



Benjamin C. Dunlap Jr.
Partner

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March 10, 2026

VIA ELECTRONIC FILING

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

**Re: Joint Application of Hurlbut Family Partnership d/b/a High Meadows Mobile Home Park and PWF | High Meadows, LLC d/b/a High Meadows, for approval, *nunc pro tunc*, of the rights of: (1) Hurlbut Family Partnership to transfer certain public wastewater facilities and rights to PWF | High Meadows, LLC; (2) Hurlbut Family Partnership to abandon wastewater service to the public in Allegheny Township, Westmoreland County; and (3) PWF | High Meadows, LLC to begin to offer, render, furnish or supply wastewater service to the public in a portion of Allegheny Township, Westmoreland County, Pennsylvania
Docket Nos. A-2025-3053635 and A-2025-3053636**

Dear Secretary Homsher:

Enclosed for filing in the above-referenced matters, please find Hurlbut Family Partnership d/b/a High Meadows Mobile Home Park and PWF | High Meadows, LLC d/b/a High Meadows' Responses and Public Exhibits only to TUS Data Request Set 3. Confidential exhibits to TUS Data Request Set 3 have been uploaded to the Secretary's Share Point File system. In addition, a hard copy has been delivered to the Secretary's Bureau.

Matthew L. Homsher, Secretary
March 10, 2026
Page 2

Please contact me if you have any questions.

Sincerely yours,

A handwritten signature in blue ink that reads "Benjamin C. Dunlap, Jr." with a stylized flourish at the end.

Benjamin C. Dunlap, Jr.

BCDjr:klg
Enclosures

cc: Paul Zander, pzander@pa.gov
Darryl Lawrence, Office of Consumer Advocate, ra-oca@paoca.org
Melanie El Atieh, Office of Consumer Advocate, melatieh@paoca.org
NazAarah Sabree, Office of Small Business Advocate, ra-sba@pa.gov
Allison Kaster, Bureau of Investigation & Enforcement, akaster@pa.gov

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

In re: Joint Application of Hurlbut Family :
Partnership d/b/a High Meadows Mobile : Docket No. A-2025-3053635
Home Park and PWF | High Meadows, LLC : A-2025-3053636
d/b/a High Meadows, for approval, *nunc pro* :
tunc, of the rights of: (1) Hurlbut Family
Partnership to transfer certain public :
wastewater facilities and rights to PWF | High :
Meadows, LLC; (2) Hurlbut Family :
Partnership to abandon wastewater service to :
the public in Allegheny Township, :
Westmoreland County; and (3) PWF | High :
Meadows, LLC to begin to offer, render, :
furnish or supply wastewater service to the :
public in a portion of Allegheny Township, :
Westmoreland County, Pennsylvania :

Responses to Confidential TUS Data Request Set 3

A-35 PWF’s response to Data Request A-4 included a copy of an asset inventory report (Inventory) for the High Meadows System as Exhibit B. It appears that the Inventory identified 14 brick manholes and approximately 2,784 linear feet (LF) of wastewater main measured using distances between manholes. However, the Commission’s Order entered September 20, 1989, at Docket No. A-230001 identified 5,425 LF of wastewater main and 24 manholes. Please explain the discrepancy or provide a revised estimate of the lengths, diameters, and material types of wastewater mains, quantities and material types (e.g., brick) for manholes, and quantities and material types for wastewater service laterals.

RESPONSE: Additional manholes were recently identified and located which were thought to have been buried or not constructed. A total of 21 manholes are part of the service territory. Additional wastewater mains will be identified through mapping and location of sewer easements and right of ways.

A-36 PWF’s response to Data Request A-5 provided the total capital improvement expenses for the 12 months since September 2024. However, PWF did not provide estimated capital improvement expenses for current and future projects broken down by major plant accounts and by year. Please provide an updated estimate of PWF’s projected capital improvement expenses for the first five years of ownership, broken down by major plant accounts and by year and including totals for each year.

RESPONSE: Please see the response attached as Exhibit A-36.

A-37 PWF's response to Data Request A-11 did not include a written description of the boundaries of the requested territory that complies with 52 Pa. Code § 3.501(a)(2)(i). Please provide a revised written description of the boundaries of the requested territory by bearing angles and distances.

RESPONSE: KLH is working with the surveyor to ensure the requested information is depicted correctly and meets the standards of a written description of boundaries. Based on the information recently provided from the PUC, the Alta Survey and Service Territory Map is being updated to include the properties on Garver's Ferry Road. Once the map is updated, a written description of the boundaries of the requested territory will be provided.

A-38 PWF's response to Data Request A-12 did not include a legible map of the boundaries of the requested territory that complies with 52 Pa. Code § 3.501(a)(2)(ii). Please provide a revised map that depicts the boundaries of the requested territory and the location or route of the High Meadows System.

RESPONSE: The updated service territory map will be provided as soon as received from the surveyor.

A-39 PWF's response to Data Request A-14 provided certified mail receipts in Exhibit H as evidence that the Joint Application meets the requirements of officially adopted county and municipal comprehensive plans. Please provide responses for each of the following:

- a. Provide evidence that PWF sent land use planning consistency verification letters to Allegheny Township and Westmoreland County that requested confirmation of whether the Joint Application is consistent with adopted county and municipal comprehensive plans and zoning designations (e.g., copies of the letters);

RESPONSE: KLH mailed out the Planning Consistency Letters to Allegheny Township and Westmoreland County on February 26th, 2026. We are awaiting responses to confirm conformance with the county and municipal comprehensive plans. Attached are copies of the Consistency Request Letters.

- b. Provide copies of responses to PWF's land use planning consistency verification letters from Allegheny Township and Westmoreland County; and

RESPONSE: See above.

- c. If responses to PWF's letters have not been provided by Allegheny Township or Westmoreland County, provide verification of whether the Joint Application is consistent with adopted county and municipal comprehensive plans and zoning ordinances.

RESPONSE: The Joint Application makes no requests for zoning variance or land use changes that would not be consistent with the comprehensive plans. Existing mobile home park and method of wastewater collection, conveyance, and disposal remains the same. Any expansion of the wastewater system will require approval and adoption of sewage facilities planning by the Township and the PADEP. Written confirmation from the Township and County will be provided if and when received per request of the planning consistency letters.

A-40 PWF's response to Data Request A-15 referenced a New Land Development for Sewage Facilities for High Meadows MHP approved January 5, 2012, Permit No. 65922-11-043. Please provide a copy of this sewage facilities planning module and the Pennsylvania Department of Environmental Protection's (DEP's) approval letter for this planning module.

RESPONSE: Attached is the eFACTS Notice of approval of the Sewage facilities Plan #65922-11-043. The prior owner did initiate a DEP File Search Request for this sewage facilities planning module and the Pennsylvania Department of Environmental Protection's (DEP's) approval letter for this planning module. Please see documents attached as Exhibit A-41.

A-41 PWF's response to Data Request A-15 indicated that a copy of the DEP-approved sewage facilities planning module for High Meadows MHP and the High Meadows Residential Development (High Meadows Development) was requested from DEP. Please provide a copy of DEP's response to this request and any documents provided by DEP.

RESPONSE: No documents have been provided by PADEP. Please see the attached Files Review Request attached as Exhibit A-41.

A-42 PWF's response to Data Request A-16 included a copy of a draft National Pollutant Discharge Elimination System (NPDES) permit from DEP, dated July 19, 2025, provided as Exhibit M. Please provide a copy of PWF's most recent NPDES permit renewal application filed with DEP.

RESPONSE: The NPDES Permit Renewal Application to PADEP is attached as Exhibit A-42.

A-43 PWF's response to Data Request A-17 did not include copies of Water Quality Management (WQM) Permit Nos. 6569433 and 6569433 A-1. Also, the WQM Permit Fact Sheet for WQM Permit No. 6569433 A-2 T-1, provided as Exhibit L, identified that DEP was not able to locate any previous permit amendment documents. However, it appears that a partial copy of WQM Permit No. 6569433 is available through the Westmoreland County Recorder of

Deeds, Deed Book 2031, Page 227, as a recorded document. Please provide a copy of WQM Permit No. 6569433 recorded with the Westmoreland County Recorder of Deeds.

RESPONSE: Please see permit attached as Exhibit A-43.

- A-44 PWF's response to Data Request A-19 identified NPDES permit violations dated May 22, 2025. Please provide a copy of the DEP Sewage Inspection Report dated May 22, 2025, for these apparent NPDES permit violations.

RESPONSE: The May 22, 2025, PADEP Inspection Report is attached as Exhibit A-44.

- A-45 PWF's response to Data Request A-25 included a copy of the Five Star Loan Agreement, without attachments and with the incomplete scans of pages, provided as Exhibit Q. Please provide a complete, legible copy of the Five Star Loan Agreement with all attachments identified in the Five Star Loan Agreement's Lender's Instructions.

RESPONSE: Please see documents attached hereto as Exhibits A-45.

- A-46 PWF's response to Data Request A-28 indicated that PWF's tentative journal entries are unknown. Also, the response for Confidential Data Request A-31 included copies of meeting minutes, provided as Confidential Exhibit D, that do not appear to clearly identify whether PWF will take possession of all real estate, personal property, and intangible assets (the Acquired Assets) transferred by Hurlbut Partnership under the Purchase and Sale Agreement (PSA), including the assets identified in the PSA's Exhibits A, B, C, and D. Please confirm that PWF has taken possession of all Acquired Assets under the PSA.

RESPONSE: This response confirms that PWF has taken possession of all Acquired Assets under the PSA.

- A-47 PWF's response for Confidential Data Request A-31 included an attestation of approval of sale and representative authorization, provided as Confidential Exhibit A, completed by Dean R. Hurlbut, Managing Partner of the Hurlbut Partnership. Please provide evidence that Dean R. Hurlbut has the authority to act on behalf of the Hurlbut Partnership for the PSA effective December 15, 2023, between the Hurlbut Partnership and PWF and for property transfers under the Joint Application.

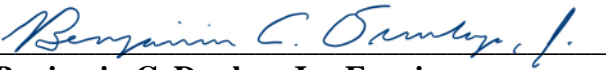
RESPONSE: The January 1, 2012, amendment to the December 31, 1999, Hurlbut Family Partnership Agreement instated Dean R. Hurlbut as Managing Partner of the Hurlbut Family Partnership. Paragraph 7(c) of that Partnership Agreement provides the Managing Partner "unfettered authority, on behalf of the Partnership, . . . to sell, exchange, dispose of, transfer, lease or otherwise alienate or convey title to and/or grant

an option for the sale of all or any portion of the real or personal property of the Partnership.” Those documents are attached hereto as Exhibit A-47.

A-48 PWF’s response to Confidential Data Request A-31 included a Settlement Statement dated May 23, 2024, provided as Confidential Exhibit C, that identified that the sellers in this transaction included the Hurlbut Partnership and the Estate of Dorothy Jean Hurlbut (Dorothy Hurlbut Estate). Also, the Settlement Statement identified the transfer of Tax Parcel Identification No. 42-08-02-0-019, which appears to be real property that was transferred by Dorothy Hurlbut Estate to PWF. Please provide evidence that Dean R. Hurlbut is authorized to act as the authorized representative of Dorothy Hurlbut Estate for this property transfer (e.g., letters testamentary, etc.)

RESPONSE: See the Certificate of Grant of Letters Testamentary for the Estate of Dorothy Jean Hurlbut granted to Dean R. Hurlbut on May 24, 2019, which is attached hereto as Exhibit A-48.

Respectfully submitted,
**COHEN SEGLIAS PALLAS
GREENHALL & FURMAN, PC**

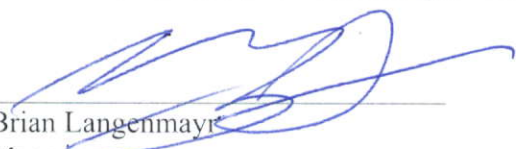
By: 
Benjamin C. Dunlap, Jr., Esquire
Supreme Court I.D. #66283
240 North Third Street, 7th Floor
Harrisburg, PA 171101
Telephone: (717) 480-5303
Email: bdunlap@cohenseglias.com

Counsel for Hurlbut Family Partnership d/b/a High Meadows Mobile Home Park and PWF | High Meadows, LLC d/b/a High Meadows

Dated: March 10, 2026

VERIFICATION

I, Brian Langenmayr, Manager, PWF | High Meadows, LLC, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).



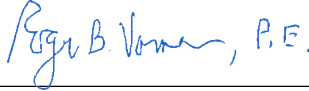
Brian Langenmayr
Manager

Date: _____

3/9/20

VERIFICATION

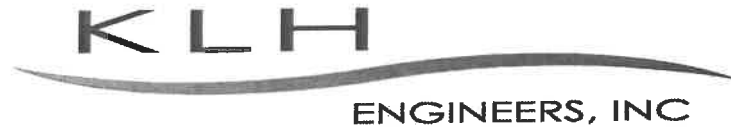
I, Roger B. Varner, P.E. | Senior Project Engineer for KLH Engineers, Inc., hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).



Roger B. Varner, P.E.
Senior Project Engineer

Date: March 9, 2026

EXHIBIT TO A-39(a)
KLH Planning Consistency Letters to
Allegheny Township and
Westmoreland County



February 26, 2026

Allegheny Township
136 Community Building Road
Leechburg, PA 15656

Re: Request for Land Use Planning Consistency Verification – Joint Application

To Whom it May Concern:

On behalf of High Meadows Mobile Home Park and PWF | High Meadows LLC, KLH Engineers, Inc. (KLH) is following up on the Joint Application submitted to the Pennsylvania Public Utility Commission (PUC), with copies submitted to Allegheny Township via certified mail on February 25, 2025 for the approval of Transfer, by Sale, of Substantially all of the Wastewater Assets For High Meadows to provide wastewater service to the public in a limited portion of Allegheny Township, Westmoreland County, Pennsylvania. Please find enclosed the Cover Letter and certified mail return receipts for proof of submission.

As part of the Joint Application requirements, we respectfully request written verification from Allegheny Township confirming whether the proposed project is consistent with the Township's adopted Comprehensive Plan and current zoning designation for the subject property.

Enclosed for your review are the following materials:

- Service Area Map

We kindly request written confirmation indicating:

1. Whether the proposed project is consistent with the Township's adopted Comprehensive Plan; and
2. Whether the proposed project is consistent with the current zoning designation of the subject property.

If the Township requires any additional documentation or information to complete this review, please contact me at 412-494-0510 ext.147 or nmonzon@klhengineers.com.

We appreciate your time and assistance with this request.

Sincerely,

Natalie Monzon

Natalie Monzon
Project Engineer

PWF1 High Meadows Service Territory Map

This map was adapted from the A1 TANSPS Land Title Survey that was conducted by CDS Commercial Due Diligence Services. This map is an estimation of the service area and can not be used as a legal representation of the High Meadows W/P service area.

Legend

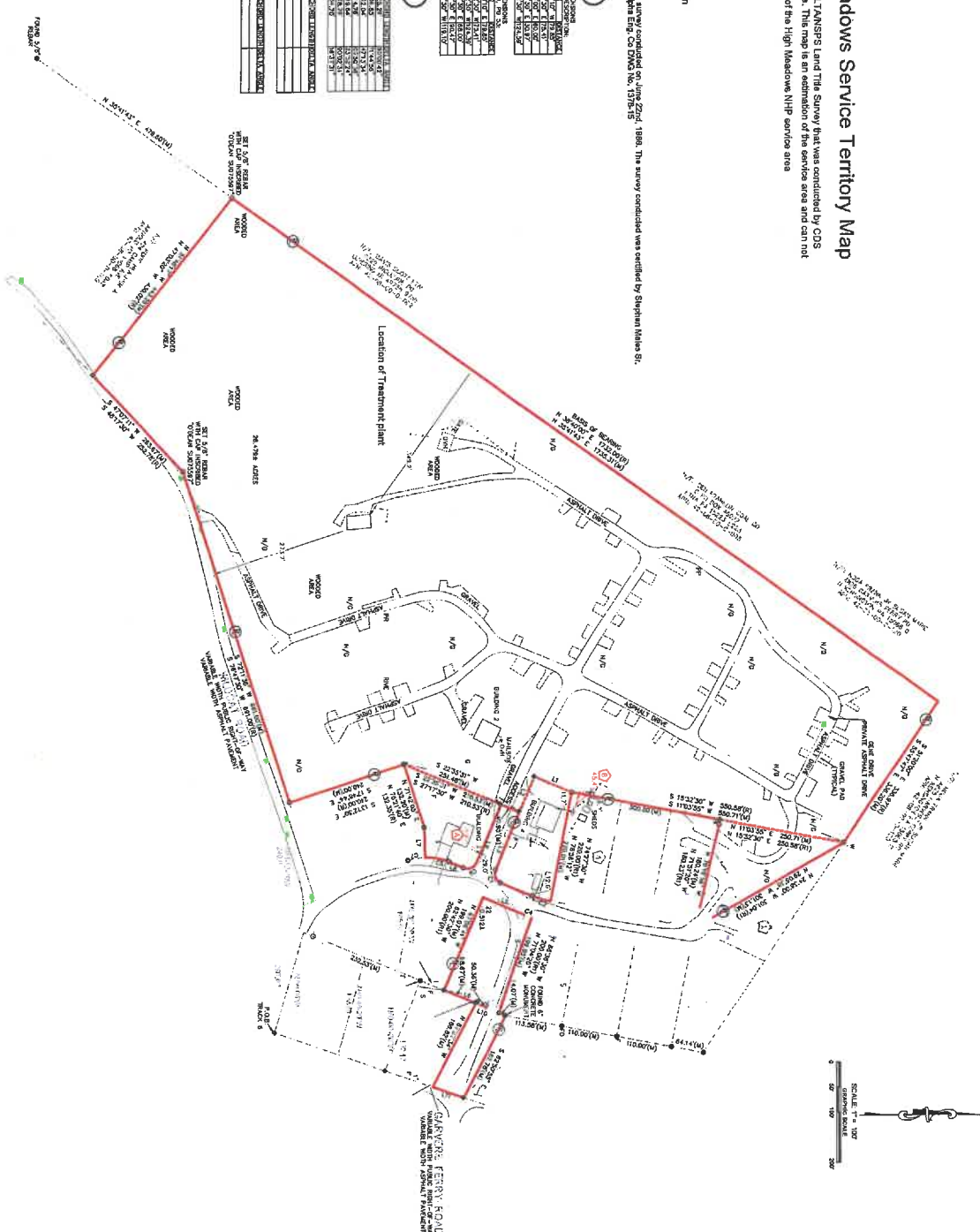
- SQ. FT. square Feet
 - B/L Building Height Location
 - N/G Natural Ground
 - (M) Measured/Calculated Dimension
 - Interior Point of Line
 - Grass Inlet
- Items within 10' distance from a survey conducted on June 22nd 1988. The survey conducted was certified by Stephen Miles Sr. Items within 10' distance from a survey conducted on April 11th 2012. The survey conducted was certified by Stephen Miles Sr.

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Benjamin C. Dunlap Jr.
Partner

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www.cohenseglias.com

February 25, 2025

VIA HAND DELIVERY

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

Re: Joint Application of Hurlbut Family Partnership and PWF | High Meadows, LLC d/b/a High Meadows under Section 1102(a) of the Pennsylvania Public Utility Code, 66 Pa.C.S. § 1102(a), for Approval, Nunc Pro Tunc, of (1) the Transfer, by Sale, of Substantially all of the Wastewater Assets of Hurlbut Family Partnership to PWF | High Meadows, LLC d/b/a High Meadows; (2) the right of PWF | High Meadows, LLC d/b/a High Meadows to provide wastewater service to the public in a limited portion of Allegheny Township, Westmoreland County, Pennsylvania, primarily in High Meadows Mobile Home Park; and (3) the abandonment by Hurlbut Family Partnership of wastewater service to the public in a limited portion of Allegheny Township, Westmoreland County, Pennsylvania, primarily in High Meadows Mobile Home Park
Docket No. A-2025-_____
Docket No. A-2025-_____
Docket No. A-2025-_____

Dear Secretary Chiavetta:

Enclosed please find a Joint Application *Nunc Pro Tunc* of Hurlbut Family Partnership d/b/a High Meadows Mobile Home Park and PWF | High Meadows, LLC d/b/a High Meadows for filing with the PUC. Confidential exhibits are included with this Joint Application and have

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

In re: Joint Application of Hurlbut Family Partnership and PWF | High Meadows, LLC d/b/a High Meadows under Section 1102(a) of the Pennsylvania Public Utility Code, 66 Pa.C.S. § 1102(a), for Approval, *Nunc Pro Tunc*, of (1) the Transfer, by Sale, of Substantially all of the Wastewater Assets of Hurlbut Family Partnership to PWF | High Meadows, LLC d/b/a High Meadows; (2) the right of PWF | High Meadows, LLC d/b/a High Meadows to provide wastewater service to the public in a limited portion of Allegheny Township, Westmoreland County, Pennsylvania, primarily in High Meadows Mobile Home Park; and (3) the abandonment by Hurlbut Family Partnership of wastewater service to the public in a limited portion of Allegheny Township, Westmoreland County, Pennsylvania, primarily in High Meadows Mobile Home Park

Docket No. A-2025-_____
A-2025-_____
A-2025-_____

CERTIFICATE OF SERVICE

I hereby certify that I have this day served a true copy of the foregoing Joint Application dated February 25, 2025, in the manner and upon the parties listed below, in accordance with the requirements of 52 Pa Code § 3.501(d) (relating to service by a party).

Via Certified Mail:

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

Westmoreland County Planning Office
40 N. Pennsylvania Avenue
5th Floor, Suite 520
Greensburg, PA 15601

Allegheny Township
136 Community Building Road
Leechburg, PA 15656

Allegheny Township Planning Commission
136 Community Building Road
Leechburg, PA 15656

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 Adult Signature Restricted Delivery \$

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Total Package and Fees
 \$ 9.79

Post to:
 Allegheny Township
 136 Community Building Road
 Leechburg, PA 15656

PS Form 3800, April 2015 PSN 7530-02-905-9057 See Reverse for 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:

Allegheny Township
 136 Community Building Road
 Leechburg, PA 15656



9590 9402 7884 2234 0449 36

2. Article Number (Transfer from service label)

7020 3160 0000 8605 4817

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 X Chris Minter Addressee
- B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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.
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1. Article Addressed to:

Allegheny Township
136 Community Bldg. Road
Leechburg, PA 15656



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2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

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- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

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Postage

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Total Postage and Fees

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Allegheny Township

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136 Community Bldg. Road
Leechburg, PA 15656

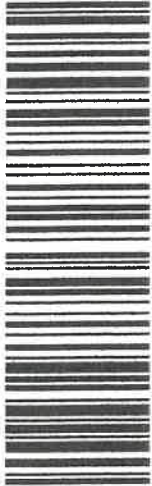
City, State, ZIP+4®

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. HOLD AT DOTTED LINE.

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ENGINEERS, INC

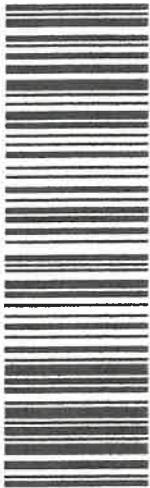
5173 Campbells Run Road
Pittsburgh, PA 15205

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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3064-03

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- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

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Total Postage and Fees

Alleghey Township
136 Community Bldg. Road
Leechburg, PA 15656

City, State, ZIP+4®

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature: <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Chris Martin</i></p> <p>B. Received by (Printed Name): <i>Chris Martin</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Allegheny Township 136 Community Bldg. Road Leechburg, PA 15656</p>  <p>9590 9402 9737 5199 1377 64</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0107 0813 81</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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<p>Certified Mail Fee</p> <p>\$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage</p> <p>\$ _____</p> <p>Total Postage and Fees</p> <p>\$ Allegheny Township</p> <p>Sent to 136 Community Bldg. Road</p> <p>Leechburg, PA 15656</p> <p>City, State, ZIP+4®</p>	<p style="text-align: center;">Postmark Here</p>
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PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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3044-03

First-Class Mail
Postage & Fees Paid
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Permit No. G-10

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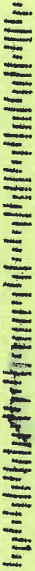
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United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

KLH
ENGINEERS, INC
5173 Campbells Run Road
Pittsburgh, PA 15205

304-03



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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304-03

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OFFICIAL USE

Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

Postmark
Here

Total Postage and Fees

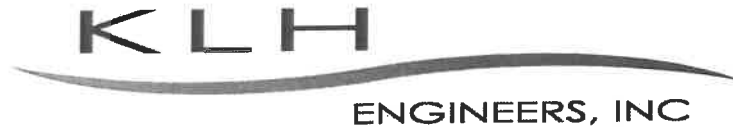
Allegheny Township

136 Community Bldg. Road

Leechburg, PA 15656

City, State, ZIP+4®

PS Form 3800, January 2023 PSN 7530-02-000-9017 See Reverse for Instructions



February 26, 2026

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

Re: Request for Land Use Planning Consistency Verification – Joint Application

To Whom it May Concern:

On behalf of High Meadows Mobile Home Park and PWF | High Meadows LLC, KLH Engineers, Inc. (KLH) is following up on the Joint Application submitted to the Pennsylvania Public Utility Commission (PUC), with copies submitted to Allegheny Township via certified mail on February 25, 2025 for the approval of Transfer, by Sale, of Substantially all of the Wastewater Assets For High Meadows to provide wastewater service to the public in a limited portion of Allegheny Township, Westmoreland County, Pennsylvania. Please find enclosed the Cover Letter and certified mail return receipts for proof of submission.

As part of the Joint Application requirements, we respectfully request written verification from Westmoreland County confirming whether the proposed project is consistent with the County's adopted Comprehensive Plan and current zoning designation for the subject property.

Enclosed for your review are the following materials:

- Service Area Map

We kindly request written confirmation indicating:

1. Whether the proposed project is consistent with the County's adopted Comprehensive Plan; and
2. Whether the proposed project is consistent with the current zoning designation of the subject property.

If the County requires any additional documentation or information to complete this review, please contact me at 412-494-0510 ext.147 or nmonzon@klhengineers.com.

We appreciate your time and assistance with this request.

Sincerely,

Natalie Monzon

Natalie Monzon
Project Engineer

PWF 1 High Meadows Service Territory Map

This map was adapted from the AT/ANSP's Land Title Survey that was conducted by GDS Commercial Due Diligence Services. This map is an estimation of the service area and can not be used as a legal representation of the High Meadows NHP service area.

Legend

- SCA, FT. square Feet
 - B/L, Building Height Location
 - N/G, Natural Ground
 - (M), Measured/Calculated Dimension
 - Interior Parcel Line
 - Grade Inlet
- This survey is based on a survey conducted on June 22nd, 1988. The survey conducted was entitled by Stephen Matis Sr. The drawings have a reference to the Alpha File, CD DMS No. 1316-15.

LINE TABLE

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E	1000.00	1000.00	24	1023	1024	S 00° 00' 00" W	1000.00	1000.00	25	1024	1025	N 89° 59' 59" W	1000.00	1000.00	26	1025	1026	S 89° 59' 59" E	1000.00	1000.00	27	1026	1027	N 00° 00' 00" E	1000.00	1000.00	28	1027	1028	S 00° 00' 00" W	1000.00	1000.00	29	1028	1029	N 89° 59' 59" W	1000.00	1000.00	30	1029	1030	S 89° 59' 59" E	1000.00	1000.00	31	1030	1031	N 00° 00' 00" E	1000.00	1000.00	32	1031	1032	S 00° 00' 00" W	1000.00	1000.00	33	1032	1033	N 89° 59' 59" W	1000.00	1000.00	34	1033	1034	S 89° 59' 59" E	1000.00	1000.00	35	1034	1035	N 00° 00' 00" E	1000.00	1000.00	36	1035	1036	S 00° 00' 00" W	1000.00	1000.00	37	1036	1037	N 89° 59' 59" W	1000.00	1000.00	38	1037	1038	S 89° 59' 59" E	1000.00	1000.00	39	1038	1039	N 00° 00' 00" E	1000.00	1000.00	40	1039	1040	S 00° 00' 00" W	1000.00	1000.00	41	1040	1041	N 89° 59' 59" W	1000.00	1000.00	42	1041	1042	S 89° 59' 59" E	1000.00	1000.00	43	1042	1043	N 00° 00' 00" E	1000.00	1000.00	44	1043	1044	S 00° 00' 00" W	1000.00	1000.00	45	1044	1045	N 89° 59' 59" W	1000.00	1000.00	46	1045	1046	S 89° 59' 59" E	1000.00	1000.00	47	1046	1047	N 00° 00' 00" E	1000.00	1000.00	48	1047	1048	S 00° 00' 00" W	1000.00	1000.00	49	1048	1049	N 89° 59' 59" W	1000.00	1000.00	50	1049	1050	S 89° 59' 59" E	1000.00	1000.00	51	1050	1051	N 00° 00' 00" E	1000.00	1000.00	52	1051	1052	S 00° 00' 00" W	1000.00	1000.00	53	1052	1053	N 89° 59' 59" W	1000.00	1000.00	54	1053	1054	S 89° 59' 59" E	1000.00	1000.00	55	1054	1055	N 00° 00' 00" E	1000.00	1000.00	56	1055	1056	S 00° 00' 00" W	1000.00	1000.00	57	1056	1057	N 89° 59' 59" W	1000.00	1000.00	58	1057	1058	S 89° 59' 59" E	1000.00	1000.00	59	1058	1059	N 00° 00' 00" E	1000.00	1000.00	60	1059	1060	S 00° 00' 00" W	1000.00	1000.00	61	1060	1061	N 89° 59' 59" W	1000.00	1000.00	62	1061	1062	S 89° 59' 59" E	1000.00	1000.00	63	1062	1063	N 00° 00' 00" E	1000.00	1000.00	64	1063	1064	S 00° 00' 00" W	1000.00	1000.00	65	1064	1065	N 89° 59' 59" W	1000.00	1000.00	66	1065	1066	S 89° 59' 59" E	1000.00	1000.00	67	1066	1067	N 00° 00' 00" E	1000.00	1000.00	68	1067	1068	S 00° 00' 00" W	1000.00	1000.00	69	1068	1069	N 89° 59' 59" W	1000.00	1000.00	70	1069	1070	S 89° 59' 59" E	1000.00	1000.00	71	1070	1071	N 00° 00' 00" E	1000.00	1000.00	72	1071	1072	S 00° 00' 00" W	1000.00	1000.00	73	1072	1073	N 89° 59' 59" W	1000.00	1000.00	74	1073	1074	S 89° 59' 59" E	1000.00	1000.00	75	1074	1075	N 00° 00' 00" E	1000.00	1000.00	76	1075	1076	S 00° 00' 00" W	1000.00	1000.00	77	1076	1077	N 89° 59' 59" W	1000.00	1000.00	78	1077	1078	S 89° 59' 59" E	1000.00	1000.00	79	1078	1079	N 00° 00' 00" E	1000.00	1000.00	80	1079	1080	S 00° 00' 00" W	1000.00	1000.00	81	1080	1081	N 89° 59' 59" W	1000.00	1000.00	82	1081	1082	S 89° 59' 59" E	1000.00	1000.00	83	1082	1083	N 00° 00' 00" E	1000.00	1000.00	84	1083	1084	S 00° 00' 00" W	1000.00	1000.00	85	1084	1085	N 89° 59' 59" W	1000.00	1000.00	86	1085	1086	S 89° 59' 59" E	1000.00	1000.00	87	1086	1087	N 00° 00' 00" E	1000.00	1000.00	88	1087	1088	S 00° 00' 00" W	1000.00	1000.00	89	1088	1089	N 89° 59' 59" W	1000.00	1000.00	90	1089	1090	S 89° 59' 59" E	1000.00	1000.00	91	1090	1091	N 00° 00' 00" E	1000.00	1000.00	92	1091	1092	S 00° 00' 00" W	1000.00	1000.00	93	1092	1093	N 89° 59' 59" W	1000.00	1000.00	94	1093	1094	S 89° 59' 59" E	1000.00	1000.00	95	1094	1095	N 00° 00' 00" E	1000.00	1000.00	96	1095	1096	S 00° 00' 00" W	1000.00	1000.00	97	1096	1097	N 89° 59' 59" W	1000.00	1000.00	98	1097	1098	S 89° 59' 59" E	1000.00	1000.00	99	1098	1099	N 00° 00' 00" E	1000.00	1000.00	100	1099	1100	S 00° 00' 00" W	1000.00	1000.00
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CURVE TABLE

LINE NO.	FROM	TO	BEARING	DISTANCE	AREA
1	1000	1001	N 89° 59' 59" W	1000.00	1000.00
2	1001	1002	S 89° 59' 59" E	1000.00	1000.00
3	1002	1003	N 00° 00' 00" E	1000.00	1000.00
4	1003	1004	S 00° 00' 00" W	1000.00	1000.00
5	1004	1005	N 89° 59' 59" W	1000.00	1000.00
6	1005	1006	S 89° 59' 59" E	1000.00	1000.00
7	1006	1007	N 00° 00' 00" E	1000.00	1000.00
8	1007	1008	S 00° 00' 00" W	1000.00	1000.00
9	1008	1009	N 89° 59' 59" W	1000.00	1000.00
10	1009	1010	S 89° 59' 59" E	1000.00	1000.00
11	1010	1011	N 00° 00' 00" E	1000.00	1000.00
12	1011	1012	S 00° 00' 00" W	1000.00	1000.00
13	1012	1013	N 89° 59' 59" W	1000.00	1000.00
14	1013	1014	S 89° 59' 59" E	1000.00	1000.00
15	1014	1015	N 00° 00' 00" E	1000.00	1000.00
16	1015	1016	S 00° 00' 00" W	1000.00	1000.00
17	1016	1017	N 89° 59' 59" W	1000.00	1000.00
18	1017	1018	S 89° 59' 59" E	1000.00	1000.00
19	1018	1019	N 00° 00' 00" E	1000.00	1000.00
20	1019	1020	S 00° 00' 00" W	1000.00	1000.00
21	1020	1021	N 89° 59' 59" W	1000.00	1000.00
22	1021	1022	S 89° 59' 59" E	1000.00	1000.00
23	1022	1023	N 00° 00' 00" E	1000.00	1000.00
24	1023	1024	S 00° 00' 00" W	1000.00	1000.00
25	1024	1025	N 89° 59' 59" W	1000.00	1000.00
26	1025	1026	S 89° 59' 59" E	1000.00	1000.00
27	1026	1027	N 00° 00' 00" E	1000.00	1000.00
28	1027	1028	S 00° 00' 00" W	1000.00	1000.00
29	1028	1029	N 89° 59' 59" W	1000.00	1000.00
30	1029	1030	S 89° 59' 59" E	1000.00	1000.00
31	1030	1031	N 00° 00' 00" E	1000.00	1000.00
32	1031	1032	S 00° 00' 00" W	1000.00	1000.00
33	1032	1033	N 89° 59' 59" W	1000.00	1000.00
34	1033	1034	S 89° 59' 59" E	1000.00	1000.00
35	1034	1035	N 00° 00' 00" E	1000.00	1000.00
36	1035	1036	S 00° 00' 00" W	1000.00	1000.00
37	1036	1037	N 89° 59' 59" W	1000.00	1000.00
38	1037	1038	S 89° 59' 59" E	1000.00	1000.00
39	1038	1039	N 00° 00' 00" E	1000.00	1000.00
40	1039	1040	S 00° 00' 00" W	1000.00	1000.00
41	1040	1041	N 89° 59' 59" W	1000.00	1000.00
42	1041	1042	S 89° 59' 59" E	1000.00	1000.00
43	1042	1043	N 00° 00' 00" E	1000.00	1000.00
44	1043	1044	S 00° 00' 00" W	1000.00	1000.00
45	1044	1045	N 89° 59' 59" W	1000.00	1000.00
46	1045	1046	S 89° 59' 59" E	1000.00	1000.00
47	1046	1047	N 00° 00' 00" E	1000.00	1000.00



Benjamin C. Dunlap Jr.
Partner

240 North Third Street
7th Floor
Harrisburg, PA 17101
T: 717.234.5530 | D: (717) 480-5303
bdunlap@cohenseglias.com
www.cohenseglias.com

February 25, 2025

VIA HAND DELIVERY

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

Re: Joint Application of Hurlbut Family Partnership and PWF | High Meadows, LLC d/b/a High Meadows under Section 1102(a) of the Pennsylvania Public Utility Code, 66 Pa.C.S. § 1102(a), for Approval, Nunc Pro Tunc, of (1) the Transfer, by Sale, of Substantially all of the Wastewater Assets of Hurlbut Family Partnership to PWF | High Meadows, LLC d/b/a High Meadows; (2) the right of PWF | High Meadows, LLC d/b/a High Meadows to provide wastewater service to the public in a limited portion of Allegheny Township, Westmoreland County, Pennsylvania, primarily in High Meadows Mobile Home Park; and (3) the abandonment by Hurlbut Family Partnership of wastewater service to the public in a limited portion of Allegheny Township, Westmoreland County, Pennsylvania, primarily in High Meadows Mobile Home Park
Docket No. A-2025-_____
Docket No. A-2025-_____
Docket No. A-2025-_____

Dear Secretary Chiavetta:

Enclosed please find a Joint Application *Nunc Pro Tunc* of Hurlbut Family Partnership d/b/a High Meadows Mobile Home Park and PWF | High Meadows, LLC d/b/a High Meadows for filing with the PUC. Confidential exhibits are included with this Joint Application and have

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

In re: Joint Application of Hurlbut Family Partnership and PWF | High Meadows, LLC d/b/a High Meadows under Section 1102(a) of the Pennsylvania Public Utility Code, 66 Pa.C.S. § 1102(a), for Approval, *Nunc Pro Tunc*, of (1) the Transfer, by Sale, of Substantially all of the Wastewater Assets of Hurlbut Family Partnership to PWF | High Meadows, LLC d/b/a High Meadows; (2) the right of PWF | High Meadows, LLC d/b/a High Meadows to provide wastewater service to the public in a limited portion of Allegheny Township, Westmoreland County, Pennsylvania, primarily in High Meadows Mobile Home Park; and (3) the abandonment by Hurlbut Family Partnership of wastewater service to the public in a limited portion of Allegheny Township, Westmoreland County, Pennsylvania, primarily in High Meadows Mobile Home Park

: Docket No. A-2025-_____
: A-2025-_____
: A-2025-_____

CERTIFICATE OF SERVICE

I hereby certify that I have this day served a true copy of the foregoing Joint Application dated February 25, 2025, in the manner and upon the parties listed below, in accordance with the requirements of 52 Pa Code § 3.501(d) (relating to service by a party).

Via Certified Mail:

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

Westmoreland County Planning Office
40 N. Pennsylvania Avenue
5th Floor, Suite 520
Greensburg, PA 15601

Allegheny Township
136 Community Building Road
Leechburg, PA 15656

Allegheny Township Planning Commission
136 Community Building Road
Leechburg, PA 15656

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

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

OFFICIAL USE

Cancelled Mail Fee \$4.85

Extra Services & Fees (check each and appropriate)

Return Receipt (hardcopy) Return Receipt (electronic)

Certified Mail Restricted Delivery Adult Signature Required

Adult Signature Restricted Delivery

Postage \$4.91

Total Postage and Fees \$13.56

Postmark Here
 JUN 25 2025
 FEDERAL SUBSTATION

Allegany Township
 136 Community Building Road
 Leechburg, PA 15656

PS Form 3800, April 2015 PSN 7530-02-000-9057 See Reverse for Instructions

7020 3160 0000 8605 4817

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:

Allegany Township
 136 Community Building Road
 Leechburg, PA 15656



9590 9402 7884 2234 0449 36

2. Article Number (transfer from service label)

7020 3160 0000 8605 4817

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent Addressee

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

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 Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Mail Restricted Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

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 County
 2 North Main Street, Suite 101
 Greensburg, PA 15601



9590 9402 9737 5199 1377 71

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™ 3044-03
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Westmoreland County
2 North Main Street, Suite 101
Greensburg, PA 15601

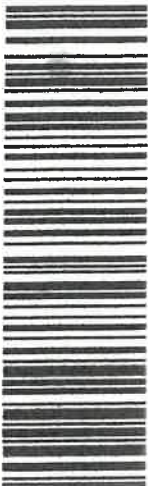
City, State, ZIP+4®

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

7507 U710 5270 0107 0813 50

PLACES TICKET AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



9589 0710 5270 0107 0813 50
 9589 0710 5270 0107 0813 50

USPS TRACKING#



9590 9402 9737 5199 1377 71

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

KLH
ENGINEERS, INC

5173 Campbells Run Road
Pittsburgh, PA 15205

3064-03

U.S. Postal Service™ 3064-03
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/>	Return Receipt (hardcopy) \$
<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 \$

Postmark
Here

Postage
\$

Total Postage and Fees
\$

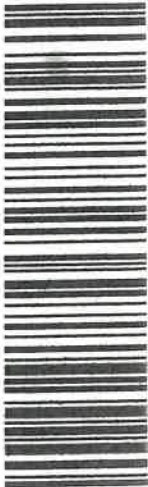
Sent to	Westmoreland County
Street Address	2 North Main Street, Suite 101
City, State, ZIP+4®	Greensburg, PA 15601

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions


7507 1710 3070 1110 1013 50

PLACE TICKET AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS; FOLD AT DOTTED LINE

CERTIFIED MAIL



9589 0710 5270 0107 0813 50
9589 0710 5270 0107 0813 50

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> 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. 	<p>A. Signature WESTMORELAND COUNTY COURTHOUSE <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MAR 02 2026</p> <p>C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p>Westmoreland County 2 North Main Street, Suite 101 Greensburg, PA 15601</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
 9590 9402 9737 5199 1377 71	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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 checked="" type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> 9589 0710 5270 0107 0813 50																	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

9589 0710 5270 0107 0813 50	U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		3064-03
	For delivery information, visit our website at www.usps.com ®.		
	OFFICIAL USE		
	Certified Mail Fee \$ _____		Postmark Here
	Extra Services & Fees (check box, add fee as appropriate)		
	<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	
<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 \$ _____			
Total Postage and Fees \$ _____			
Westmoreland County 2 North Main Street, Suite 101 Greensburg, PA 15601			
City, State, ZIP+4®			
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions			

USPS TRACKING#



9590 9402 9737 5199 1377 71

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-1.

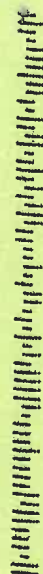
United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

KLH
ENGINEERS, INC

5173 Campbells Run Road
Pittsburgh, PA 15205

3064-03



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

3064-03

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

OFFICIAL USE

Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

Westmoreland County

2 North Main Street, Suite 101

Greensburg, PA 15601

City, State, ZIP+4®

Postmark
Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

Docket Nos. A-2025-3053635 &
A-2025-3053636

EXHIBIT TO A-40
eFACTS Notice of Approval of the
Sewage Facilities Plan #65922-11-043

Authorization Search Details

[Search again](#)

eFACTS on the Web

DEP Information

[About DEP](#)
[DEP Home](#)

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[Authorization Search](#)
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[Facility Search](#)
[Inspection Search](#)
[Mammography Search](#)
[Name Search](#)
[Pollution Prevention](#)
[Sites by](#)
[County/Municipality](#)
[Site Search](#)

Other Sites

[eMapPA](#)
[eNotice](#)
[EPA ECHO](#)
[EPA Envirofacts](#)
[Permits, Licensing, and Certification](#)
[The PA Code](#)

Authorization ID:	917475
Permit number:	65922-11-043
Site:	HIGH MEADOWS MHP
Client:	ALLEGHENY TWP WESTMORELAND CNTY
Authorization type:	New Land Development Plan App Component 3-Residential
Application type:	New
Authorization is for:	SITE
Date received:	07/05/2011
Status:	Issued on 1/5/2012

Is this authorization type covered by PAYback?: No

On/Off Clock: On

Authorization status: Issued on 1/5/2012

Business days remaining for DEP review: N/A

Permit Review Standard Task Information:

Task	Start Date	Target Date	Completion Date
<input checked="" type="checkbox"/> Begin/End Administrative Review	7/5/2011	7/19/2011	7/5/2011
<input checked="" type="checkbox"/> Begin/End Technical Review 1	7/5/2011	9/3/2011	12/27/2011
<input type="checkbox"/> Begin/End Technical Review 2			
<input type="checkbox"/> Begin/End Decision Review			

[Log in to DEP's eNOTICE](#) to track this permit with automatic email updates

Docket Nos. A-2025-3053635 &
A-2025-3053636

EXHIBIT TO A-41

Files Review Request

Information File Review



Submitter Information

Name

DEAN HURLBUT

Company

High Meadows

Address

736 littletown rd

City

Lower Burrell

State

PA

Zipcode

15748

Telephone #

7244484710

Email

dhurlbut47@yahoo.com

Programs for file review - check all that apply

- All Programs
- Air Quality
- Clean Water
- Environmental Cleanup (Storage Tanks, Hazardous Sites)
- Oil and Gas(Southwest, Northwest, North-Central Regions)
- Radiation Protection(Southwest, Southeast, South-Central Regions)
- Safe Drinking Water
- Waste Management
- Waterways and Wetlands
- Other

Site Information (Click the "ADD MORE" button)

ADD MORE

Site Name/Address *

HIGH MEADOWS 219 LEE

Permit #

PA0034185

Municipality

ALLEGHENY TWP

County

WESTMORELAND

Site Name/Address

Permit #

Municipality

County

▼

Site Name/Address

Permit #

Municipality

County

▼

File Time Frame

Time Frame *

1988 to 1989 and 2012

Please Describe the Records You Wish to Review

1 Approval letters for planning module for sewage line for for the High Meadows plan.
1988 or 1989
2 Approval letters for the planning module for sewage service 4807 Gaversferry rd Lower Burrell Pa
15068 2012

Records Certifications and ADA Accommodations

Records Certification? A fee of \$1 will be charged

I am requesting accommodations under The Americans with Disabilities Act

Please Select DEP Regional Office(s)

Region *

SOUTHWEST ▼

Date Submitted:

Submit

Cancel

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

On Wednesday, March 4, 2026, 11:28 AM, EP, SW Informal Review <RA-EPSWINFORMFILERE@pa.gov> wrote:

IFR-2026-**0228**

The DEP Southwest Regional Office has received the attached informal file review request.

In-person reviews will be limited to requests where the responsive records are quite numerous and would require excessive time and effort for the DEP to copy or scan.

If your request requires an in-person review, we will contact you to let you know. Otherwise, we will email you the responsive records in approximately four to six weeks or notify you that a fee is required to produce the records.

Additional information regarding file reviews can be found on our website: [Informal File Review | Department of Environmental Protection | Commonwealth of Pennsylvania](#)

Thanks,

Garrett Fabian | Clerical Assistant III, Central Services Division
Department of Environmental Protection | Southwest Regional Office
400 Waterfront Drive | Pittsburgh, PA 15222

Phone: 412.442.4205

www.dep.pa.gov



Pennsylvania
Department of Environmental Protection

NOTICE: This confidential message/attachment contains information intended for specific individual(s) and purpose. Any inappropriate use, distribution or copying is strictly prohibited. If received in error, notify the sender and immediately delete the message.

Docket Nos. A-2025-3053635 &
A-2025-3053636

EXHIBIT TO A-42

NPDES Permit Renewal Application



June 2, 2025
Ref. No. 3064-02

Pennsylvania Department of Environmental Protection
Southwest Regional Office
400 Waterfront Drive,
Pittsburgh, PA 15222

Dear Ladies and Gentlemen:

**PFW1 High Meadows, LLC
NPDES Permit Renewal PA0034185**

On behalf of Buckeyes Communities, Inc., KLH Engineers, Inc. is transmitting the NPDES Permit Renewal Application for the PFW1 High Meadows, LLC Sewage Treatment Plant. The following items are included as part of the application package:

- NPDES Application Checklist
- General Information Form
- NPDES Permit Renewal Application
- Act 14 Letters with Certified Receipts
- General Topographical Location Map

The Application has been uploaded to DEP OnBase Portal. Hard copies of the Application can be provided upon request.

Please feel free to contact my office at 412-494-0510, ext. 105 or lgress@klhengineers.com with any questions or comments regarding this submission.

Sincerely,

KLH ENGINEERS, INC.

Logan D. Gress, E.I.T.
Project Engineer

Enclosure

cc: Dennis Steck, Operations Manager – 1 Copy
Roger B. Varner, P.E., Senior Project Engineer

PFW1 HIGH MEADOWS, LLC

NPDES Permit Renewal Application

NPDES# PA0034185

PFW1 High Meadows, LLC

June 2025

KLH



ENGINEERS, INC

5173 CAMPBELLS RUN ROAD

PITTSBURGH, PA 15205-9733

PFW1 High Meadows, LLC
NPDES Permit No. PA 0034185 Renewal Application
June 2025

Contents

Application Checklist
General Information Form
NPDES Permit Renewal Application

Attachments

Attachment I.....Act 14 Notifications
Attachment II General Location Map/Site Plan

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) APPLICATION FOR PERMIT TO DISCHARGE SEWAGE EFFLUENT FROM MINOR SEWAGE FACILITIES

APPLICANT'S <input checked="" type="checkbox"/> CHECKLIST			
Applicant Name	PFW1 High Meadows, LLC		
<p>Check the following list to make sure that you have included all the required information. Place a checkmark in the box provided for all items completed and/or provided.</p> <p style="text-align: center;">ENCLOSE THIS CHECKLIST WITH YOUR COMPLETED APPLICATION FORM. FAILURE TO SUBMIT ALL REQUIRED INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION.</p>			
	REQUIREMENTS FOR ALL APPLICANTS	Check <input checked="" type="checkbox"/> If Included	DEP Use Only
1.	Application Fee (new applications only). Amount Enclosed \$ _____.	<input type="checkbox"/>	
2.	One signed original and 2 copies of the completed application (One copy if submitted electronically through OnBase).	<input checked="" type="checkbox"/>	
3.	One additional copy of application for Erie County Health Department (if located in Erie County).	<input type="checkbox"/>	
4.	One copy of application mailed to Allegheny County Health Department or Delaware River Basin Commission (if facility is located in Allegheny County or discharges to Delaware River Basin).	<input type="checkbox"/>	
5.	One copy of the General Information Form (0210-PM-PIO0001).	<input checked="" type="checkbox"/>	
6.	Proper evidence of Act 14 municipal and county notifications.	<input checked="" type="checkbox"/>	
7.	Copy of topographic map identifying the treatment facility and all discharges.	<input checked="" type="checkbox"/>	
8.	Process flow diagram (for facilities with design flows \geq 0.1 MGD).	<input type="checkbox"/>	
9.	Bypass and sewer overflow details (if applicable).	<input type="checkbox"/>	
10.	CSO system map (if applicable).	<input type="checkbox"/>	
11.	Copy of Act 537 Sewerage Facilities Planning Approval letter (new or expanding facilities only).	<input type="checkbox"/>	
12.	Plan for managing peak flows (if required).	<input type="checkbox"/>	



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.

Related ID#s (If Known)		DEP USE ONLY	
Client ID# 387406	APS ID# 692814	Date Received & General Notes	
Site ID# 244136	Auth ID#		
Facility ID# 248907			

CLIENT INFORMATION

DEP Client ID# 387406	Client Type/Code LLC	Dun & Bradstreet ID#
---------------------------------	--------------------------------	---------------------------------

Legal Organization Name or Registered Fictitious Name PFW1 High Meadows, LLC	Employer ID# (EIN) 991758547	Is the EIN a SSN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------------------------------------------------------------------------	----------------------------------------	-------------------------------------------------------------------------------------------------

State of Incorporation or Registration of Fictitious Name PA	<input type="checkbox"/> Corporation <input checked="" 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 4751 Kendor Drive	Mailing Address Line 2
----------------------------------------------------	-------------------------------

Address Last Line – City New Kensington	State PA	ZIP+4 15068-9506	Country USA
---------------------------------------------------	--------------------	----------------------------	-----------------------

Client Contact Last Name Steck	First Name Dennis	MI	Suffix
------------------------------------------	-----------------------------	-----------	---------------

Client Contact Title Operations Manager	Phone 419-892-4800	Ext	Cell Phone
---------------------------------------------------	------------------------------	------------	-------------------

Email Address dennis@buckeyecommunities.com	FAX
-------------------------------------------------------	------------

SITE INFORMATION

DEP Site ID# 244136	Site Name PFW1 High Meadows, LLC
-------------------------------	--------------------------------------------

EPA ID#	Estimated Number of Employees to be Present at Site 1
----------------	--------------------------------------------------------------

Description of Site Sewage treatment plant for the connected mobile home park

Tax Parcel ID(s): 42-08-00-0-008

County Name(s) Westmoreland	Municipality(ies) Allegheny	City <input type="checkbox"/>	Boro <input type="checkbox"/>	Twp <input checked="" type="checkbox"/>	State PA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--------------------------	--

Site Location Line 1 219 Leewood Dr	Site Location Line 2
-----------------------------------------------	-----------------------------

Site Location Last Line – City Lower Burrell	State PA	ZIP+4 15068
--------------------------------------------------------	--------------------	-----------------------

Detailed Written Directions to Site
From PA 28 N, take exit 17 toward PA-356 toward Butler/Freeport. Turn left onto PA-356 S/Butler Rd. Follow for 1.6 miles and then turn left onto PA-356. Continue on for 2 miles and then turn right onto White Cloud Rd. Follow for 0.9 miles and then make a right onto Garvers Ferry Rd. Continue for 2.8 miles then turn right onto High Meadows Rd. Then an following right onto Krisview Drive. Take a final left onto Gene Dr and follow it to the end.

Site Contact Last Name Steck	First Name Dennis	MI	Suffix
----------------------------------------	-----------------------------	-----------	---------------

Site Contact Title Operators Manager	Site Contact Firm
------------------------------------------------	--------------------------

Mailing Address Line 1 4751 Kendor Drive	Mailing Address Line 2
----------------------------------------------------	-------------------------------

Mailing Address Last Line – City New Kensington	State PA	ZIP+4 15068-9506
-----------------------------------------------------------	--------------------	----------------------------

Phone 419-892-4800	Ext	FAX	Email Address dennis@buckeyecommunities.com
------------------------------	------------	------------	-------------------------------------------------------

NAICS Codes (Two- & Three-Digit Codes – List All That Apply) 22	6-Digit Code (Optional) 221320
---------------------------------------------------------------------------	------------------------------------------

Client to Site Relationship
OWNOP

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"/> |

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"/> 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
Sewage Treatment Plant	40	37	24	79	41	40
Horizontal Accuracy Measure	Feet	--or--		Meters		
Horizontal Reference Datum Code	<input type="checkbox"/>	North American Datum of 1927				
	<input type="checkbox"/>	North American Datum of 1983				
	<input type="checkbox"/>	World Geodetic System of 1984				
Horizontal Collection Method Code						
Reference Point Code						
Altitude	Feet	--or--		Meters		
Altitude Datum Name	<input 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						
Geometric Type Code						
Data Collection Date						
Source Map Scale Number		Inch(es)	=		Feet	
	--or--	Centimeter(s)	=		Meters	

PROJECT INFORMATION

Project Name						
High Meadows MHP STP NPDES Permit Renewal						
Project Description						
NPDES Permit Renewal						
Project Consultant Last Name	First Name	MI	Suffix			
Gress	Logan					
Project Consultant Title	Consulting Firm					
Project Engineer	KLH Engineers, Inc.					
Mailing Address Line 1	Mailing Address Line 2					
5173 Campbells Run Rd						
Address Last Line - City	State	ZIP+4				
Pittsburgh	PA	15205				
Phone	Ext	FAX	Email Address			
412-494-0510	105		lgress@klhengineers.com			
Time Schedules	Project Milestone (Optional)					
Submit Renewal	July 5 th , 2025					

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 PennEnviroScreen tool](#). To see specific EJ areas, select the appropriate year of your submittal from the themes box on the right.

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

Method of notification: Act 14 Notifications

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? Yes No

2. Is there a county stormwater management plan? Yes No

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

4. 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, 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? Yes No
If zoning approval has been received, attach documentation.

6. 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 [at PHMC's online portal, PA-SHARE](#).

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.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4.0.1	Total Disturbed Acreage				
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 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 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 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
5.4	Is your project an interstate transmission natural gas pipeline?	<input type="checkbox"/>	Yes	<input 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 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 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 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 type="checkbox"/>	Yes	<input checked="" 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 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 type="checkbox"/> Yes	<input checked="" 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 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.		
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
19.0.1	Type & Amount	0.026 MGD Municipal Waste			
20.0	Will your project involve the removal of coal, minerals, contaminated media, or solid waste as part of any earth disturbance activities?	<input type="checkbox"/>	Yes	<input checked="" 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? 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
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?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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 Logan Gress


Signature

Project Engineer

Title

5/29/2025

Date



**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
APPLICATION FOR INDIVIDUAL PERMIT TO DISCHARGE SEWAGE EFFLUENT
FROM MINOR SEWAGE FACILITIES**

Before completing this form, please read the instructions (3800-PM-BCW0342a). FAILURE TO FOLLOW THE INSTRUCTIONS MAY RESULT IN DENIAL OF THE APPLICATION.

Client ID# <u>387406</u>		Related ID#s (If Known)		DEP USE ONLY	
Site ID# <u>244136</u>		Facility ID# <u>248907</u>		Date Received	
APS ID# <u>692814</u>				PA	
				PDG:	

GENERAL INFORMATION		
Applicant/Operator Name	PFW1 High Meadows, LLC	25 Pa. Code § 92a.26 Fee Category (See instructions for fees)
<input type="checkbox"/> New Permit <input checked="" type="checkbox"/> Permit Renewal: NPDES No. PA <u>0034185</u> NPDES Permit Expiration Date: <u>12/31/2025</u> NPDES Permit Renewal Application Due Date: <u>6/30/2025</u> Latest Issued WQM Permit No.: <u>659433 A-2</u> WQM Permit Issuance Date: <u>5/24/2004</u>		<input checked="" type="checkbox"/> Minor facility < 0.05 MGD <input type="checkbox"/> Minor facility ≥ 0.05 MGD and < 1 MGD <input type="checkbox"/> Minor facility with CSO
Is the facility operated by operator(s) certified in compliance with the Water and Wastewater Operators Certification Act (63 P.S. §§1001-1015.1)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No How many operators are available for the facility? <u>1</u>		eDMR System Currently Using eDMR System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____

TRIBUTARY INFORMATION				
Municipalities Served	Flow Contribution (%)	Type of Sewer System		Population
		Separate (%)	Combined (%)	

TOPOGRAPHIC AND DISCHARGE INFORMATION

- Provide a topographic map showing the treatment facility, discharge locations and information requested in the instructions. Attached: Yes No
- Are there bypasses or overflows of raw or partially treated sewage within the sewage collection system or treatment facility?
 Yes No If Yes, see instructions and provide requested information on a separate sheet.
- List all treatment facility discharges. If outfall numbers were previously assigned in a permit, use those numbers. Include stormwater point source discharges, if any. Use additional sheets as necessary.

OUTFALL NO.	LATITUDE			LONGITUDE			RECEIVING STREAM	
	Deg	Min	Sec	Deg	Min	Sec	Name	Ch. 93 Class.
001	40	37	24	-79	41	41	Tributary 42546 to Allegheny River	WWF

- Describe alternate uses of effluent (e.g., land application, effluent reuse, etc.) or if any effluent is sent to another facility for treatment prior to discharge (if yes, provide transport method, contact name and information, and average daily flow).

Applicant: PFW1 High Meadows, LLC

TREATMENT PLANT DESIGN CAPACITIES AND FLOWS

<input type="checkbox"/> New Facility	Annual Average Design Flow:	_____	MGD
	Hydraulic Design Capacity:	_____	MGD
	Organic Design Capacity:	_____	LBS/DAY
<input checked="" type="checkbox"/> Existing Facility	Annual Average Design Flow:	<u>0.026</u>	MGD
	Hydraulic Design Capacity:	<u>0.026</u>	MGD
	Organic Design Capacity:	_____	LBS/DAY
	Annual Average Flow for previous 3 years:	Year: <u>2024</u> <u>0.0102</u>	MGD
		Year: <u>2023</u> <u>0.0094</u>	MGD
		Year: <u>2022</u> <u>0.0096</u>	MGD
	Highest Monthly Average Flow for previous year:	<u>0.01553</u>	MGD
	Month of Highest Monthly Average Flow:	<u>January</u>	

TREATMENT PLANT PROCESS INFORMATION

Provide a narrative description of the wastewater treatment process. Identify all unit processes and the number of process tanks. **If the facility's annual average design flow is greater than or equal to 0.1 MGD, attach a process flow diagram to the application.**

The Plant uses an equalization basin and primary clarifier for primary treatment. The plant then uses a rotating biological contactor and secondary clarifier for secondary treatment and uses UV for disinfection. There is also a sludge holding tank on site.

Type of disinfection used: Ultraviolet in % Transmittence

Wastewater Treatment Chemical	Purpose	Maximum Usage Rate	Units
Hydrated Lime	For Alkalinity/pH Adjustment	As Needed	

For existing facilities, describe any proposed upgrades to treatment facilities over the next five years.
NA

For new and expanded facilities, indicate design removal efficiencies for the treatment facilities as follows:
 BOD₅ Removal (%): _____ TSS Removal (%): _____
 Phosphorus Removal (%): _____ Nitrogen Removal (%): _____

SEWAGE SLUDGE / BIOSOLIDS MANAGEMENT

- Record the total sewage sludge / biosolids production within the facility for the previous year: 6.3 Dry Tons
- In the previous year, did the facility receive additional sludge from other sources? Yes No (If Yes, complete table below)

Source Name	Gallons Received	% Solids	Dry Tons Received
Total:			

Applicant: PFW1 High Meadows, LLC

3. Are the sewage sludge or biosolids produced by this facility currently being (or expected to be) managed under beneficial use permit(s) issued by DEP? Yes No
 If Yes, provide the permit number(s) and attach the results of the most recent chemical analysis report submitted to EPA (if applicable).
 Permit No.: _____, Issued Date: _____, Expiration Date: _____
 Permit No.: _____, Issued Date: _____, Expiration Date: _____

4. Identify the names and locations (counties) of all sites (e.g., farms) used for land application in the previous year, including site reclamation, if applicable.

Site Name	County	Dry Tons Applied

5. Is the applicant currently in compliance with the federal 40 CFR Part 503 regulations and has submitted the necessary forms and reports required by EPA? Yes No
 If No, provide an explanation:

6. Check the appropriate box(es) to identify all other sewage sludge / biosolids disposal practices used in the previous year or are proposed that have not been identified above (e.g., landfill, incinerator, other processing facility, etc.), and provide the information below.

Type	Site Name	Owner/Operator	Address	Phone No.	Email
<input type="checkbox"/> Landfill					
<input type="checkbox"/> Incinerator					
<input checked="" type="checkbox"/> Other	Allegheny Valley Joint Sewer Authority	Tim Kephart	2400 Freeport Rd, Pittsburgh, PA 15238	412-828-7227	TKephart@avjsa.org

7. Sewage sludge / biosolids production and disposal for previous year:

Total sewage sludge / biosolids produced and received (#1 + #2 above): 6.3 Dry Tons
 Biosolids land applied under General Permits (PAG-07 or PAG-08): _____ Dry Tons
 Biosolids land applied under Individual Permits: _____ Dry Tons
 Number of sites on which biosolids were land applied: _____
 Biosolids used for site reclamation: _____ Dry Tons
 Number of reclaimed sites: _____
 Sewage sludge disposed at incinerators: _____ Dry Tons
 Sewage sludge disposed at landfills: _____ Dry Tons
 Sewage sludge disposed at other facilities. Describe: Sewage Treatment Plant 6.3 Dry Tons

8. If contractors are responsible for any operational or maintenance aspect of the facility related to sewage sludge generation, treatment, use, or disposal, provide the name, mailing address, telephone number, email address, and responsibilities of all contractors.

Contractor Name	Address	Phone No.	Email	Responsibilities

INFLUENT TESTING INFORMATION

At a minimum, all sewage facilities with annual average design flows greater than or equal to 0.1 MGD must report the results of at least one influent sample for Biochemical Oxygen Demand (BOD₅), Total Suspended Solids (TSS), Ammonia (as N) (NH₃-N), Total Nitrogen (Total N), Total Phosphorus (Total P), and Total Dissolved Solids (TDS) over the past two years, using EPA methods (40 CFR Part 136). These parameters are denoted with an asterisk. Other parameters are optional. A 24-hour composite sample is preferred. For sewage facilities with design flows less than 0.1 MGD, this section is optional unless existing data are available to report. Regardless, it is in an applicant's best interests to complete a thorough characterization of influent pollutant loads to establish a baseline for future permit compliance.

Flow measurement: Influent flow is measured Effluent flow is measured Both influent and effluent flow measured

PARAMETER	MIN/MAX VALUE		AVERAGE VALUE		No. Samples	Sample Type
	Value	Units	Value	Units		
pH (Minimum)		S.U.				
pH (Maximum)		S.U.				
BOD ₅ (Concentration)*		mg/L		mg/L		
BOD ₅ (Mass Load)*		lbs/day		lbs/day		
TSS (Concentration)*		mg/L		mg/L		
TSS (Mass Load)*		lbs/day		lbs/day		
Total N (Concentration)*		mg/L		mg/L		
Total N (Mass Load)*		lbs/day		lbs/day		
Total P (Concentration)*		mg/L		mg/L		
Total P (Mass Load)*		lbs/day		lbs/day		
NH ₃ -N (Concentration)*		mg/L		mg/L		
NH ₃ -N (Mass Load)*		lbs/day		lbs/day		
TDS (Concentration)*		mg/L		mg/L		
TDS (Mass Load)*		lbs/day		lbs/day		
Fecal Coliform		No./100 mL		No./100 mL		
Total Kjeldahl Nitrogen (TKN)		mg/L		mg/L		
NO ₂ -N + NO ₃ -N		mg/L		mg/L		
Other Parameters Known or Suspected to be Present in the Influent:						

EFFLUENT TESTING INFORMATION – DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD

All sewage facilities with a design flow greater than or equal to 0.1 MGD must report the concentration results of all effluent samples analyzed in the past two years for pH (Minimum and Maximum), Total Residual Chlorine (TRC), Fecal Coliform, Biochemical Oxygen Demand (BOD₅ or CBOD₅), TSS, NH₃-N, Total N, and Total P. A minimum of three results must be reported per parameter. In addition, facilities with design flows greater than or equal to 0.1 MGD must report the concentration results of at least one sample analyzed in the past two years for Dissolved Oxygen (Minimum), Temperature, TKN, NO₂-N + NO₃-N, TDS, Chloride, Bromide, Sulfate, Oil and Grease, and Total Maximum Daily Load (TMDL) parameters. *If the facility receives industrial or commercial contributions, at least one result is required for Total Copper, Total Lead, Total Zinc and any other parameters that are known or suspected to be present in effluent. 24-hour composite sample(s) are preferred. All samples must be analyzed in accordance with EPA methods (40 CFR Part 136).

Outfall No.: _____

PARAMETER	MIN/MAX VALUE		AVERAGE VALUE		No. Samples	Sample Type
	Value	Units	Value	Units		
pH (Minimum)		S.U.				
pH (Maximum)		S.U.				
Dissolved Oxygen (Minimum)		mg/L		mg/L		
TRC		mg/L		mg/L		
Fecal Coliform		No./100 mL		No./100 mL		
Biochemical Oxygen Demand (Report one)	BOD ₅	mg/L		mg/L		
	CBOD ₅	mg/L		mg/L		
TSS		mg/L		mg/L		
NH ₃ -N		mg/L		mg/L		
Total N		mg/L		mg/L		
Total P		mg/L		mg/L		
Temperature		°F		°F		
TKN		mg/L		mg/L		
NO ₂ -N + NO ₃ -N		mg/L		mg/L		
TDS		mg/L		mg/L		
Chloride		mg/L		mg/L		
Bromide		mg/L		mg/L		
Sulfate		mg/L		mg/L		
Oil and Grease		mg/L		mg/L		
Total Copper*		mg/L		mg/L		
Total Lead*		mg/L		mg/L		
Total Zinc*		mg/L		mg/L		
TMDL Parameters:						
Other Parameters Known or Suspected to be Present in the Effluent:						

EFFLUENT TESTING INFORMATION – DESIGN FLOW LESS THAN 0.1 MGD

All sewage facilities with a design flow less than 0.1 MGD must report the concentration results of all effluent samples analyzed in the past two years for pH (Minimum and Maximum), Total Residual Chlorine (TRC), Fecal Coliform, Biochemical Oxygen Demand (BOD₅ or CBOD₅), TSS, NH₃-N, Total N, and Total P. Facilities with design flows less than 0.1 MGD must report at least one result per parameter. If the facility receives industrial or commercial contributions, at least one result is required for Total Copper, Total Lead, Total Zinc and any other parameters that are known or suspected to be present in effluent. 24-hour composite sample(s) are preferred. All samples must be analyzed in accordance with EPA methods (40 CFR Part 136).

Outfall No.: 001

PARAMETER	MIN/MAX VALUE		AVERAGE VALUE		No. Samples	Sample Type
	Value	Units	Value	Units		
pH (Minimum)	7.6	S.U.			24	
pH (Maximum)	7.8	S.U.			24	
TRC	0.62	mg/L	0.26	mg/L	24	
Fecal Coliform	2420	No./100 mL	39.65	No./100 mL	24	
Biochemical Oxygen Demand (Report one)	BOD ₅			mg/L		
	CBOD ₅	51	mg/L	15.02	mg/L	24
TSS	74	mg/L	17.66	mg/L	24	
NH ₃ -N	39.3	mg/L	39.65	mg/L	24	
Total N	25.1	mg/L	24.8	mg/L	2	
Total P	2.91	mg/L	2.91	mg/L	2	
Other Parameters Known or Suspected to be Present in the Effluent:						

Applicant: **PFW1 High Meadows, LLC**

INDUSTRIAL / COMMERCIAL WASTEWATER CONTRIBUTIONS

List name, type of business, and the average wastewater flow of any industrial or commercial establishment/business connected to the sewer system. Use additional sheets as necessary. Check here if there are NO industrial or commercial users.

Business Name	Type of Business	Significant Industrial User?	Non-Significant Categorical Industrial User?	Hauled-in Waste?	Average Wastewater Flow (MGD)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Does the facility have an EPA-approved pretreatment program? Yes No

HAULED-IN WASTES

Within the past three years has the facility received hauled-in wastes? Yes No

Does the applicant anticipate accepting hauled-in wastes over the next five years? Yes No

If Yes to either question, complete the table below:

	Type of Waste(s) Received	Location Where Received	Annual Average Volume Received (gallons)
Past Three Years			
Next Five Years			

SEWERAGE FACILITIES (ACT 537) PLANNING

Are the wastewater dischargers covered by this application consistent with the DEP-approved official Sewerage Facilities Plan(s) for the affected municipalities? Yes No

If Yes, for new or expanding facilities only, attach copy of Act 537 Sewerage Facilities Planning Approval letter.

If No, provide an explanation and status of 537 planning approval:

VARIANCES

If the applicant is requesting a variance authorized under federal regulations at 40 CFR 122.21(n), complete the section below and attach to this application documentation necessary under federal regulations to support the variance request.

- Description of variance requested: _____
- Federal regulation authorizing the variance: _____
- Supporting documentation attached to the application? Yes No

LABORATORY INFORMATION

Did an off-site laboratory perform any of the analyses required by this application? Yes No

If Yes, provide the information below.

Name	Pace Analytical	Analyses Performed: TRC, Fecal Coliform, CBOD5, TSS, NH3-N, Total N, Total P
Address	1803 Philadelphia St, Indiana, PA 15701	
Phone	(724) 463-8378	
Name		Analyses Performed:
Address		
Phone	()	

Applicant: PFW1 High Meadows, LLC

COMPLIANCE HISTORY REVIEW

Is the facility owner or operator in violation of any DEP regulation, permit, order or schedule of compliance at this or any other facility?

Yes No

If Yes, list each permit, order or schedule of compliance and provide compliance status. Use additional sheets as necessary.

Permit Program _____ Permit No. _____

Brief Description of Non-Compliance:

Steps Taken to Achieve Compliance	Date(s) Compliance Achieved

Current Compliance Status: In Compliance In Non-Compliance

CERTIFICATION AND SIGNATURE OF APPLICANT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

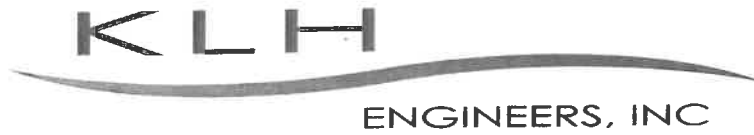
Dennis Steck	Operations Manager
Name (Type or Print Legibly)	Official Title
Signature	Date

DOCUMENT REVISION HISTORY

Date	Revision Reason
May 2019	Added language for effluent sent to another facility for treatment; added additional information required (e.g., location, contact person, contact information, etc.) for sewage sludge / biosolids disposal practices; added dry tons for incinerators and other facilities; added contractor information for sewage sludge; updated CSO section; added Variance section; added an indication if industrial user is a non-significant categorial industrial user and if the industrial user trucks or hauls waste to the POTW; removed corporate/professional seal request.
October 2017	Added Sewage Sludge/Biosolids Management Section.
August 2017	Added clarification that effluent results for Total Copper, Total Lead, Total Zinc and any other parameters known or suspected to be present in effluent must only be reported by a facility receiving industrial or commercial contributions.
November 2016	Created separate Effluent Testing Information tables for facilities based on design flow; updated topographic map requirements.
May 2016	Updated Treatment Plant Process Information section to remove chemical additives.

Attachment I

Act 14 Notifications



May 5, 2025
Ref. No. 3064-02

Westmoreland County Board of Commissioners
2 N. Main St., Suite 101
Greensburg, PA 15601

CERTIFIED RETURN RECEIPT

Council Members:

**High Meadows Mobile Home Park Sewage Treatment Plant
Act 14 Notification – STP NPDES Permit Renewal**

In accordance with Act 14 and on behalf of the High Meadows Mobile Home Park Sewage Treatment Plant, we are informing you of our intent to file an application with the Pennsylvania Department of Environmental Protection (PADEP). The application is for the request of a National Pollutant Discharge Elimination Systems Permit authorizing the discharge of industrial wastewater from the Company's property in Westmoreland County, Pennsylvania. The application should be filed by July 4th, 2025.

Act 14 (P.L. 834), dated April 17, 1984, requires that every applicant for Water Quality Management Permits under the Clean Streams Law must give written notification to each local municipality and county in which the permitted activity is located. The written notice must be received by the Municipalities and Counties at least 30 days before the PADEP may issue or deny the Permit.

No response on your part is necessary. Please contact this office if you have any questions concerning the permit application.


Very truly yours,

KLH ENGINEERS, INC.

A handwritten signature in black ink, appearing to read "Logan Gress". The signature is written in a cursive, flowing style.

Logan Gress, E.I.T.

cc: Roger B. Varner, P.E., KLH Engineers, Inc.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature WESTMORELAND COUNTY PA X MAY 19 2025</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Westmoreland County Board of Commissioners 2 N. Main St., Suite 101 Greensburg, PA 15601</p>  <p>9590 9402 8012 2305 2485 20</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0991 9558 29</p>	<p>3. Service Type</p> <p><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 checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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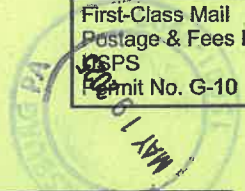
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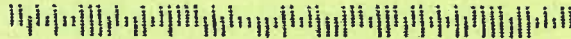
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KLH
ENGINEERS, INC.

5173 Campbells Run Road
Pittsburgh, PA 15205

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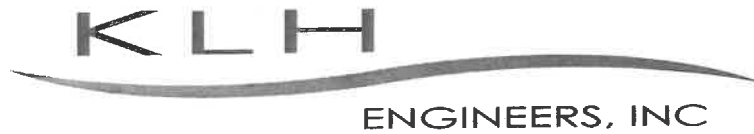
Commissioners

2 N. Main St., Suite 101

Greensburg, PA 15601

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May 5, 2025
Ref. No. 3064-02

Allegheny Township Board of Supervisors
136 Community Building Road
Leechburg, PA 15656

CERTIFIED RETURN RECEIPT

Council Members:

**High Meadows Mobile Home Park Sewage Treatment Plant
Act 14 Notification – STP NPDES Permit Renewal**

In accordance with Act 14 and on behalf of the High Meadows Mobile Home Park Sewage Treatment Plant, we are informing you of our intent to file an application with the Pennsylvania Department of Environmental Protection (PADEP). The application is for the request of a National Pollutant Discharge Elimination Systems Permit authorizing the discharge of industrial wastewater from the Company's property in Westmoreland County, Pennsylvania. The application should be filed by July 4th, 2025.

Act 14 (P.L. 834), dated April 17, 1984, requires that every applicant for Water Quality Management Permits under the Clean Streams Law must give written notification to each local municipality and county in which the permitted activity is located. The written notice must be received by the Municipalities and Counties at least 30 days before the PADEP may issue or deny the Permit.

No response on your part is necessary. Please contact this office if you have any questions concerning the permit application.


Very truly yours,

KLH ENGINEERS, INC.

A handwritten signature in black ink, appearing to read "Logan Gress". The signature is written in a cursive, flowing style.

Logan Gress, E.I.T.

cc: Roger B. Varner, P.E., KLH Engineers, Inc.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <i>Chris Martin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Chris Martin</i></p> <p>C. Date of Delivery <i>5-19</i></p>
<p>1. Article Addressed to:</p> <p>Allegheny Twp. Board of Supervisors 136 Community Building Road Leechburg, PA 15656</p>  <p>9590 9402 8012 2305 2485 13</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0991 9558 36</p>	

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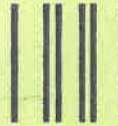
Allegheny Twp. Board of Supervisors
136 Community Building Road
Leechburg, PA 15656

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138 Community Building Road

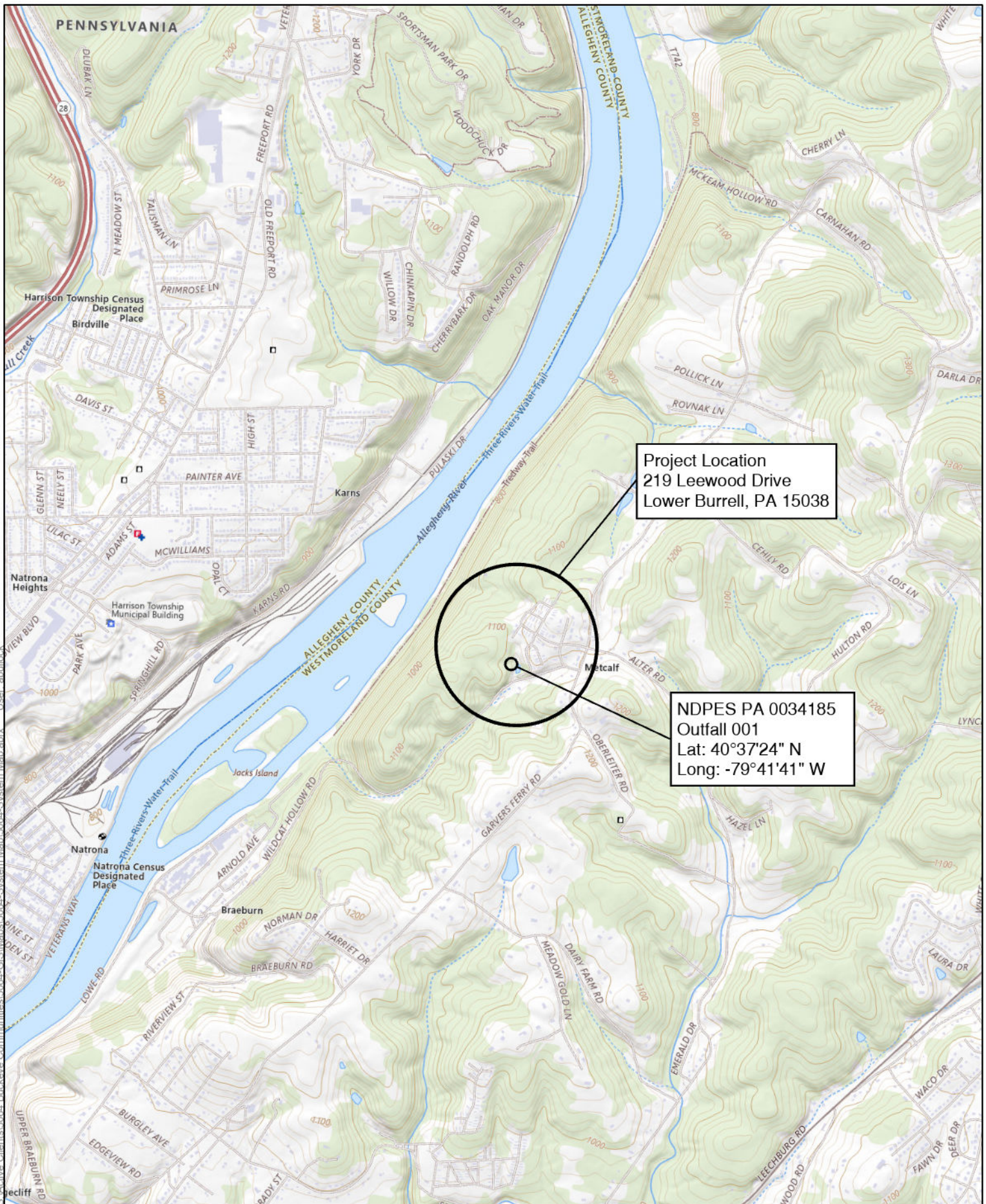
Leechburg, PA 15656

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Attachment II

General Location Map



S:\Active Clients\3064 Buckeye Communities\3064-GIS\Map\3064-System Map\3064-System Map.aprx User: abullock

<p>3064-02</p>	<p>1:24,000</p>	<p>BUCKEYE COMMUNITIES WESTMORELAND COUNTY, PENNSYLVANIA PROJECT LOCATION MAP</p>	<p>KLH ENGINEERS, INC</p>	
<p>FREEPORT 40079# NEW KENSINGTON EAST 40079#6</p>	<p>Author: EAM Date: 5/20/2025 NAD 1983 StatePlane Pennsylvania South FIPS 3702 Feet</p>		<p>5173 Campbells Run Road, Pittsburgh, PA 15205 - 412-494-0510 - klhengineers.com</p>	

Docket Nos. A-2025-3053635 &
A-2025-3053636

EXHIBIT TO A-43
Sanitary Water Board Permit
No. 6569433

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
SANITARY ENGINEERING

SANITARY WATER BOARD PERMIT

NO. 6569433

A. PERMITTEE: (Name and Address) Kenneth L. Hurlbut, Owner Dorothy J. Hurlbut, Owner R.D.#1 New Kensington, Pennsylvania 15068		B. PROJECT LOCATION Municipality <u>Allegheny Township</u> County <u>Westmoreland County</u>	
C. TYPE OF FACILITY Sewage Treatment Plant		D. NAME OF MINE OR AREA SERVED High Meadows Mobile Home Park	
E. THIS PERMIT APPROVES:			
1. Plans For Construction Of: a. <input type="checkbox"/> Pump Stations; Sewers and Appurtenances b. <input checked="" type="checkbox"/> Sewage Treatment Facilities c. <input type="checkbox"/> Industrial Wastes Treatment Facilities		2. The Discharge Of: a. <input checked="" type="checkbox"/> Treated <input type="checkbox"/> Untreated b. <input type="checkbox"/> Industrial Wastes <input checked="" type="checkbox"/> Sewage TO: <u>Unnamed wet weather stream tributary of Allegheny River</u> (Receiving Waters)	
		3. The Operation Of: <u>NA</u> a. <input type="checkbox"/> A Coal Mine Maximum surface area to be affected shall not exceed _____ acres. (Surface Mines) Maximum area to be deep mined _____ acres.	
F. YOU ARE HEREBY AUTHORIZED TO CONSTRUCT, OPERATE OR DISCHARGE, AS INDICATED ABOVE, PROVIDED THAT YOU COMPLY WITH THE FOLLOWING:			
1. ALL REPRESENTATIONS REGARDING OPERATION, CONSTRUCTION, MAINTENANCE AND CLOSING PROCEDURES AS WELL AS ALL OTHER MATTERS SET FORTH IN YOUR APPLICATION AND ITS SUPPORTING DOCUMENTS (APPLICATION NO. <u>6569433</u> DATED <u>Nov. 11, 1969</u> , AND AMENDMENTS DATED <u>Nov. 26, 1969</u>) SUCH APPLICATION, ITS SUPPORTING DOCUMENTS AND AMENDMENTS ARE HEREBY MADE A PART OF THIS PERMIT.			
2. CONDITIONS NUMBERED <u>1, 2, 3, 12, 13, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, and 27</u> OF THE <u>Sewerage</u> STANDARD CONDITIONS DATED <u>Nov. 1, 1942</u> , WHICH CONDITIONS ARE ATTACHED HERETO AND ARE MADE A PART OF THIS PERMIT.			
3. SPECIAL CONDITION(S) NUMBERED <u>A, B, and C</u> WHICH ARE ATTACHED HERETO AND ARE MADE A PART OF THIS PERMIT.			
G. THE AUTHORITY GRANTED BY THIS PERMIT IS SUBJECT TO THE FOLLOWING FURTHER QUALIFICATIONS:			
1. IF THERE IS A CONFLICT BETWEEN THE APPLICATION OR ITS SUPPORTING DOCUMENTS AND AMENDMENTS AND THE STANDARD OR SPECIAL CONDITIONS, THE STANDARD OR SPECIAL CONDITIONS SHALL APPLY.			
2. FAILURE TO COMPLY WITH THE RULES AND REGULATIONS OF THE SANITARY WATER BOARD OR THE TERMS OR CONDITIONS OF THIS PERMIT SHALL VOID THE AUTHORITY GIVEN TO THE PERMITTEE BY THE ISSUANCE OF THE PERMIT.			
3. THIS PERMIT IS ISSUED PURSUANT TO THE CLEAN STREAMS LAW, THE ACT OF JUNE 22, 1937, P.L. 1987, AS AMENDED. ISSUANCE OF THIS PERMIT SHALL NOT RELIEVE THE PERMITTEE OF ANY RESPONSIBILITY UNDER ANY OTHER LAW.			
PERMIT ISSUED DATE <u>DEC - 9 1969</u>		DEPARTMENT OF HEALTH BY <u>Howard G. Luley</u> Howard G. Luley, P. E. TITLE <u>Regional Sanitary Engineer</u>	

This permit is subject to the following special conditions:

- A. The plant hereby approved is required to effect that treatment that will produce an effluent that will contain an organic load, as measured by the five-day biochemical oxygen demand test, of not more than 20 mg/l as an average of five consecutive samples or 40 mg/l at any time; will limit the total suspended solids to 50 mg/l or less; will limit the volatile suspended solids to 20 mg/l or less; will provide effective disinfection to control disease producing organisms; will provide satisfactory disposal of sludge; and will reduce the quantities of oil, greases, acids, alkalis, toxic, taste and odor producing substances, color, and other substances inimical to the public interest to levels that will not pollute the receiving stream.

Effective disinfection to control disease producing organisms shall be the production of an effluent which will contain a concentration not greater than 200/100 ml of Fecal Coliform organisms as a geometric average value nor greater than 1,000/100 ml of these organisms in more than 10% of the samples tested.

- B. The attention of the permittee is directed to the fact that the effluent from the herein approved sewage treatment works is discharged to a dry stream normally without the benefit of dilution. If the effluent creates a health hazard or nuisance, the permittee shall, upon notice from the Sanitary Water Board, provide such additional treatment as may be required by the Board.
- C. If facilities become available for conveying the sewage to and treating it at a more suitable location, upon order from the Sanitary Water Board, the permittee shall provide for the discharge of the sewage to such facilities and shall abandon the use of the herein approved sewage treatment works.

It is required by law that this permit before being operative shall be recorded in the office of the Recorder of Deeds in Westmoreland County.

HSE - 6308

VOL 2031 PAGE 229

Sewerage Application No. 6569433
High Meadows Mobile Home Park
Kenneth L. Hurlbut, Owner
Dorothy J. Hurlbut, Owner
Allegheny Township
Westmoreland County

STATE OF PENNSYLVANIA
COUNTY OF

} SS Howard G. Luley

On the *9th* day of *December* in the
year one thousand nine hundred and *sixty-nine* before
me, the Subscriber, a Notary Public, came the above named

Howard G. Luley

and duly acknowledged the foregoing permit to be his act and deed and
desired that the same might be recorded as such.

Witness my hand and notarial seal the day and year afore-
said.

RECORDED
ISABELLY JOHNSTON
DEC 19 10 56 AM '69
OFFICE OF DEEDS
WESTMORELAND COUNTY
PITTSBURGH, PA.

Pearl Klahr
NOTARY PUBLIC
NOTARY PUBLIC
My Commission Expires May 15, 1972
Pittsburgh, Pa. Allegheny County

EXHIBIT TO A-47
January 1, 2012 Amendment to the
December 31, 1999 Hurlbut Family
Partnership Agreement

As of January 1, 2012, Dean R. Hurlbut, is now instated as the
Managing partner of The Hurlbut Family Partnership.

And has all rights and responsibility as set in the partnership
agreement signed and dated December 31, 1999.

x Penang J. McGill x Serene G. Cinea

x Lisa H McGill x James A Cinea

x Daniel K Myers x Jamie L Hurlbut

x Crystal Campbell x

x Jessica Hill x Dorothy Jean Hurlbut

x Dean R Hill

Kimberly A. Soulcheck 12/27/11

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Kimberly A. Soulcheck, Notary Public
Allegheny Twp., Westmoreland County
My Commission Expires June 28, 2012
Member, Pennsylvania Association of Notaries

**THE HURLBUT FAMILY
PARTNERSHIP AGREEMENT**

This Agreement made as of this 31st day of December, 1999, by and between KENNETH L. HURLBUT, DOROTHY J. HURLBUT, DEAN R. HURLBUT, LEASA H. MCGILL, GENIENE G. CIUCA, KRYSTAL K. REYNOLDS, TRUST F/B/O JESSICA LYNN PISANO, JAMIE L. HURLBUT, TERRANCE J. MCGILL, JAMES A. CIUCA and DAVID L. KLINGENSMITH (hereinafter collectively referred to as the "Partners").

WITNESSETH:

WHEREAS, the parties hereto wish to form a partnership to hold and to manage certain investment properties; and

WHEREAS, the parties hereto wish to provide the means by which such properties are managed.

NOW, THEREFORE, in consideration of the mutual covenants and conditions herein contained and intending to be legally bound hereby, the undersigned do state the Partnership Agreement in its entirety and agree as follows:

1. **Formation.** The Partners have formed a partnership (hereinafter the "Partnership") under the name of "The Hurlbut Family Partnership" to invest in, maintain and manage investment properties. The Partnership may acquire real estate, securities, including common and preferred stock, notes bonds, mortgages, partnership interests, both general and limited, joint ventures and all other forms of investment.

2. **Offices.** The principal office of the Partnership shall be initially located at 4751 Kendor Drive, Lower Burrell, Pennsylvania, and may be changed hereafter as the Partners shall mutually agree. The Partnership shall maintain such additional offices as it may deem necessary.

3. **Term.** The Partnership shall commence as of December 31, 1999, and shall continue until terminated as herein provided.

4. **Partnership Capital Accounts.** Each Partner shall have a capital account which shall consist of the partner's initial capital contribution plus (i) any additional contributions, and (ii) the Partner's distributive share of Partnership income and gain (including income exempt from tax), and each Partner's capital account shall be decreased by (i) cash and the fair market value of property (net of any liabilities assumed by such Partner and liabilities to which such distributed property is subject) distributed to such Partner, (ii) such Partner's distributive share of any item of Partnership loss or deduction, and (iii) such Partner's distributive share of expenditures of the Partnership described in Section 705(a)(2)(B) of the Internal Revenue Code of 1986, as amended from time to time. No interest shall be paid on the Partners' capital accounts. If any interest in the Partnership, or a portion thereof, is transferred in accordance with this Partnership Agreement, the transferee shall succeed to the capital account of the transferor to the extent it relates to the transferred interest. Notwithstanding any other provision of this Partnership Agreement, it is the intention of the Partners that all capital accounts be maintained and adjusted in accordance with Treasury Regulation § 1.704-1(b)(2)(iv) or any successor provision.

5. **Partnership Percentages and Voting.** Each Partner shall share in the profits and losses of the Partnership in accordance with his or her pro rata interest in, or percentage of, the total capital accounts comprising Partnership capital. Regardless of the amount of the Partners' capital accounts, each such Partner shall have one vote at any Partnership meeting and with respect to any matter subject to a vote of the Partners under this Partnership Agreement. The percentage interest, based on such capital accounts of

each Partner, shall be reflected on the attached Exhibit "A," which shall be adjusted from time to time to reflect changes in the Partners' capital accounts.

6. **Partnership Meetings.**

(a) The Partnership shall hold at least one (1) Partnership meeting each year, at such time and place as may be determined by the Managing Partner, for conducting such business as may come before the meeting.

(b) Special meetings of the Partnership may be called by the Managing Partner upon ten (10) days' notice in writing or by at least two (2) of the other Partners, provided they give ten (10) days' written notice.

(c) At any Partnership meeting, each Partner shall be entitled to vote in person or to authorize another person or persons to act for him or her by proxy. Proxies shall be valid only if in writing and signed by the partner granting such proxy.

(d) At any Partnership meeting, the presence of three (3) Partners either in person or by proxy shall constitute a quorum. Except as otherwise provided herein, the business of the Partnership presented at any meeting shall be decided by a majority vote of those present at such meeting.

(e) Any action which may be taken at a meeting of the Partnership may be taken without a meeting, if a consent in writing setting forth the action so taken shall be signed by all of the Partners and filed with the Managing Partner.

7. **Managing Partner.**

(a) The business affairs of the Partnership shall be conducted by the Managing Partner. The initial Managing Partner shall be KENNETH L. HURLBUT.

(b) The Managing Partner shall be a Partner and shall serve for a one (1) year term or until a successor is duly elected. The Managing Partner's term shall generally run from January 1st to December 31st of each year, at which time a meeting shall be called to elect his or her successor. If any Managing Partner shall die, resign or become mentally disabled (as certified to the Partnership by his or her personal physician), his or her successor shall be elected at the next regular or any special meeting of the Partnership by a majority of the Partners. If no Partner shall obtain such a majority, the Partner receiving the most votes shall become the Managing Partner.

(c) The Managing Partner shall have unfettered authority, on behalf of the Partnership, to hire and discharge all personnel and to conduct any and all Partnership business, including, but not limited to the authority to do the following: to establish, maintain and draw upon checking and other accounts in the name of the Partnership; to negotiate, enter into and execute any and all contracts, including purchase contracts and contracts for the operation, management and improvement of any real or personal property of the Partnership; to sell, exchange, dispose of, transfer, lease or otherwise alienate or convey title to and/or grant an option for the sale of all or any portion of the real or personal property of the Partnership; to borrow money and, as security, to mortgage all or any part of the Partnership real or personal property; to assess the Partners on a pro rata basis in accordance with their capital accounts to defray the costs of maintaining an investment asset in the Partnership, including insurance and taxes related to real estate; to prepay, refinance, increase, modify, consolidate or extend, in whole or in part, any mortgages with respect to Partnership property, all at such price and upon such terms as the Managing Partner deems proper.

(d) Each Partner agrees to pay any assessment imposed by the Managing Partner. If such assessment is not paid within a reasonable time, the other Partners may pay it on a pro rata basis, and the capital interest of the delinquent Partner shall be

adjusted accordingly. Subject to subparagraph (b) above, assessments shall be on such terms and conditions as the Managing Partner shall deem appropriate.

(e) The Managing Partner, or his or her designee, shall keep proper books of account of all transactions of the Partnership, and such books shall be at all time open to the inspection of any Partner.

(f) The Managing Partner, or any other Partner if designated by the Managing Partner in writing, may, on behalf of the Partnership, execute any note, contract, lease, letter of credit, or any other document, and such execution will be binding upon the Partnership and each of the Partners.

(g) The Managing Partner may, subject to the preceding subparagraph (b), serve successive terms.

(h) Notwithstanding anything herein to the contrary, the Managing Partner shall conduct the affairs of the Partnership with strict adherence to his or her fiduciary duties to the other Partners. Specifically, he may not make any decisions concerning Partnership distributions, assessments or other Partnership business without regard to such duties.

8. **Salaries and Benefits.** No Partner, including the Managing Partner, shall be paid a salary or any fringe benefit by the Partnership, absent the written consent of all of the Partners.

9. **Distribution.** The Partnership shall make distributions of all funds in excess of those determined by the Managing Partners as necessary to meet the obligations and investment objectives of the Partnership. Distributions must be authorized only by the Managing Partner or a majority of the Partners at any regular or special meeting of the Partnership.

10. **Dissolution**. The Partnership may be dissolved at any time by agreement of all of the Partners. In that event the Managing Partner shall, within ninety (90) days after such agreement, develop a plan for dissolution, restructuring, division or liquidation of the Partnership. The plan so developed shall be presented at either a special or regular meeting of the Partnership and must be approved by a majority of the Partners. If no plan receives such approval, the Partnership shall proceed to liquidate all of the Partnership assets, to discharge all of the Partnership liabilities and to distribute the balance, if any, among the Partners based upon the credit balance in each Partner's capital account, after giving effect to all contributions, distributions and allocations for all periods. All distributions hereunder shall be made in accordance with the governing regulations under Section 704 of the Internal Revenue Code of 1986, as amended, or any successor regulations. Any Partner with a deficit balance in such Partner's capital account shall contribute such deficit in accordance with the foregoing Regulations. Before agreeing to sell any property to a third party by reason of a dissolution, the Partnership shall permit each Partner a period of thirty (30) days to submit to an independent third party appointed by the Managing Partner the price in cash at which such purchasing Partner would rather purchase such property than allow it to be sold. If no offers from third parties are received in excess of the amount so indicated at any time prior to two (2) months after the close of the thirty- (30) day bid period, the property shall be sold to the Partner who submitted the higher bid price. If no Partner submits a higher bid price within the thirty- (30) day period, the property will be sold to the third party submitting the highest bid, and such sale shall be upon such reasonable terms and conditions as the Managing Partner shall deem appropriate.

11. **Death of a Partner**. Upon the death of any Partner, the Partnership shall not terminate, and the deceased Partner's estate shall succeed to his or her interest.

12. **Transferability**. No Partner (including the estate of a deceased Partner) may sell, give, transfer or assign any portion or all of his or her Partnership interest

without the consent of a majority of the Partners. Any such transferee having obtained such consent shall, upon joining in the then existing Partnership Agreement, succeed to such Partnership interest or portion thereof. If the estate of a deceased Partner fails to obtain such consent, the estate shall remain open without a distribution of the deceased Partner's interest; provided, however, that no such consent shall be necessary if the interest of the deceased Partner passes to another Partner hereunder.

13. **Withdrawal.** No Partner may withdraw from the Partnership without the consent of the other Partners. Any withdrawal in violation of the Partnership Agreement shall subject the withdrawing Partner to damages in accordance with governing law.

14. **Arbitration.** Any controversy or claim arising out of or relating to this Agreement, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Such arbitration shall take place at Pittsburgh, Pennsylvania.

15. **Agents.** The Partnership may employ from time to time such agents and counsel, including investment advisors and asset managers, and may assign to them such functions as the Managing Partner shall deem appropriate.

16. **Notices.** All notices and other communications hereunder shall be in writing and shall be deemed to have been duly given if personally delivered or mailed by certified or registered mail to the Partners or the Managing Partner, as the case may be, at the addresses shown on the Partnership records or to such other address as any party hereto shall designate to the Partnership in writing.

17. **Amendments.** The provisions of this Partnership Agreement may be waived or amended, as to any particular transaction or otherwise, only by an instrument in writing duly executed by or on behalf of all of the Partners.

18. **Gender and Number.** As used in this Partnership Agreement, the masculine gender shall include all other genders, and the singular person shall include the plural.

19. **Entire Agreement.** This Partnership Agreement contains the entire understanding between the parties and supersedes any prior understandings and agreements between them regarding the within subject matter. There are no representations, agreements, arrangements or understandings, oral or written, between or among the parties hereto relating to the subject matter of this Agreement which are not fully expressed herein.

20. **Governing Law.** This Partnership Agreement and all rights and obligations hereunder shall be governed by law of the Commonwealth of Pennsylvania except when such law is inconsistent with the rules of the American Arbitration Association and then such rules shall govern.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals the day and year first above written.

WITNESS:

May Euica

May Euica

May Euica

May Euica

Kenneth L. Hurlbut (SEAL)
Kenneth L. Hurlbut

Dorothy J. Hurlbut (SEAL)
Dorothy J. Hurlbut

Dean R. Hurlbut (SEAL)
Dean R. Hurlbut

Leasa H. McGill (SEAL)
Leasa H. McGill

James A. Ciuca

Geniene G. Ciuca (SEAL)
Geniene G. Ciuca

James A. Ciuca

Krystal K. Reynolds (SEAL)
Krystal K. Reynolds

Trust f/b/o Jessica Lynn Pisano

James A. Ciuca

Dean R. Hurlbut (SEAL)
Dean R. Hurlbut, Trustee

James A. Ciuca

Jamie L. Hurlbut (SEAL)
Jamie L. Hurlbut

James A. Ciuca

Terrance J. McGill (SEAL)
Terrance J. McGill

James A. Ciuca

James A. Ciuca (SEAL)
James A. Ciuca

James A. Ciuca

David L. Klingensmith (SEAL)
David L. Klingensmith

EXHIBIT A

Initial Capital Accounts

Kenneth L. Hurlbut	41.0%
Dorothy J. Hurlbut	41.0%
Dean R. Hurlbut	2.0%
Leasa H. McGill	2.0%
Geniene G Ciuca	2.0%
Krystal K Reynolds	2.0%
Trust f/b/o Jessica Lynn Pisano Dean R. Hurlbut, Trustee	2.0%
Jamie L. Hurlbut	2.0%
Terrance J. McGill	2.0%
James A. Ciuca	2.0%
David L. Klingensmith	2.0%