

Mailing Address Last Line – City Elizabethtown			State PA	ZIP+4 17022
Phone (717) 361-1688	Ext	FAX	Email Address jrjce@piermat.com	
NAICS Codes (Two- & Three-Digit Codes – List All That Apply) 212			6-Digit Code (Optional) 212312	
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 checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will this project involve an addition to an existing facility, system, or activity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Facility Type	DEP Fac ID#	Facility Type	DEP Fac ID#
<input checked="" type="checkbox"/> Air Emission Plant	_____	<input checked="" type="checkbox"/> Industrial Minerals Mining Operation	961604
<input type="checkbox"/> Beneficial Use (water)	_____	<input type="checkbox"/> Laboratory Location	_____
<input checked="" type="checkbox"/> Blasting Operation	_____	<input type="checkbox"/> Land Recycling Cleanup Location	_____
<input type="checkbox"/> Captive Hazardous Waste Operation	_____	<input type="checkbox"/> MineDrainageTrmt/LandRecyProjLocation	_____
<input type="checkbox"/> Coal Ash Beneficial Use Operation	_____	<input 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
CNTR	40	7	47	76	34	44.74
Horizontal Accuracy Measure	Feet		--or--	Meters		
Horizontal Reference Datum Code	<input type="checkbox"/> North American Datum of 1927 <input checked="" type="checkbox"/> North American Datum of 1983 <input type="checkbox"/> World Geodetic System of 1984					
Horizontal Collection Method Code	Emapp					
Reference Point Code	Pit Sump					
Altitude	Feet	503.00	--or--	Meters		
Altitude Datum Name	<input type="checkbox"/> The National Geodetic Vertical Datum of 1929 <input checked="" type="checkbox"/> The North American Vertical Datum of 1988 (NAVD88)					
Altitude (Vertical) Location Datum Collection Method Code	GPSKN					
Geometric Type Code	POINT					
Data Collection Date	11/2017					
Source Map Scale Number	1	Inch(es)	=	200	Feet	
	--or--	Centimeter(s)	=	Meters		

PROJECT INFORMATION

Project Name Rheems Quarry Expansion			
Project Description Large Noncoal Surface Mine Permit			
Project Consultant Last Name Caranfa	First Name Rick	MI W	Suffix
Project Consultant Title V.P.		Consulting Firm Akens Engineering Associates, Inc.	
Mailing Address Line 1 219 East Main Street		Mailing Address Line 2	

Address Last Line – City Shiremanstown		State PA	ZIP+4 17011-6315
Phone 717-975-9933	Ext	FAX 717-975-5507	Email Address rick@akensengineering.com
Time Schedules N/A	Project Milestone (Optional)		

1. **Have you informed the surrounding community and addressed any concerns prior to submitting the application to the Department?** Yes No
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2. **Is your project funded by state or federal grants?** Yes No
Note: If "Yes", specify what aspect of the project is related to the grant and provide the grant source, contact person and grant expiration date.
 Aspect of Project Related to Grant _____
 Grant Source: _____
 Grant Contact Person: _____
 Grant Expiration Date: _____
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3. **Is this application for an authorization on Appendix A of the Land Use Policy? (For referenced list, see Appendix A of the Land Use Policy attached to GIF instructions)** Yes No
Note: If "No" to Question 3, the application is not subject to the Land Use Policy.
 If "Yes" to Question 3, the application is subject to this policy and the Applicant should answer the additional questions in the **Land Use Information** section.

LAND USE INFORMATION

- Note:** Applicants are encouraged to submit copies of local land use approvals or other evidence of compliance with local comprehensive plans and zoning ordinances.
1. **Is there an adopted county or multi-county comprehensive plan?** Yes No
2. **Is there an adopted municipal or multi-municipal comprehensive plan?** Yes No
3. **Is there an adopted county-wide zoning ordinance, municipal zoning ordinance or joint municipal zoning ordinance?** Yes No
Note: If the Applicant answers "No" to either Questions 1, 2 or 3, the provisions of the PA MPC are not applicable and the Applicant does not need to respond to questions 4 and 5 below.
 If the Applicant answers "Yes" to questions 1, 2 and 3, the Applicant should respond to questions 4 and 5 below.
4. **Does the proposed project meet the provisions of the zoning ordinance or does the proposed project have zoning approval?** Yes No
 If zoning approval has been received, attach documentation.
5. **Have you attached Municipal and County Land Use Letters for the project?** Yes No

12.0	Will the project interfere with the flow from, or otherwise impact, a dam? If "Yes", identify the dam.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12.0.1	Dam Name				
13.0	Will the project involve operations (excluding during the construction period) that produce air emissions (i.e., NOX, VOC, etc.)? If "Yes", identify each type of emission followed by the amount of that emission.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
13.0.1	Enter all types & amounts of emissions; separate each set with semicolons.	No changes to existing Permits Allied Concrete GP-3 and GP-9 Pierson Minor Source 36-05126 36-05153 GP-3			
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 involve a new or increased drinking water withdrawal from a stream or other water body? If "Yes", should reference both Water Supply and Watershed Management.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
17.0.1	Stream Name				
18.0	Will the construction or operation of this project involve treatment, storage, reuse, or disposal of waste? If "Yes", indicate what type (i.e., hazardous, municipal (including infectious & chemotherapeutic), residual) and the amount to be treated, stored, re-used or disposed.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
18.0.1	Type & Amount				
19.0	Will your project involve the removal of coal, minerals, etc. as part of any earth disturbance activities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20.0	Does your project involve installation of a field constructed underground storage tank? If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20.0.1	Enter all substances & capacity of each; separate each set with semicolons.				
21.0	Does your project involve installation of an aboveground storage tank greater than 21,000 gallons capacity at an existing facility? If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
21.0.1	Enter all substances & capacity of each; separate each set with semicolons.				