

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting)</i>	I. US EPA I.D. NUMBER
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LABEL ITEMS	Submitted Through eBusiness Center Applicant Name: Jerry Harper Title: Owner Electronically submitted by 71958800 on 11/09/2022 Revenue ID: 1521960 Amount Due: \$0.00	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
I. US EPA I.D. NUMBER		
III. FACILITY NAME		
III. FACILITY MAILING ADDRESS		
VI. FACILITY LOCATION		

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility(either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Is this a facility which does not discharge process wastewater? . (FORM 2E)	X		X	F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)		X	
G. Do you generate sewage sludge that is ultimately regulated by Part 503? Do you generate sewage sludge that is sent to another facility for treatment or blending? Do you process or derive material from sewage sludge that is disposed in a manner subject to Part 503? (FORM 2S)		X					

III. NAME OF FACILITY
Harper's Mini Mart

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, title)	B. PHONE (area code & no.)	C. EMAIL
Steele, Bob, General Contractor	(614) 496-5287	bob@shafferconstruction.com

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX
25848 Tarlton Adelphi Rd.

B. CITY OR TOWN	C. STATE	D. ZIP CODE
Laurelville	OH	43135

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
ST RT 56 and ST RT 159, SE corner

B. COUNTY NAME	TOWNSHIP

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
Circleville	OH	43113	65

Please type. Do not complete by hand.

VII. SIC CODES (4-digit, in order of priority)	
A. FIRST	B. SECOND
5541 (specify) Gasoline Service Stations	(specify)
C. THIRD	D. FOURTH
(specify)	(specify)

VIII.NAICS CODES (4-digit, in order of priority)	
A. FIRST	B. SECOND
44711 (specify) Gasoline Stations with Convenience Stores	(specify)
C. THIRD	D. FOURTH
(specify)	(specify)

IX. Facility Water Cooling	
Does your facility use cooling water?	YES <input type="checkbox"/> <u>X</u> NO

Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)

<input type="checkbox"/> Fundamentally different factors (CWA Section 301(n))	<input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2))
<input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g))	<input type="checkbox"/> Thermal discharges (CWA Section 316(a))
<input checked="" type="checkbox"/> Not applicable	

X. OPERATOR INFORMATION	
A. NAME	B. Is the name listed in Item VIII-A also the owner?
Jerry, Harper	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)	D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE	(740) 649-6099
Private (specify)	

E. STREET OR P.O. BOX			
25848 Tarlton Adelphi Rd.			
F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Laurelville	OH	43135	Is this facility located on Indian lands? NO
OPERATOR EMAIL			
harperjerry56@gmail.com			

ADDITIONAL INFORMATION	
<i>Please add any additional comments or attachments below.</i>	
Plant will be designed to meet BADCT. Request schedule of compliance. Form 2E was completed using BADCT as limits	
Additional Information attachment(s): NPDES Permit Permission letter - Harpers 2022.pdf	

XI. EXISTING ENVIRONMENTAL PERMITS	
A. NPDES (Discharges to surface water)	D. PSD (Air emissions from proposed sources)
B. UIC (Discharges to surface water)	E. OTHER (specify)
	(specify)
C.RCRA (Hazardous waste)	F. OTHER (specify)
	(specify)

XII. MAP	
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Please type. Do not complete by hand.

Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements

Upload File Name for Topographical Map: Harpers Mini Mart TOPO.pdf

Additional supplementary attachment(s):

Upload File Name(s): NPDES Permit Permission letter - Harpers 2022.pdf

XIII. NATURE OF BUSINESS

(provide a brief description)

Gas station and convenience store

XIV. CERTIFICATION *(see instructions)*

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 gather and evaluate 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.

Applicant Name:

Jerry Harper

Title:

Owner

Signature:

Electronically submitted by 71958800

Date:

Electronically submitted on 11/09/2022

COMMENTS FOR OFFICIAL USE ONLY



Division of Surface Water Antidegradation Addendum

In accordance with Ohio Administrative Code 3745-1-05 (Antidegradation), additional information may be required to complete your application for a permit to install or NPDES permit. For any application that may result in an increase in the level of pollutants being discharged (NPDES and/or PTI) or for which there might be activity taking place within a stream bed, the processing of the permit(s) may be required to go through procedures as outlined in the antidegradation rule. The rule outlines procedures for public notification and participation as well as procedures pertaining to the levels of review necessary. The levels of review necessary depend on the degradation being considered/requested. The rule also outlines exclusions from portions of the application and review requirements and waivers that the Director may grant as specified in Section 3745-1-05(D) of the rule. Please complete the following questions. The answers provided will allow the Ohio EPA to determine if additional information is needed.

All projects that require both an NPDES and PTI should submit both applications simultaneously to avoid going through the antidegradation process separately for each permit.

A. **Applicant:** Jerry S Harper

Facility Owner: Harper Land Investments LLC

Facility Location (city and county): ST RT 56 and ST RT 159, SE corner, Circleville, OH 43113 County: Pickaway

Application or Plans Prepared By:

Project Name: Harper's Mini Mart

NPDES Permit Number (if applicable):

B. **Antidegradation Applicability**

Is the application for? (check as many as apply):

- Application with no direct surface water discharge (Projects that do not meet the applicability section of 3745-1-05(B)1, i.e., on-site disposal, extensions of sanitary sewers, spray irrigation, indirect discharge to POTW, etc.). (Complete Section E)
- Renewal NPDES application or PTI application with no requested increase in loading of currently permitted pollutants. (Complete Section E, Do not complete Sections C or D).
- PTI and NPDES application for a new wastewater treatment works that will discharge to a surface water. (Complete Sections C and E)
- An expansion/modification of an existing wastewater treatment works discharging to a surface water that will result in any of the following (PTI and NPDES) (Complete Sections C and E).
 - addition of any pollutant not currently in the discharge, or
 - an increase in mass or concentration of any pollutant currently in the discharge, or
 - an increase in any current pollutant limitation in terms of mass or concentration.
- PTI that involves placement of fill or installation of any portion of a sewerage system (i.e., sanitary sewers, pump stations, WWTP, etc.) within 150 feet of a stream bed. Please provide information requested on the stream evaluation addendum (i.e., number of stream crossings, fill placement, etc.) (Complete Section E)
- Initial NPDES permit for an existing treatment works with a wastewater discharge prior to October 1, 1996. (Complete Sections D and E)
- Renewal NPDES permit or modification to an effective NPDES permit that will result in any of the following: (Complete Sections C and E)
 - a new permit limitation for a pollutant that previously had no limitation, or
 - an increase in any mass or concentration limitation of any pollutant that currently has a limitation.

C. Antidegradation Information

1. Does the PTI and/or NPDES permit application meet an exemption as outlined by OAC 3745-1-05(B)(2) of the Antidegradation rule?

- Yes (Provide exemption(s) and justification for each exemption)
 No

Does the PTI and/or NPDES permit application meet an exclusion as outlined by OAC 3745-1-05(D)(1) of the Antidegradation rule?

- Yes (Complete Question C.2)
 No (Complete Questions C.3 and C.4)

2. For projects that would be eligible for exclusions provide the following information:

- a. Provide justification for the exclusion.
- b. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.
- c. A description of any construction work, fill or other structures to occur or be placed in or near a stream bed.

3. Are you requesting a waiver as outlined by OAC 3745-1-05(D)(2-7) of the Antidegradation rule?

- Yes
 No

4. For all projects that **do not qualify** for an exclusion a report must accompany this application evaluating the preferred design alternative, non-degradation alternatives, minimal degradation alternatives, and mitigative techniques/measures for the design and operation of the activity. The information outlined below should be addressed in this report. If a waiver is requested, this section is still required.

- a. Describe the availability, cost effectiveness and technical feasibility of connecting to existing central or regional sewage collection and treatment facilities, including long range plans for sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.
- b. List and describe all government and/or privately sponsored conservation projects that may have been or will be specifically targeted to improve water quality or enhance recreational opportunities on the affected water resource.
- c. Provide a brief description below of all treatment/disposal alternatives evaluated for this application and their respective operational and maintenance needs. (If additional space is needed please attach additional sheets to the end of this addendum).

Preferred design alternative: Sanitary sewers are unavailable, and there are no long-term plans at this time

Non-degradation alternative(s): No known projects at this time

Minimal degradation alternative(s): On-site dispersal was investigated and found to be cost prohibitive

Mitigative technique/measure(s): We are installing a treatment plant to minimize degradation

At a minimum, the following information must be included in the report for each alternative evaluated.

- d. Outline of the treatment/disposal system evaluated, including the costs associated with the equipment, installation, and continued operation and maintenance.
- e. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.
- f. Describe the reliability of the treatment/disposal system, including but not limited to the possibility of recurring operation and maintenance difficulties that would lead to increased degradation.
- g. Describe any impacts to human health and the overall quality and value of the water resource.
- h. Describe and provide an estimate of the important social and economic benefits to be realized through this proposed project. Include the number and types of jobs created and tax revenues generated.
- i. Describe environmental benefits to be realized through this proposed project.
- j. Describe and provide an estimate of the social and economic benefits that may be lost as a result of this project. Include the impacts on commercial and recreational use of the water resource.
- k. Describe the environmental benefits lost as a result of this project. Include the impact on the aquatic life, wildlife, threatened or endangered species.
- l. A description of any construction work, fill or other structures to occur or be placed in or near a stream bed.

m. Provide any other information that may be useful in evaluating this application.

D. Discharge Information

1. For treatment/disposal systems constructed pursuant to a previously issued Ohio EPA PTI, provide the following information:

PTI Number:

PTI Issuance Date:

Initial Date of Discharge:

2. Has the appropriate NPDES permit application form been submitted including representative effluent data?

Yes (go to E)

No (see below)

If no, submit the information as applicable under a or b as follows:

a. For entities discharging process wastewater attach a completed 2C form.

b. For entities discharging wastewater of domestic origin attach the results of at least one chemical analysis of the wastestream for all pollutants for which authorization to discharge is being requested and a measurement of the daily volume (gallons per day) of wastewaters being discharged.

Is a permit to install or plan approval application required for construction of WWTP as per OAC 3945-42?

Yes

No

Anticipated date of PTI Application Submission: 11/16/2022

E. Based on my inquiry of the person or persons who manage the system of those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

This section must be signed by the same responsible person who signed the accompanying permit application or certification as per 40 CFR 122.22.

Applicant Name (printed or typed): Jerry Harper (Electronically submitted by 71958800)

Electronically submitted on: 11/09/2022

FORM
2E
NPDES**EPA****U.S. ENVIRONMENTAL PROTECTION AGENCY****I. RECEIVING WATERS and II. DISCHARGE DATE**

For this outfall, list the latitude and longitude, and name of the receiving water(s).

(If a new discharger, the date you expect to begin discharging)

OUTFALL NUMBER	LATITUDE Decimal Degrees	LONGITUDE Decimal Degrees	DISCHARGE DATE	RECEIVING WATER (name)	AVERAGE FLOW (gpd)
001	39.323420	-82.837153	06/01/2023	Unnamed tributary to Scippo Creek	

III. TYPE OF WASTE**OUTFALL NUMBER: 001**

A. Check the box(es) indicating the general type(s) of wastes discharged.

 Sanitary Wastes
 Restaurant or Cafeteria Wastes
 Noncontact Cooling Water
 Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS**A. Existing Sources** -Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (*see instructions*).**B. New Dischargers** -Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (*see instructions*).**Intake & Effluent Characteristics Spreadsheet**Upload File Name for Intake and Effluent Characteristics Spreadsheet: swims form Harpers.xlsm**V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?**
 Yes
 No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM (*Describe briefly any treatment system(s) used or to be used*)

Aerobic Digestion air

VII. OTHER INFORMATION
(*Optional*)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

VIII. CERTIFICATION

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 gather and evaluate 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.

Applicant Name:

Jerry Harper

Title:

Owner

Signature:

Electronically submitted by 71958800

Date:

Electronically submitted on 11/09/2022