

COUNTY OF



ALLEGHENY

SARA INNAMORATO
COUNTY EXECUTIVE

May 21, 2024

Carl Petrus, P.E.
Petrus Engineering LLC
149 Donation Road, Greenville
Pennsylvania 16125

RE: SEWAGE FACILITIES PLANNING MODULE
316 S Highland Apartment Building - City of Pittsburgh
Allegheny County, Pennsylvania

Dear Mr. Petrus:

Enclosed is a signed copy of Component 4C, County or Joint County Health Department Review, for the above-referenced development. This Planning Module Component was received on May 10, 2024. The project proposes the following:

Project Description:	Six (6) apartment building will be reconstructed and replaced by nine (9) apartment building.
Sewage Flow:	3600 GPD
Conveyance:	Sewage from proposed development will be transported by PWSA to Allegheny River interceptor and ultimately conveyed to the ALCOSAN at Wood Run Road for treatment.
Sewer's Owner:	PWSA (collection), ALCOSAN (interceptor)
Sewage Treatment Plant:	ALCOSAN

Please be advised that a permit must be obtained from the Allegheny County Health Department's (ACHD) Plumbing Section prior to commencing any plumbing work for the proposed project. Plumbing work for which an ACHD Plumbing Permit must be obtained includes any plumbing work done on the site and any sewers, which will not be owned and operated by a municipality or a sewer authority.



ALLEGHENY COUNTY HEALTH DEPARTMENT
WATER POLLUTION CONTROL & SOLID WASTE MANAGEMENT
3901 PENN AVENUE • BUILDING 5 • PITTSBURGH, PA 15224-1318
PHONE: 412.578.8040 • FAX: 412.578.8053
WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT



In addition, it should be noted that the approval of this sewage facilities planning module does not include approval of pipe size and/or type. Approval for pipe size and/or type must be obtained by filing a specific plumbing plan with the ACHD's Plumbing Section. If you should have any questions relative to ACHD's plumbing requirements, please contact Drew Grese, Plumbing Program Manager at 412-578-8055.

The ACHD has no objection to the approval of this project. If you have any questions, please call me at 412-578-8046.

Sincerely,



Issa Tijani
Environmental Health Engineer II
Water Pollution Control & Solid Waste Management

Enclosure

cc: Regis Ryan, PA Department of Environmental Protection w/attachment
Drew Grese, ACHD w/attachment



INSTRUCTIONS FOR COMPLETING COMPONENT 4C COUNTY OR JOINT HEALTH DEPARTMENT REVIEW

Remove and recycle these instructions prior to mailing component to the approving agency.

Background

This component, Component 4, is used to obtain the comments of planning agencies and/or health departments having jurisdiction over the project area. It is used in conjunction with other planning module components appropriate to the characteristics of the project proposed.

Who Should Complete the Component?

The component should be completed by any existing municipal planning agency, county planning agency, planning agency with areawide jurisdiction, and/or health department having jurisdiction over the project site. It is divided into sections to allow for convenient use by the appropriate agencies.

The project sponsor must forward copies of this component, along with supporting components and data, to the appropriate planning agency(ies) and health department(s) (if any) having jurisdiction over the development site. These agencies are responsible for responding to the questions in their respective sections of Component 4, as well as providing whatever additional comments they may wish to provide on the project plan. After the agencies have completed their review, the component will be returned to the applicant. The agencies have 60 days in which to provide comments to the applicant. If the agencies fail to comment within this 60 day period, the applicant may proceed to the next stage of the review without the comments. The use of registered mail or certified mail (return receipt requested) by the applicant when forwarding the module package to the agencies will document a date of receipt.

After receipt of the completed Component 4 from the planning agencies, or following expiration of the 60 day period without comments, the applicant must submit the entire component package to the municipality having jurisdiction over the project area for review and action. If approved by the municipality, the proposed plan, along with the municipal action, will be forwarded to the approving agency (Department of Environmental Protection or delegated local agency). The approving agency, in turn, will either approve the proposed plan, return it as incomplete, or disapprove the plan, based upon the information provided.

Instructions for Completing Planning Agency and/or Health Department Review Component

Section A. Project Name

Enter the project name as it appears on the accompanying sewage facilities planning module component (Component 2, 2m, 3, 3s or 3m).

Section B. Review Schedule

Enter the date the package was received by the reviewing agency, and the date that the review was completed.

Section C. Agency Review

1. Answer the yes/no questions and provide any descriptive information necessary on the lines provided. Attach additional sheets, if necessary.
2. Complete the name, title, and signature block.

Section D. Additional Comments

The Agency may provide whatever additional comment(s) it deems necessary, as described in the form. Attach additional sheets, if necessary.

**SEWAGE FACILITIES PLANNING MODULE
 COMPONENT 4C - COUNTY OR JOINT HEALTH DEPARTMENT REVIEW**

Note to Project Sponsor: To expedite the review of your proposal, one copy of your completed planning module package and one copy of this *Planning Agency Review Component* should be sent to the county or joint county health department for their comments.

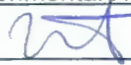
SECTION A. PROJECT NAME (See Section A of instructions)

Project Name
316 S Highland Apartment Building

SECTION B. REVIEW SCHEDULE (See Section B of instructions)

1. Date plan received by county or joint county health department 05/10/2024
 Agency name Allegheny County Health Department (ACHD)
2. Date review completed by agency 05/21/2024

SECTION C. AGENCY REVIEW (See Section C of instructions)

- | | | |
|-------------------------------------|-------------------------------------|---|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Is the proposed plan consistent with the municipality's Official Sewage Facilities Plan?
If no, what are the inconsistencies? _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Are there any wastewater disposal needs in the area adjacent to this proposal that should be considered by the municipality?
If yes, describe _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Is there any known groundwater degradation in the area of this proposal?
If yes, describe _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. The county or joint county health department recommendation concerning this proposed plan is as follows: <u>ACHD recommends approval. Please see attached letter.</u> |
| | | 5. Name, title and signature of person completing this section:
Name: <u>Issa Tijani</u>
Title: <u>Environmental Health Engineer</u>
Signature: <u></u>
Date: <u>05/21/2024</u>
Name of County Health Department: <u>Allegheny County Health Department</u>
Address: <u>3901 Penn Avenue, Building #5, Pittsburgh, PA 15224</u>
Telephone Number: <u>412-578-8046</u> |

SECTION D. ADDITIONAL COMMENTS (See Section D of instructions)

This component does not limit county planning agencies from making additional comments concerning the relevancy of the proposed plan to other plans or ordinances. If additional comments are needed, attach additional sheets.

The county planning agency must complete this component within 60 days.
 This component and any additional comments are to be returned to the applicant.