

1053 Spruce Road * P.O. Box 3348 * Allentown, PA 18106-0348 (610) 398-2503 * FAX (610) 398-8413 * Email: service@lehighcountyauthority.org

LETTER OF TRANSMITTAL

| Date: June 20, 202 | ate: | June | 20. | 2023 |
|---------------------------|------|------|-----|------|
|---------------------------|------|------|-----|------|

To: Jennifer Gomez, AICP

City of Allentown 435 Hamilton Street Allentown, PA 18101

Re: Stack Storage Allentown – 2118 Hanover Ave,

Allentown, Lehigh County, PA

No. of

| <u>Copies</u> | <u>Date</u> | <u>Description</u> |
|---------------|-------------|-------------------------------------|
| 1 | 6/20/23 | Completed Sewer Planning Module |
| 1 | 6/20/23 | Plan Showing Path of Sewage to WWTP |
| 1 | 6/20/23 | Appendix A Cover Letter |

| X | As Requested | Approved |
|---|----------------------|---------------------|
| | For Your Information | Approved As Noted |
| | For Your Comments | Revise And Resubmit |
| | For Action By You | For Your Files |

Comments:

LCA has completed the Sewer Planning Module for the subject property. The hard copy will be sent to you in the mail. Please contact me if you have any questions.

From: Jacob Hunsicker

cc: Scott Novatnak, DEP (via email)

Robert Corby, DEP (via email) David Petrik, COA (via email) Brandon Jones, COA (via email) Jesus Sadiua, COA (via email) Phil DePoe, LCA (via email) Liesel Gross, LCA (via email)

Andrew Bertolazzi, Gilmore & Associates, Inc. (via email)



1053 SPRUCE ROAD * P.O. BOX 3348 * ALLENTOWN, PA 18106-0348 610-398-2503 * FAX 610-398-8413 * www.lehighcountyauthority.org email: service@lehighcountyauthority.org

June 14, 2023

Jennifer Gomez, AICP Planning Director City of Allentown 435 Hamilton Street Allentown, PA 18101

RE:

Stack Storage Allentown - 2118 Hanover Ave, City of Allentown

Sewer Module - Chapter 94 Consistency Determination - Appendix A

Dear Mrs. Gomez,

This letter and approval for the attached Sewage Facilities Planning Module is based on the current estimate of available wastewater capacity. This letter does not promise, guarantee or assure any future conveyance or treatment allocation without compliance with all applicable rules and regulations, payment of all necessary fees and availability of the respective allocation at that time.

In accordance with the Interim Act 537 Plan submitted by the Kline's Island Sewer System (KISS) municipalities to the Pa. Department of Environmental Protection and approved on June 25, 2021, an amount equal to the property or development's wastewater flow will be allocated from the Connection Management Plan at the time of approval of the Sewage Facilities Planning Module. This property or development's wastewater flow need, as represented in the attached Sewage Planning Module, is _76 gallons per day. Therefore, the Connection Management Plan balance will be adjusted as follows:

| 2020 Connection Management Plan Allocation (all numbers in gallons per day) | 1,500,000 |
|---|------------|
| 2021-2025 Connection Management Plan Allocation | 3,117,129 |
| Previously allocated from prior planning module submissions (since 1/17/20) | -1,674,524 |
| This submission | -70 |
| Remaining Allocation in KISS Connection Management Plan (as of 6/14/23) | 2,942,535 |

Please contact me if you have any questions about this information.

Sincerely,

Liesel M. Gross

Chief Executive Officer

cc:

Scott Novatnak, DEP Robert Corby, DEP

Brandon Jones, COA Jesus Sadiua, COA

David Petrik, COA Phil DePoe, LCA

Andrew Bertolazzi, Gilmore & Associates, Inc.

| | M-BPNPSM0353 | Rev. 2/2015 |
|------|---|------------------|
| Form | pennsylval DEPARTMENT OF ENVIR PROTECTION | nia RONMENTAL |

Area Code + Phone + Ext.

610-437-7613

| COMMONWEALTH OF PENNSYLVANIA |
|---|
| DEPARTMENT OF ENVIRONMENTAL PROTECTION |
| BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT |

| Code | No. |
|------|-----|
| 0000 | |
| | |

| | BUREAU OF PO | OINT AND NON- | -POINT SOURCE IN | HINGLINE | " | | | | |
|---|---|----------------------------------|---------------------------------------|-------------|---------------|-------------|-------------------|--|--|
| SEWAGE FACILITIES PLANNING MODULE | | | | | | | | | |
| Component 3. Sewage Collection and Treatment Facilities (Return completed module package to appropriate municipality) | | | | | | | | | |
| DEP USE ONLY | | | | | | | | | |
| DEP CODE # | CLIENT ID# | | SITE ID# | AP | SID# | A | UTH ID# | | |
| This planning module component is used to fulfill the planning requirements of Act 537 for the following types of projects: (1) a subdivision to be served by sewage collection, conveyance or treatment facilities, (2) a tap-in to an existing collection system with flows on a lot of 2 EDU's or more, or (3) the construction of, or modification to, wastewater collection, conveyance or treatment facilities that will require DEP to issue or modify a Clean Streams Law permit. Planning for any project that will require DEP to issue or modify a permit cannot be processed by a delegated agency. Delegated agencies must send their projects to DEP for final planning approval. This component, along with any other documents specified in the cover letter, must be completed and submitted to the municipality with jurisdiction over the project site for review and approval. All required documentation must be attached | | | | | | | | | |
| for the Sewage Facilities F | Planning Module to b | e complete. F | Refer to the instr | uctions fo | r help in cor | npleting th | nis component. | | |
| the pro | nents to the Sewage g modules for land de ect (DEP or delega tion on these fees. | evelopment. | These fees may | / vary dep | ending on t | he approv | ing agency for | | |
| NOTE: All projects must N if applicable or | complete Sections A marked 国. | through I, ar | nd Sections O th | rough R. | Complete S | ections J, | K, L, M and/or | | |
| A. PROJECT INFO | RMATION (See S | ection A of in | structions) | | | | | | |
| 1. Project Name Stack S | Storage Allentown | | | | | | | | |
| Brief Project Descripti Associated parking, walky facility. Stormwater managestormwater runoff to a evaluation. | <i>r</i> ays, landscaping as gement improvement | well as public s are required | c water and sew d consisting of ro | er is propo | sed for this | commerc | cial self-storage | | |
| B. CLIENT (MUNIC | IPALITY) INFOR | RMATION (| See Section B of | | | | | | |
| Municipality Name | | County | | City | В | oro | Twp | | |
| Allentown | | Lehigh | | <u> </u> | | | | | |
| Municipality Contact Indiv | idual - Last Name | First Name | | MI | Suffix | Title | | | |
| Sadiua | | Jesus | | | | Chief PI | anner | | |
| Additional Individual Last | Name | First Name | | MI | Suffix | Title | | | |
| Municipality Mailing Addre | ess Line 1 | | Mailing Addres | ss Line 2 | | | | | |
| Address Last Line City | | | | State | ZIP+4 | | | | |
| Allentown | | | | PA | 18101 | -1603 | | | |

FAX (optional)

Email (optional)

jesus.sadiua@allentownpa.gov

instructions.

| A ALTE INFARMATION | | | | | | | | |
|--|-----------------------------------|-----------|-------------|--------|------------|-------------|-----------------------------------|-----------|
| C. SITE INFORMATION | | tructio | ns) | | | | | |
| Site (Land Development or Pr | oject) Name | | | | | | | |
| Stack Storage Allentown Site Location Line 1 | | | Site Loca | tion | Line 2 | | , , , , , , , , , , , , , , , , , | |
| 2118 Hanover Avenue | | | One Love | 10,011 | LIIIO Z | | | |
| Site Location Last Line City | | State | | ZIF | °+4 | | Latitude | Longitude |
| Allentown | - | PA | | | 109 | | | |
| Detailed Written Directions to Site From Route 22 and Route 309: Head east from the intersection of Route 22 and Route 309 (approx. 7.35 miles). Take the exit for Airport Road South (Route 987) and head south towards Union Boulevard (approx. 1.5 miles). Head east on Union Boulevard to North Ulster Street (Approx. 1 mile). Make a right turn and head south on North Ulster Street to Hanover Avenue (Approx. 1/4 mile). Make a left turn and head east on Hanover. Description of Site Existing parking lot and access drive. The site generally slopes downhill toward the north. | | | | | | | | |
| Site Contact (Developer/Own- | er) | | | | | *** | | |
| Last Name | First Name | | | MI | Suffix | Phone |) | Ext. |
| Nielson | Nache | | | | | | | |
| Site Contact Title | | 5 | Site Conta | ct Fi | rm (if nor | ie, leave b | lank) | |
| Vice President of Development | | | | | | | | |
| FAX | | Ē | Email | | | | | |
| | | r | nn@stacks | tora | ge.us | | | |
| Mailing Address Line 1 | | P | Mailing Ad | dres | s Line 2 | | | |
| 2801 N Thanksgiving Way | | 5 | Suite 100 | | | | | |
| Mailing Address Last Line Cit | ty | (| State | | Z | IP+4 | | |
| Lehi | | Į | JT | | 8 | 4043 | | |
| D. PROJECT CONSUL | TANT INFORMAT | ION (| See Section | on D | of instru | ctions) | | |
| Last Name | F | irst Na | ime | | | | MI | Suffix |
| Bertolazzi | Α | ndrew | | | | | N | <u>ll</u> |
| Title | C | Consult | ing Firm N | lame | 9 | | | |
| Civil Designer | O | | & Associ | | | | | |
| Mailing Address Line 1 | | [| Mailing Ad | dres | s Line 2 | | | |
| 5100 Tilghman Street | | | Suite 150 | | | | | |
| Address Last Line – City | 8 | State | | ZIP+ | | | Country | |
| Allentown | | PA | | 1810 | 4-9113 | | USA | |
| | Area Code + Phone 610-910-9115 | | Ext. | | | | Area Code - | + FAX |
| E. AVAILABILITY OF I | DRINKING WATER | R SUF | PPLY | | | | | |
| The project will be provided with drinking water from the following source: (Check appropriate box) Individual wells or cisterns. A proposed public water supply. An existing public water supply. If existing public water supply is to be used, provide the name of the water company and attach documentation from the water company stating that it will serve the project. Name of water company: Lehigh County Authority F. PROJECT NARRATIVE (See Section F of instructions) | | | | | | | | |
| F. PROJECT NARRAT | IVE (See Section Fig | of instru | uctions) | | | | | |

The applicant may choose to include additional information beyond that required by Section F of the

-2-

☑ A narrative has been prepared as described in Section F of the instructions and is attached.

| 3. | Chec | PROPOSED WASTEWATER DISPOSAL FACILITIES (See Section G of instructions) Check all boxes that apply, and provide information on collection, conveyance and treatment facilities and EDU's served. This information will be used to determine consistency with Chapter 93 (relating to wastewater treatment requirements). | | | | | | |
|----------------------------------|-------|---|--|--|--|--|--|--|
| | 1. | | LLECTION SYSTEM | | | | | |
| | 65.53 | a. | Check appropriate box concerning collection system | | | | | |
| | | П | New collection system Pump Station Force Main | | | | | |
| | | | Grinder pump(s) | | | | | |
| | | Cle | ean Streams Law Permit Number <u>`V / A</u> | | | | | |
| | | b. | Answer questions below on collection system | | | | | |
| | | | Number of EDU's and proposed connections to be served by collection system. EDU's 1 | | | | | |
| | | | Connections 1 | | | | | |
| | | | Name of: | | | | | |
| | | | existing collection or conveyance system <u>City of Allentown</u> | | | | | |
| | | | owner City of Allentown LCA - Lessee | | | | | |
| | | | existing interceptor <u>Little Lehigh Interceptor</u> owner <u>City of Allentown</u> , <u>LC/A</u> ~ <u>LeSS&-</u> | | | | | |
| 2. WASTEWATER TREATMENT FACILITY | | | | | | | | |
| | | ED pro | eck all boxes that apply, and provide information on collection, conveyance and treatment facilities and DU's served. This information will be used to determine consistency with Chapter(s) 91 (relating to general povisions), 92 (relating to national Pollution Discharge Elimination System permitting, monitoring and management and management of the control of the co | | | | | |
| | | a. | Check appropriate box and provide requested information concerning the treatment facility | | | | | |
| | | | ☐ New facility | | | | | |
| | | | Name of existing facility Kline's Island Wastewater Treatment Plant (KIWWTP) | | | | | |
| | | | NPDES Permit Number for existing facility PA-26000 | | | | | |
| | | | Clean Streams Law Permit Number N/A | | | | | |
| | | | Location of discharge point for a new facility. Latitude Longitude | | | | | |
| | | b. | The following certification statement must be completed and signed by the wastewater treatment facility permitee or their representative. | | | | | |
| | | | As an authorized representative of the permittee, I confirm that the Kline's Island WWTP (Name from above) sewage treatment facilities can accept sewage flows from this project without adversely affecting the facility's ability to achieve all applicable technology and water quality based effluent limits (see Section I) and conditions contained in the NPDES permit identified above. | | | | | |
| | | | Name of Permittee Agency, Authority, Municipality Lehigh County Authority - Agent, City of Allen | | | | | |
| | | | Name of Responsible Agent Liese (M. 61055 | | | | | |
| | | | Agent Signature Date 6/14/2023 | | | | | |
| | | | (Also see Section I. 4.) | | | | | |

| | | | ES (Continued) |
|--|--|--|-----------------------|
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| | | | |
| | | | |
| | | | |

| 3 | PL | OT | PL | AN | | | | |
|---|----|----|----|----|--|--|--|--|

| The following | information | is to be | submitted or | a plot plan | of the propose | ed subdivision. |
|---------------|-------------|----------|--------------|-------------|----------------|-----------------|
|---------------|-------------|----------|--------------|-------------|----------------|-----------------|

- a. Existing and proposed buildings.
- b. Lot lines and lot sizes.
- c. Adjacent lots.
- d. Remainder of tract.
- e. Existing and proposed sewerage facilities. Plot location of discharge point, land application field, spray field, COLDS, or LVCOLDS if a new facility is proposed.
- f. Show tap-in or extension to the point of connection to existing collection system (if applicable).
- g. Existing and proposed water supplies and surface water (wells, springs, ponds, streams, etc.)
- h. Existing and proposed rights-of-way.
- Existing and proposed buildings, streets, roadways, access roads, etc.

- Any designated recreational or open space area.
- Wetlands from National Wetland Inventory Mapping and USGS Hydric Soils Mapping.
- I. Flood plains or Flood prone areas, floodways, (Federal Flood Insurance Mapping)
- m. Prime Agricultural Land.
- n. Any other facilities (pipelines, power lines, etc.)
- o. Orientation to north.
- p. Locations of all site testing activities (soil profile test pits, slope measurements, permeability test sites, background sampling, etc. (if applicable).
- q. Soils types and boundaries when a land based system is proposed.
- r. Topographic lines with elevations when a land based system is proposed

4. WETLAND PROTECTION

YES NO

| | a. | | \boxtimes | Are there wetlands in the project area? If yes, ensure these areas appear on the plot plan as shown in the mapping or through on-site delineation. |
|----|-------------|------|-------------|--|
| | b. | | | Are there any construction activities (encroachments, or obstructions) proposed in, along, or through the wetlands? If yes, Identify any proposed encroachments on wetlands and identify whether a General Permit or a full encroachment permit will be required. If a full permit is required, address time and cost impacts on the project. Note that wetland encroachments should be avoided where feasible. Also note that a feasible alternative MUST BE SELECTED to an identified encroachment on an exceptional value wetland as defined in Chapter 105. Identify any project impacts on streams classified as HQ or EV and address impacts of the permitting requirements of said encroachments on the project. |
| 5. | PRI | ME / | AGRIC | ULTURAL LAND PROTECTION |
| | YES | 3 | NO | |
| | | | \boxtimes | Will the project involve the disturbance of prime agricultural lands? |
| | | | | If yes, coordinate with local officials to resolve any conflicts with the local prime agricultural land protection program. The project must be consistent with such municipal programs before the sewage facilities planning module package may be submitted to DEP. |
| | | | • | If no, prime agricultural land protection is not a factor to this project. |
| | | | | Have prime agricultural land protection issues been settled? |
| 6. | HIS. | TOR | RIC PR | ESERVATION ACT |
| | YES | 3 | NO | |
| | \boxtimes | | П | Sufficient documentation is attached to confirm that this project is consistent with DEF |

Technical Guidance 012-0700-001 *Implementation of the PA State History Code* (available online at the DEP website at www.dep.state.pa.us, select "subject" then select "technical guidance"). As a minimum this includes copies of the completed Cultural Resources Notice

(CRN), a return receipt for its submission to the PHMC and the PHMC review letter.

| | | ROTECTION OF RARE, ENDANGERED OR THREATENED SPECIES k one: |
|----|---------------------|---|
| | \boxtimes | The "Pennsylvania Natural Diversity Inventory (PNDI) Project Environmental Review Receipt" resulting from my search of the PNDI database and all supporting documentation from jurisdictional agencies (when necessary) is/are attached. |
| | | A completed "Pennsylvania Natural Diversity Inventory (PNDI) Project Planning & Environmental Review Form," (PNDI Form) available at www.naturalheritage.state.pa.us , and all required supporting documentation is attached. I request DEP staff to complete the required PNDI search for my project. I realize that my planning module will be considered incomplete upon submission to the Department and that the DEP review will not begin, and that processing of my planning module will be delayed, until a "PNDI Project Environmental Review Receipt" and all supporting documentation from jurisdictional agencies (when necessary) is/are received by DEP. |
| | | Applicant or Consultant Initials |
| ┨. | ALT | ERNATIVE SEWAGE FACILITIES ANALYSIS (See Section H of instructions) |
| | \boxtimes | An alternative sewage facilities analysis has been prepared as described in Section H of the attached instructions and is attached to this component. |
| | | The applicant may choose to include additional information beyond that required by Section H of the attached instructions. |
| | COI Secti | MPLIANCE WITH WATER QUALITY STANDARDS AND EFFLUENT LIMITATIONS (See on I of instructions) (Check and complete all that apply.) |
| | 1. | Waters designated for Special Protection |
| | | The proposed project will result in a new or increased discharge into special protection waters as identified in Title 25, Pennsylvania Code, Chapter 93. The Social or Economic Justification (SEJ) required by Section 93.4c. is attached. |
| | 2. | Pennsylvania Waters Designated As Impaired |
| | | The proposed project will result in a new or increased discharge of a pollutant into waters that DEP has identified as being impaired by that pollutant. A pre-planning meeting was held with the appropriate DEP regional office staff to discuss water quality based discharge limitations. |
| | 3. | Interstate and International Waters |
| | | The proposed project will result in a new or increased discharge into interstate or international waters. A pre-planning meeting was held with the appropriate DEP regional office staff to discuss effluent limitations necessary to meet the requirements of the interstate or international compact. |
| | 4 | Tributaries To The Chesapeake Bay |
| | | The proposed project result in a new or increased discharge of sewage into a tributary to the Chesapeake Bay. This proposal for a new sewage treatment facility or new flows to an existing facility includes total nitrogen and total phosphorus in the following amounts: pounds of TN per year and pounds of TP per year. Based on the process design and effluent limits, the total nitrogen treatment capacity of the wastewater treatment facility is pounds per year and the total phosphorus capacity is pounds per year as determined by the wastewater treatment facility permitee. The permitee has determined that the additional TN and TP to be contributed by this project (as modified by credits and/or offsets to be provided) will not cause the discharge to exceed the annual total mass limits for these parameters. Documentation of compliance with nutrient allocations is attached. |
| | | Name of Permittee Agency, Authority, Municipality |
| | | Initials of Responsible Agent (See Section G 2.b) |

☑ J. CHAPTER 94 CONSISTENCY DETERMINATION (See Section J of instructions)

Projects that propose the use of existing municipal collection, conveyance or wastewater treatment facilities, or the construction of collection and conveyance facilities to be served by existing municipal wastewater treatment facilities must be consistent with the requirements of Title 25, Chapter 94 (relating to Municipal Wasteload Management). If not previously included in Section F, include a general map showing the path of the sewage to the treatment facility. If more than one municipality or authority will be affected by the project, please obtain the information required in this section for each. Additional sheets may be attached for this purpose.

- 1. Project Flows 70 gpd
- 2. Total Sewage Flows to Facilities (pathway from point of origin through treatment plant)

When providing "treatment facilties" sewage flows, use Annual Average Daily Flow for "average" and Maximum Monthly Average Daily Flow for "peak" in all cases. For "peak flows" in "collection" and "conveyance" facilities, indicate whether these flows are "peak hourly flow" or "peak instantaneous flow" and how this figure was derived (i.e., metered, measured, estimated, etc.).

- a. Enter average and peak sewage flows for each proposed or existing facility as designed or permitted.
- b. Enter the average and peak sewage flows for the most restrictive sections of the existing sewage facilities.
- c. Enter the average and peak sewage flows, projected for 5 years (2 years for pump stations) through the most restrictive sections of the existing sewage facilities. Include existing, proposed (this project) and future project (other approved projects) flows.

To complete the table, refer to the instructions, Section J.

| · | | d/or Permitted city (gpd) M <i>ย</i> ์อ | b. Present | ₩Ğ₽ Flows (gpd) | c. Projected Flows in 5 years (gpd) Mຍ໊ຍ (2 years for P.S.) | | |
|------------|---------|---|------------|-------------------------------|--|--------|--|
| | Average | Peak | Average | Peak | Average | Peak | |
| Collection | 0 51 | 2,03 | 0,09 | 1,24 | 0.09 | 1.25 | |
| Conveyance | 15 | 19 | 2,4 | 18 4 | 2,45 | 18,4 " | |
| Treatment | 40 | 40 | 32.3 | 40 | 33.4 | 42 | |

3. Collection and Conveyance Facilities

(1) Peak Hously Flow- Estimated

The questions below are to be answered by the sewer authority, municipality, or agency responsible for completing the Chapter 94 report for the collection and conveyance facilities. These questions should be answered in coordination with the latest Chapter 94 annual report and the above table. The individual(s) signing below must be legally authorized to make representation for the organization.

YES NO

a. This project proposes sewer extensions or tap-ins. Will these actions create a hydraulic overload within five years on any existing collection or conveyance facilities that are part of the system?

If yes, this sewage facilities planning module will not be accepted for review by the municipality, delegated local agency and/or DEP until all inconsistencies with Chapter 94 are resolved or unless there is an approved Corrective Action Plan (CAP) granting an allocation for this project. A letter granting allocations to this project under the CAP must be attached to the module package.

If no, a representative of the sewer authority, municipality, or agency responsible for completing the Chapter 94 report for the collection and conveyance facilities must sign below to indicate that the collection and conveyance facilities have adequate capacity and are able to provide service to the proposed development in accordance with both §71.53(d)(3) and Chapter 94 requirements and that this proposal will not affect that status.

| b. | Collection System | | | A | | | 0. 4 | |
|----|---|------|------|-----------|-----|----|-------|--|
| | Name of Agency, Authority, Municipality | City | of | Allentown | LCA | - | Agent | |
| | Name of Responsible Agent Creset | M, | 6109 | 55 | ' | | | |
| | Agent Signature Suselu Qu | us | | Date | 6/ | 14 | 2023 | |
| | | | | | | 1 | | |

| ☑ J. CHAPTER 94 CONSISTENCY DETERMINATION (See Section J of instructions) | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| c. Conveyance System | | | | | | | | | |
| Name of Agency, Authority, Municipality City of Allentown, LCA - Agent | | | | | | | | | |
| Name of Responsible Agent <u>Ciesel M. 61055</u> | | | | | | | | | |
| Agent Signature | | | | | | | | | |
| Date | | | | | | | | | |
| 4. Treatment Facility | | | | | | | | | |
| The questions below are to be answered by a representative of the facility permittee in coordination with the information in the table and the latest Chapter 94 report. The individual signing below must be legally authorized to make representation for the organization. | | | | | | | | | |
| YES NO | | | | | | | | | |
| a. 🖂 🔲 This project proposes the use of an existing wastewater treatment plant for the disposal of sewage. Will this action create a hydraulic or organic overload within 5 years at that facility? | | | | | | | | | |
| If yes, this planning module for sewage facilities will not be reviewed by the municipality, delegated local agency and/or DEP until this inconsistency with Chapter 94 is resolved or unless there is an approved CAP granting an allocation for this project. A letter granting allocations to this project under the CAP must be attached to the planning module. | | | | | | | | | |
| If no, the treatment facility permittee must sign below to indicate that this facility has adequate treatment capacity and is able to provide wastewater treatment services for the proposed development in accordance with both §71.53(d)(3) and Chapter 94 requirements and that this proposal will not impact that status. | | | | | | | | | |
| b. Name of Agency, Authority, Municipality <u>City of Allentown</u> , LCA - Agent | | | | | | | | | |
| Name of Responsible Agent Liesel M. 61055 | | | | | | | | | |
| Agent Signature | | | | | | | | | |
| Date | | | | | | | | | |
| ☐ K. TREATMENT AND DISPOSAL OPTIONS (See Section K of instructions) | | | | | | | | | |
| This section is for land development projects that propose construction of wastewater treatment facilities. Please note that, since these projects require permits issued by DEP, these projects may NOT receive final planning approval from a delegated local agency. Delegated local agencies must send these projects to DEP for final planning approval. | | | | | | | | | |
| Check the appropriate box indicating the selected treatment and disposal option. | | | | | | | | | |
| 1. Spray irrigation (other than individual residential spray systems (IRSIS)) or other land application is proposed, and the information requested in Section K.1. of the planning module instructions are attached. | | | | | | | | | |
| Recycle and reuse is proposed and the information requested in Section K-2 of the planning module instructions is attached. | | | | | | | | | |
| 3. A discharge to a dry stream channel is proposed, and the information requested in Section K.3. of the planning module instructions are attached. | | | | | | | | | |
| A discharge to a perennial surface water body is proposed, and the information requested in Section K.4. of the planning module instructions are attached. | | | | | | | | | |
| L. PERMEABILITY TESTING (See Section L of instructions) | | | | | | | | | |
| The information required in Section L of the instructions is attached. | | | | | | | | | |
| M. PRELIMINARY HYDROGEOLOGIC STUDY (See Section M of instructions) | | | | | | | | | |
| The information required in Section M of the instructions is attached. | | | | | | | | | |

| N. DETAILED HYDROGEOLOGIC STUDY (See Section N of instructions) |
|--|
| ☐ The detailed hydrogeologic information required in Section N. of the instructions is attached. |
| O. SEWAGE MANAGEMENT (See Section O of instructions) |
| (1-3 for completion by the developer(project sponser), 4-5 for completion by the non-municipal facility agent and 6 for completion by the municipality) Yes No |
| 1. Is connection to, or construction of, a DEP permitted, non-municipal sewage facility or a local agency permitted, community onlot sewage facility proposed. |
| If Yes, respond to the following questions, attach the supporting analysis, and an evaluation of the options available to assure long-term proper operation and maintenance of the proposed non-municipal facilities. If No, skip the remainder of Section O. |
| 2. Project Flows 70 gpd |
| Yes No |
| 3. |
| If yes, attach a letter of intent to puchase the necessary credits and describe the assurance that these credits and offsets will be available for the remaining design life of the non-municipal sewage facility; |
| (For completion by non-municipal facility agent) |
| 4. Collection and Conveyance Facilities |
| The questions below are to be answered by the organization/individual responsible for the non-municipal collection and conveyance facilities. The individual(s) signing below must be legally authorized to make representation for the organization. |
| Yes No |
| a. If this project proposes sewer extensions or tap-ins, will these actions create a hydraulic overload on any existing collection or conveyance facilities that are part of the system? |
| If yes, this sewage facilities planning module will not be accepted for review by the municipality, delegated loca agency and/or DEP until this issue is resolved. |
| If no, a representative of the organization responsible for the collection and conveyance facilities must sign below to indicate that the collection and conveyance facilities have adequate capacity and are able to provide service to the proposed development in accordance with Chapter 71 §71.53(d)(3) and that this proposal will no affect that status. |
| b. Collection System Name of Responsible Organization |
| Name of Responsible Agent |
| Agent Signature |
| Date |
| c. Conveyance System |
| Name of Responsible Organization |
| Name of Responsible Agent |
| Agent Signature |
| Date |

3800-FM-BPNPSM0353 Rev. 2/2015 Form

| 5. | Trea | atment Fa | acility | | | | | | | | | | |
|------|-----------------------------------|--|---|--|--|--|--|--|--|--|--|--|--|
| | The mus | question at be lega | s below lly autho | are to be answered by a representative of the facility permittee. The individual signing below rized to make representation for the organization. | | | | | | | | | |
| | | Yes | No | | | | | | | | | | |
| | a. | | | If this project proposes the use of an existing non-municipal wastewater treatment plant for the disposal of sewage, will this action create a hydraulic or organic overload at that facility? | | | | | | | | | |
| | | If yes, tagency | this plan and/or D | ning module for sewage facilities will not be reviewed by the municipality, delegated local DEP until this issue is resolved. | | | | | | | | | |
| | | If no, the treatment facility permittee must sign below to indicate that this facility has adequate treatment capacity and is able to provide wastewater treatment services for the proposed development in accordance with §71.53(d)(3) and that this proposal will not impact that status. | | | | | | | | | | | |
| | b. | Name o | f Facility | | | | | | | | | | |
| | | Name o | f Respo | nsible Agent | | | | | | | | | |
| | | Agent S | ignature | | | | | | | | | | |
| | | Date | | | | | | | | | | | |
| (For | com | pletion b | y the m | unicipality) | | | | | | | | | |
| 6. | | The SE | LECTE | OPTION necessary to assure long-term proper operation and maintenance of the proposed acilities is clearly identified with documentation attached in the planning module package. | | | | | | | | | |
| Р. | PU | BLIC N | OTIFIC | CATION REQUIREMENT (See Section P of instructions) | | | | | | | | | |
| P | nev dev loca app noti | vspaper of elopment al agency elicant or a ify the mi | of generate t projects by publican applican unicipalit | completed to determine if the applicant will be required to publish facts about the project in a cal circulation to provide a chance for the general public to comment on proposed new lands. This notice may be provided by the applicant or the applicant's agent, the municipality or the plication in a newspaper of general circulation within the municipality affected. Where an cant's agent provides the required notice for publication, the applicant or applicant's agent shall by or local agency and the municipality and local agency will be relieved of the obligation to discontent of the publication notice is found in Section P of the instructions. | | | | | | | | | |
| | To pub | complete | this se require | ction, each of the following questions must be answered with a "yes" or "no". Newspaper d if any of the following are answered "yes". | | | | | | | | | |
| | • | Yes No | | | | | | | | | | | |
| | 1. | | Does t | he project propose the construction of a sewage treatment facility ? | | | | | | | | | |
| | 2. | | per da | | | | | | | | | | |
| | 3. | | of \$10 | e project result in a public expenditure for the sewage facilities portion of the project in excess 0,000? | | | | | | | | | |
| | 4. | | within | e project lead to a major modification of the existing municipal administrative organizations the municipal government? | | | | | | | | | |
| | 5. | | | e project require the establishment of <i>new</i> municipal administrative organizations within the pal government? | | | | | | | | | |
| | 6. | | | e project result in a subdivision of 50 lots or more? (onlot sewage disposal only) | | | | | | | | | |
| | 7. | | | he project involve a major change in established growth projections? | | | | | | | | | |
| | 8. | | | the project involve a different land use pattern than that established in the municipality's Official ge Plan? | | | | | | | | | |

| P. PUBLIC NOTIFICATION REQUIREMENT C | ont'd. (See Section P of instructions) | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 9. Does the project involve the use of lagpd)? | arge volume onlot sewage disposal systems (Flow > 10,000 | | | | | | | | | | | |
| 10. Does the project require resolution of requirements contained in §71,21(a)(5) | a conflict between the proposed alternative and consistency (i), (ii), (iii)? | | | | | | | | | | | |
| 11. 🗌 🛛 Will sewage facilities discharge into high | n quality or exceptional value waters? | | | | | | | | | | | |
| Attached is a copy of: | | | | | | | | | | | | |
| the public notice, | | | | | | | | | | | | |
| all comments received as a result of the notice | 4 | | | | | | | | | | | |
| the municipal response to these comments. | | | | | | | | | | | | |
| No comments were received. A copy of the public | c notice is attached. | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Q. FALSE SWEARING STATEMENT (See Section | on Q of instructions) | | | | | | | | | | | |
| I verify that the statements made in this component are tr belief. I understand that false statements in this componer relating to unsworn falsification to authorities. | ue and correct to the best of my knowledge, information and ent are made subject to the penalties of 18 PA C.S.A. §4904 | | | | | | | | | | | |
| Andrew N. Bertolazzi II | N. BH | | | | | | | | | | | |
| Name (Print) Civil Designer | Signature 6/14/2023 | | | | | | | | | | | |
| Title | Date | | | | | | | | | | | |
| 5100 Tilghman St, Suite 150, Allentown, PA 18104 Address | 610-910-9115 Telephone Number | | | | | | | | | | | |
| | reiephone Municei | | | | | | | | | | | |
| R. REVIEW FEE (See Section R of instructions) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| project and invoice the project sponsor OR the project spo module prior to submission of the planning package to DE | nning module review. DEP will calculate the review fee for the nsor may attach a self-calculated fee payment to the planning P. (Since the fee and fee collection procedures may vary if a oject sponsor should contact the "delegated local agency" to | | | | | | | | | | | |
| project and invoice the project sponsor OR the project spo module prior to submission of the planning package to DE "delegated local agency" is conducting the review, the prodetermine these details.) Check the appropriate box. | nsor may attach a self-calculated fee payment to the planning P. (Since the fee and fee collection procedures may vary if a piect sponsor should contact the "delegated local agency" to and send me an invoice for the correct amount. I understand | | | | | | | | | | | |
| project and invoice the project sponsor OR the project spo module prior to submission of the planning package to DE "delegated local agency" is conducting the review, the prodetermine these details.) Check the appropriate box. I request DEP calculate the review fee for my project DEP's review of my project will not begin until DEP received in the project using instructions. I have attached a check or money order in PA, DEP". Include DEP code number on check. It is receives the fee and determines the fee is correct. | nsor may attach a self-calculated fee payment to the planning P. (Since the fee and fee collection procedures may vary if a oject sponsor should contact the "delegated local agency" to and send me an invoice for the correct amount. I understand gives the correct review fee from me for the project. The formula found below and the review fee guidance in the | | | | | | | | | | | |
| project and invoice the project sponsor OR the project spo module prior to submission of the planning package to DE "delegated local agency" is conducting the review, the prodetermine these details.) Check the appropriate box. I request DEP calculate the review fee for my project DEP's review of my project will not begin until DEP received instructions. I have attached a check or money order in PA, DEP". Include DEP code number on check. It receives the fee and determines the fee is correct. If send me an invoice for the correct amount. I understar fee. I request to be exempt from the DEP planning modulinew lot and is the only lot subdivided from a parcel of | nsor may attach a self-calculated fee payment to the planning P. (Since the fee and fee collection procedures may vary if a oject sponsor should contact the "delegated local agency" to and send me an invoice for the correct amount. I understand gives the correct review fee from me for the project. The formula found below and the review fee guidance in the sthe amount of \$\frac{1}{2}\$ payable to "Commonwealth of understand DEP will not begin review of my project unless it the fee is incorrect, DEP will return my check or money order, and DEP review will NOT begin until I have submitted the correct e review fee because this planning module creates only one land as that land existed on December 14, 1995. I realize that I disqualify me from this review fee exemption. I am furnishing | | | | | | | | | | | |
| project and invoice the project sponsor OR the project spo module prior to submission of the planning package to DE "delegated local agency" is conducting the review, the prodetermine these details.) Check the appropriate box. I request DEP calculate the review fee for my project of DEP's review of my project will not begin until DEP received instructions. I have attached a check or money order in PA, DEP". Include DEP code number on check. It receives the fee and determines the fee is correct. If send me an invoice for the correct amount. I understar fee. I request to be exempt from the DEP planning modul new lot and is the only lot subdivided from a parcel of subdivision of a second lot from this parcel of land shall the following deed reference information in support of new lot and is the only lot subdivided in support of new lot and shall the following deed reference information in support of new lot and shall the following deed reference information in support of new lot and shall the following deed reference information in support of new lot and shall the following deed reference information in support of new lot and shall the following deed reference information in support of new lot and shall the following deed reference information in support of new lot and shall the following lot a | nsor may attach a self-calculated fee payment to the planning P. (Since the fee and fee collection procedures may vary if a oject sponsor should contact the "delegated local agency" to and send me an invoice for the correct amount. I understand gives the correct review fee from me for the project. The formula found below and the review fee guidance in the payable to "Commonwealth of the amount of \$ | | | | | | | | | | | |
| project and invoice the project sponsor OR the project spo module prior to submission of the planning package to DE "delegated local agency" is conducting the review, the prodetermine these details.) Check the appropriate box. I request DEP calculate the review fee for my project of DEP's review of my project will not begin until DEP received instructions. I have attached a check or money order in PA, DEP". Include DEP code number on check. It receives the fee and determines the fee is correct. If send me an invoice for the correct amount. I understar fee. I request to be exempt from the DEP planning modul new lot and is the only lot subdivided from a parcel of subdivision of a second lot from this parcel of land shall the following deed reference information in support of new lot and is the only lot subdivided in support of new lot and shall the following deed reference information in support of new lot and shall the following deed reference information in support of new lot and shall the following deed reference information in support of new lot and shall the following deed reference information in support of new lot and shall the following deed reference information in support of new lot and shall the following deed reference information in support of new lot and shall the following lot a | nsor may attach a self-calculated fee payment to the planning P. (Since the fee and fee collection procedures may vary if a oject sponsor should contact the "delegated local agency" to and send me an invoice for the correct amount. I understand gives the correct review fee from me for the project. The formula found below and the review fee guidance in the the amount of \$ | | | | | | | | | | | |

| | . 3 | 10.00 | ~~~ | | - | | | |
|----|-----|-------|------------|---|-----|------|------------------|---|
| _ | | | / L. \ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | (AANTINIIAA) | ۱ |
| 13 | | 400 | ١ | | L W | | (continued) | ŀ |
| | | | | | | | | |

Formula:

1. For a new collection system (with or without a Clean Streams Law Permit), a collection system extension, or individual tap-ins to an existing collection system use this formula.

The fee is based upon:

- The number of lots created or number of EDUs whichever is higher.
- For community sewer system projects, one EDU is equal to a sewage flow of 400 gallons per day.
- 2. For a surface or subsurface discharge system, use the appropriate one of these formulae.
 - A. A new surface discharge greater than 2000 gpd will use a flat fee:
 - \$ 1,500 per submittal (non-municipal)
 - \$ 500 per submittal (municipal)
 - B. An increase in an existing surface discharge will use:

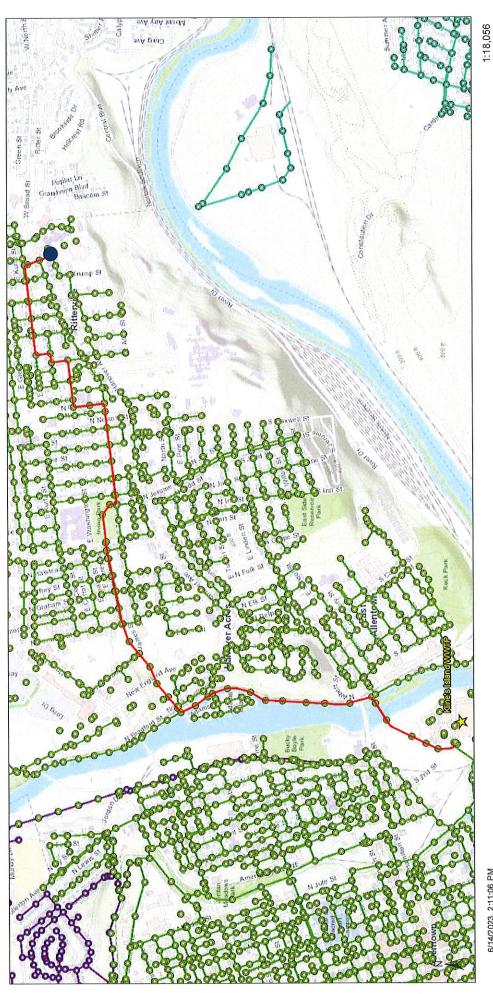
```
#_____ Lots (or EDUs) X $35.00 = $ _____
```

to a maximum of \$1,500 per submittal (non-municipal) or \$500 per submittal (municipal)

The fee is based upon:

- The number of lots created or number of EDUs whichever is higher.
- For community sewage system projects one EDU is equal to a sewage flow of 400 gallons per day.
- For non-single family residential projects, EDUs are calculated using projected population figures
- C. A sub-surface discharge system that requires a permit under The Clean Streams Law will use a flat fee:
 - \$ 1,500 per submittal (non-municipal)
 - \$ 500 per submittal (municipal)

LCA Flow Map - 2118 Hanover Ave



Web AppBuilder for ArcGIS Lehigh County PA, State of New Jersey, Esri, HERE, Garmin, INCREMENT P, USGS, METINASA, EPA, USDA |

Suburban Force Mains

CWSA Sanitary Mains Salisbury Sanitary Mains

COAManholes Allentown Customer

CWSA Manholes Salisbury Manholes

COA Sanitary Mains

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