

**GENERAL INFORMATION FORM – AUTHORIZATION APPLICATION**

Before completing this General Information Form (GIF), read the step-by-step instructions provided in this application package. This version of the General Information Form (GIF) must be completed and returned with any program-specific application being submitted to the Department.

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

CLIENT INFORMATION

DEP Client ID#	Client Type / Code		
Organization Name or Registered Fictitious Name	Employer ID# (EIN)	Dun & Bradstreet ID#	
Individual Last Name	First Name	MI	Suffix SSN
Additional Individual Last Name	First Name	MI	Suffix SSN
Mailing Address Line 1	Mailing Address Line 2		
Address Last Line – City	State	ZIP+4	Country
Client Contact Last Name	First Name	MI	Suffix
Client Contact Title		Phone	Ext
Email Address		FAX	

SITE INFORMATION

DEP Site ID#	Site Name		
EPA ID#	Estimated Number of Employees to be Present at Site		
Description of Site			
County Name	Municipality	City	Boro Twp State
		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
County Name	Municipality	City	Boro Twp State
		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Site Location Line 1	Site Location Line 2		
Site Location Last Line – City	State	ZIP+4	
Detailed Written Directions to Site			
Site Contact Last Name	First Name	MI	Suffix
Site Contact Title	Site Contact Firm		
Mailing Address Line 1	Mailing Address Line 2		
Mailing Address Last Line – City	State	ZIP+4	

Phone	Ext	FAX	Email Address
NAICS Codes (Two- & Three-Digit Codes – List All That Apply)			6-Digit Code (Optional)

Client to Site Relationship

FACILITY INFORMATION

Modification of Existing Facility	Yes	No
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"/> 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

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

Project Description

Project Consultant Last Name	First Name	MI	Suffix
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Project Consultant Title	Consulting Firm
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Mailing Address Line 1	Mailing Address Line 2
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Address Last Line – City	State	ZIP+4
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Phone	Ext	FAX	Email Address
Time Schedules		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

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 and the accompanying Cultural Resource Notice 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.

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 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 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 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 type="checkbox"/>	No
	4.0.1 Total Disturbed Acreage				
5.0	Does the project involve any of the following? If "Yes", respond to 5.1-5.3. If "No", skip to Question 6.0.	<input 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 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
6.0	Will the project involve discharge of stormwater or wastewater from an industrial activity 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 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 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 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 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 type="checkbox"/>	No
	11.0.1 Dam Name				

12.0	<p>Will the project interfere with the flow from, or otherwise impact, a dam? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", identify the dam. 12.0.1 Dam Name _____</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
13.0	<p>Will the project involve operations (excluding during the construction period) that produce air emissions (i.e., NOX, VOC, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", identify each type of emission followed by the amount of that emission. 13.0.1 Enter all types & amounts of emissions; separate each set with semicolons. _____</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", check all proposed sub-facilities. 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</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15.0	<p>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 type="checkbox"/> No</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16.0	<p>Is your project to be served by an existing public water supply? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", indicate name of supplier and attach letter from supplier stating that it will serve the project. 16.0.1 Supplier's Name _____ 16.0.2 Letter of Approval from Supplier is Attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17.0	<p>Will this project involve a new or increased drinking water withdrawal from a stream or other water body? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", should reference both Water Supply and Watershed Management. 17.0.1 Stream Name _____</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18.0	<p>Will the construction or operation of this project involve treatment, storage, reuse, or disposal of waste? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", indicate what type (i.e., hazardous, municipal (including infectious & chemotherapeutic), residual) and the amount to be treated, stored, re-used or disposed. 18.0.1 Type & Amount _____</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19.0	<p>Will your project involve the removal of coal, minerals, etc. as part of any earth disturbance activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20.0	<p>Does your project involve installation of a field constructed underground storage tank? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit. 20.0.1 Enter all substances & capacity of each; separate each set with semicolons. _____</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
21.0	<p>Does your project involve installation of an aboveground storage tank greater than 21,000 gallons capacity at an existing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit. 21.0.1 Enter all substances & capacity of each; separate each set with semicolons. _____</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

22.0 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. Yes No

22.0.1 Enter all substances & capacity of each; separate each set with semicolons.

23.0 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. Yes No

23.0.1 Enter all substances & capacity of each; separate each set with semicolons.

24.0 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.

Type or Print Name _____

Signature **Title** **Date**