project involve any of the following? If "Yes", respond to 5.1-5.3. If "No", skip to Question 6.0.	<input type="checkbox"/>	Yes	<input checked="" 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 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 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 type="checkbox"/>	No
6.0	Will the project involve discharge of stormwater or wastewater from an industrial activity to a dry swale, surface water, ground water or an existing sanitary sewer system or separate storm water system? <i>Discharges not changed by this application.</i>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
7.0	Will the project involve the construction and operation of industrial waste treatment facilities? <i>No change as part of this application.</i>	<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. 8.0.1 Estimated Proposed Flow (gal/day) <i>No change as part of this application.</i>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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? 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). 10.0.1 Gallons Per Year (residential septage) _____ 10.0.2 Dry Tons Per Year (biosolids) _____	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

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.)? If "Yes", identify each type of emission followed by the amount of that emission.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
13.0.1	Enter all types & amounts of emissions; separate each set with semicolons.	<i>No change in air emissions by this application.</i>			
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	<i>Belle Vernon. Water supply/quantity not changed by this application.</i>			
16.0.2	Letter of Approval from Supplier is Attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17.0	Will this project involve a new or increased drinking water withdrawal from a stream or other water body? If "Yes", should reference both Water Supply and Watershed Management.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
17.0.1	Stream Name	<i>Water supply/quantity not changed by this application.</i>			
18.0	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
18.0.1	Type & Amount				
19.0	Will your project involve the removal of coal, minerals, etc. as part of any earth disturbance activities?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20.0	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
20.0.1	Enter all substances & capacity of each; separate each set with semicolons.	<i>No storage tank sizing or stored materials change proposed by this application.</i>			
21.0	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
21.0.1	Enter all substances & capacity of each; separate each set with semicolons.				

22.0 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. Yes No

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

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

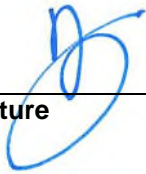
23.0.1 Enter all substances & capacity of each; separate each set with semicolons.

24.0 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.

Type or Print Name David W. Murray



Signature

Principal Engineer

Title

11/29/2023

Date