



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

**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.

<b>Related ID#s (If Known)</b> Client ID# _____ APS ID# _____ Site ID# _____ Auth ID# _____ Facility ID# _____		<b>DEP USE ONLY</b> Date Received & General Notes
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**CLIENT INFORMATION**

<b>DEP Client ID#</b> 290687		<b>Client Type / Code</b> OTHER		<b>Dun &amp; Bradstreet ID#</b>	
<b>Legal Organization Name or Registered Fictitious Name</b> Sunoco Pipeline L P			<b>Employer ID# (EIN)</b> 23-3102656	<b>Is the EIN a SSN?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	
<b>State of Incorporation or Registration of Fictitious Name</b> Texas			<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input checked="" type="checkbox"/> LP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Association/Organization <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other		
<b>Individual Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Suffix</b>		
<b>Additional Individual Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Suffix</b>		
<b>Mailing Address Line 1</b> 535 Fritztown Road			<b>Mailing Address Line 2</b>		
<b>Address Last Line – City</b> Sinking Spring		<b>State</b> PA	<b>ZIP+4</b> 19608	<b>Country</b> USA	
<b>Client Contact Last Name</b> Bryan	<b>First Name</b> Nicholas	<b>MI</b> J	<b>Suffix</b>		
<b>Client Contact Title</b> Sr. Director - E&C Environmental		<b>Phone</b> 570-505-3740	<b>Ext</b>	<b>Cell Phone</b>	
<b>Email Address</b> Nick.Bryan@energytransfer.com			<b>FAX</b>		

**SITE INFORMATION**

<b>DEP Site ID#</b>	<b>Site Name</b>						
<b>EPA ID#</b>	<b>Estimated Number of Employees to be Present at Site</b>						
<b>Description of Site</b>							
<b>Tax Parcel ID(s):</b>							
<b>County Name(s)</b> Washington, Westmoreland, Indiana, and Cambria		<b>Municipality(ies)</b> See Municipalities Table in Attachment 1		<b>City</b> <input type="checkbox"/>	<b>Boro</b> <input checked="" type="checkbox"/>	<b>Twp</b> <input checked="" type="checkbox"/>	<b>State</b>
<b>Site Location Line 1</b> Washington, Westmoreland, Indiana, and Cambria Counties			<b>Site Location Line 2</b>				
<b>Site Location Last Line – City</b> Chartiers Township, Washington County, PA to Washington Township, Cambria County, PA		<b>State</b> PA	<b>ZIP+4</b>				
<b>Detailed Written Directions to Site</b>							

<b>Site Contact Last Name</b> Bryan	<b>First Name</b> Nicholas	<b>MI</b> J	<b>Suffix</b>
<b>Site Contact Title</b> Sr. Director - E&C Environmenta		<b>Site Contact Firm</b>	
<b>Mailing Address Line 1</b> 535 Fritztown Road		<b>Mailing Address Line 2</b>	
<b>Mailing Address Last Line – City</b> Sinking Spring		<b>State</b> PA	<b>ZIP+4</b> 19608
<b>Phone</b> 570-505-3740	<b>Ext</b>	<b>FAX</b>	<b>Email Address</b> Nick.Bryan@energytransfer.com
<b>NAICS Codes</b> (Two- & Three-Digit Codes – List All That Apply)			<b>6-Digit Code</b> (Optional)

**Client to Site Relationship**  
OWNOP

**FACILITY INFORMATION**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <b>Modification of Existing Facility</b>   | <b>Yes</b>               | <b>No</b>                |
| 1. Will this project modify an existing facility, system, or activity?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will this project involve an addition to an existing facility, system, or activity? | <input 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 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
	40	15	41.62	-80	16	0.91

**Horizontal Accuracy Measure**      Feet      --or--      Meters

- Horizontal Reference Datum Code**
- North American Datum of 1927
  - North American Datum of 1983
  - World Geodetic System of 1984

**Horizontal Collection Method Code**

**Reference Point Code**

**Altitude**      Feet      --or--      Meters

- Altitude Datum Name**
- The National Geodetic Vertical Datum of 1929
  - 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**  
Pennsylvania Pipeline Project/Mariner East 2

**Project Description**

Project Consultant Last Name	First Name	MI	Suffix
Simcik	Robert	F	

Project Consultant Title	Consulting Firm
Project Manager	Tetra Tech, Inc.

Mailing Address Line 1	Mailing Address Line 2
661 Andersen Drive	Foster Plaza 7, Suite 200

Address Last Line – City	State	ZIP+4
Pittsburgh	PA	15220

Phone	Ext	FAX	Email Address
412-921-8163			Robert.Simcik@tetrattech.com

Time Schedules	Project Milestone (Optional)

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 [Environmental Justice Areas Viewer](#).

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

Method of notification: \_\_\_\_\_

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.

<b>1.</b>	<b>Is there an adopted county or multi-county comprehensive plan?</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>2.</b>	<b>Is there a county stormwater management plan?</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>3.</b>	<b>Is there an adopted municipal or multi-municipal comprehensive plan?</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>4.</b>	<b>Is there an adopted county-wide zoning ordinance, municipal zoning ordinance or joint municipal zoning ordinance?</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p><b>Note:</b> 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.</p>					
<b>5.</b>	<b>Does the proposed project meet the provisions of the zoning ordinance or does the proposed project have zoning approval? If zoning approval has been received, attach documentation.</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>6.</b>	<b>Have you attached Municipal and County Land Use Letters for the project?</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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 utilizing the [Project Review Form](#).

**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.

<b>1.0</b>	<b>Is this a coal mining project?</b> If "Yes", respond to 1.1-1.6. If "No", skip to Question 2.0.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.1</b>	<b>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?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.2</b>	<b>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?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.3</b>	<b>Will this coal mining project involve coal preparation/ processing activities in which thermal coal dryers or pneumatic coal cleaners will be used?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.4</b>	<b>For this coal mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.5</b>	<b>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?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.6</b>	<b>Will this coal mining project involve underground coal mining to be conducted within 500 feet of an oil or gas well?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>2.0</b>	<b>Is this a non-coal (industrial minerals) mining project?</b> If "Yes", respond to 2.1-2.6. If "No", skip to Question 3.0.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>2.1</b>	<b>Will this non-coal (industrial minerals) mining project involve the crushing and screening of non-coal minerals other than sand and gravel?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>2.2</b>	<b>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?</b>	<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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
4.0.1	Total Disturbed Acreage		165		
4.0.2	Will the project discharge or drain to a special protection water (EV or HQ) or an EV wetland?	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Yes	<input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.4	Is your project an interstate transmission natural gas pipeline?	<input type="checkbox"/>	Yes	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	Yes	<input 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 checked="" 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
	<b>8.0.1 Estimated Proposed Flow (gal/day)</b>				
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
	<b>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.</b>	<input type="checkbox"/>	Yes	<input checked="" 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 type="checkbox"/>	No
	<b>10.0.1 Gallons Per Year (residential septage)</b> _____				
	<b>10.0.2 Dry Tons Per Year (biosolids)</b> _____				
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
	<b>11.0.1 Dam Name</b>				
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
	<b>12.0.1 Dam Name</b>				
13.0	Will the project involve operations (excluding during the construction period) that produce air emissions (i.e., NOX, VOC, etc.)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<b>13.0.1</b> If "Yes", is the operation subject to the agricultural exemption in 35 P.S. § 4004.1? <input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
	<b>13.0.2</b> If the answer to 13.0.1 is "No", identify each type of emission followed by the estimated amount of that emission. <b>Enter all types &amp; amounts of emissions; separate each set with semicolons.</b>				

<b>14.0</b>	<b>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.</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>14.0.1</b>	<b>Number of Persons Served</b>	_____			
<b>14.0.2</b>	<b>Number of Employee/Guests</b>	_____			
<b>14.0.3</b>	<b>Number of Connections</b>	_____			
<b>14.0.4</b>	<b>Sub-Fac: Distribution System</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>14.0.5</b>	<b>Sub-Fac: Water Treatment Plant</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>14.0.6</b>	<b>Sub-Fac: Source</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>14.0.7</b>	<b>Sub-Fac: Pump Station</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>14.0.8</b>	<b>Sub Fac: Transmission Main</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>14.0.9</b>	<b>Sub-Fac: Storage Facility</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>15.0</b>	<b>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?</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>16.0</b>	<b>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.</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>16.0.1</b>	<b>Supplier's Name</b>	_____			
<b>16.0.2</b>	<b>Letter of Approval from Supplier is Attached</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>17.0</b>	<b>Will this project be served by on-lot drinking water wells?</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>18.0</b>	<b>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.</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>18.0.1</b>	<b>Source Name</b>	_____			
<b>19.0</b>	<b>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 &amp; chemotherapeutic), residual) and the amount to be treated, stored, re-used or disposed.</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>19.0.1</b>	<b>Type &amp; Amount</b>	_____			
<b>20.0</b>	<b>Will your project involve the removal of coal, minerals, contaminated media, or solid waste as part of any earth disturbance activities?</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>21.0</b>	<b>Does your project involve installation of a field constructed underground storage tank? If "Yes", list each Substance &amp; its Capacity. <u>Note</u>: Applicant may need a Storage Tank Site Specific Installation Permit.</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>21.0.1</b>	<b>Enter all substances &amp; capacity of each; separate each set with semicolons.</b>	_____			
<b>22.0</b>	<b>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 &amp; its Capacity. <u>Note</u>: Applicant may need a Storage Tank Site Specific Installation Permit.</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>22.0.1</b>	<b>Enter all substances &amp; capacity of each; separate each set with semicolons.</b>	_____			
<b>23.0</b>	<b>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 &amp; its Capacity. <u>Note</u>: Applicant may need a Storage Tank Site Specific Installation Permit.</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>23.0.1</b>	<b>Enter all substances &amp; capacity of each; separate each set with semicolons.</b>	_____			

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?  Yes  No  
If "Yes", list each Substance & its Capacity. **Note:** Applicant may need a Storage Tank Site Specific Installation Permit.

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](http://www.dep.pa.gov) search term storage tanks

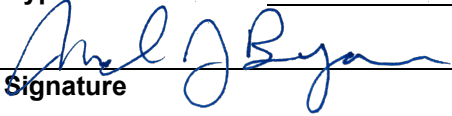
25.0 Will the intended activity involve the use of a radiation source?  Yes  No

**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 Nicholas J. Bryan

  
Signature

Sr. Director - E&C Environmental

Title

10/26/21

Date



# **Attachment 1**

## Municipalities

Pennsylvania Pipeline Project

SouthWest Region

<b>County</b>	<b>Municipality</b>
<b>Washington</b>	Chartiers Township
<b>Westmoreland</b>	Murrysville Borough
	Salem Township
	Loyalhanna Township
	Derry Township
<b>Indiana</b>	Burrell Township
	West Wheatfield Township
	East Wheatfield Township
<b>Cambria</b>	Jackson Township
	Cambria Township
	Munster Township
	Cresson Borough
	Washington Township