



CHAPTER 105 WATER OBSTRUCTIONS AND ENCROACHMENT GENERAL PERMIT REGISTRATION

PLEASE MARK ("X") ALL THAT APPLY: <input type="checkbox"/> GP- 1 Fish Habitat Enhancement Structures <input type="checkbox"/> GP- 2 Small Docks & Boat Launching Ramps Please mark ("X") the specific type of project: <input type="checkbox"/> private recreational dock <input type="checkbox"/> public access facility <input type="checkbox"/> public service facility <input type="checkbox"/> other private or commercial facility <input type="checkbox"/> GP- 3 Bank Rehabilitation, Bank Protection and Gravel Bar Removal <input type="checkbox"/> GP- 4 Intake and Outfall Structures				<input type="checkbox"/> GP- 5 Utility Line Stream Crossing <input type="checkbox"/> GP- 6 Agricultural Crossings & Ramps <input type="checkbox"/> GP- 7 Minor Road Crossings <input type="checkbox"/> GP- 8 Temporary Road Crossings <input type="checkbox"/> GP- 9 Agricultural Activities <input type="checkbox"/> GP-10 Abandoned Mine Reclamation <input type="checkbox"/> GP-11 Maintenance, Testing, Repair, Rehabilitation, or Replacement of Water Obstructions and Encroachments (reviewed by DEP Regional Office only) <input type="checkbox"/> GP-15 Private Residential Construction in Wetlands					
<input type="checkbox"/> Activity Related to Oil and Gas Exploration, Production or Transmission									
<input type="checkbox"/> Activity Subject to FERC approval (Docket number _____)				<input type="checkbox"/> FERC Natural Gas Act Facility					
SECTION A. APPLICANT INFORMATION									
Applicant's Name / Client					DEP Client ID# (if known)		Employer ID# (EIN)		
Client Information - Please select Client Type / Code from drop down box under the correct entity shown to the right. (or may be written in) →			<input type="checkbox"/> Government		<input type="checkbox"/> Non-Government		<input type="checkbox"/> Individual		
Mailing Address				City		State	ZIP + 4		
Contact Person – Last Name			First	MI	Suffix	Telephone ()		Email Address	
SECTION B. CONSULTANT INFORMATION (Complete if different than above) <input type="checkbox"/> N/A									
Contact Person – Last Name				First	MI	Suffix	Consultant's Title		Consulting Firm
Mailing Address				City		State	ZIP + 4		
Telephone ()		Fax ()		Email			Employer ID# (EIN)		
SECTION C. PROJECT INFORMATION									
Project /Site Name:					DEP Site ID# (if known or leave blank)				
Client Relationship - Please select Site-to-Client Relationship / Code from drop down box to the right. (or may be written in) →					Double-click on shaded area below to select correct Site-to-Client Relationship / Code ↓				
County		Municipality		<input type="checkbox"/> City	<input type="checkbox"/> Borough	<input type="checkbox"/> Township			
Site Location / Address				City		State	ZIP + 4		
Collection Method: <input type="checkbox"/> EMAP <input type="checkbox"/> HGIS <input type="checkbox"/> GISDR* <input type="checkbox"/> ITPMP <input type="checkbox"/> GPS <input type="checkbox"/> WAAS <input type="checkbox"/> LORAN Check the horizontal reference datum (or projection datum) employed in the collection method. EMAP and HGIS (PNDI) have known datum and do not require checking here. <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 Enter the date of collection if coordinates were derived from GPS, WAAS or LORAN. ____ mm ____ dd ____ yyyy									

Applicant's Name	GENERAL PERMIT REGISTRATION		
Please place an "X" next to each item (1 - 16) to ensure it is completed and/or provided. (continued)		Applicant Entry	DEP Use Only
14. Bog Turtle Habitat Screening: Please place an "X" next to the appropriate box indicating the information provided: - Completed Request for a Bog Turtle Habitat Screening Form..... - "No Effect" determination from the Army Corp of Engineers..... - Documented clearance from the US Fish and Wildlife Services..... - N/A due to GP type, wetland impact and/or County of project.....			
15. Activities which impact wetlands: Please place an "X" next to the appropriate box indicating the information provided: - N/A because no wetland impacts are proposed or no compensatory mitigation is necessary. - A wetland delineation with complete data sheets in accordance with the 1987 Corps of Engineers Wetland Delineation Manual AND the appropriate Regional Supplements to the Corps of Engineers Wetland Delineation Manual for use in Pennsylvania..... - If direct or indirect wetland impacts are greater than 0.05 acres, a compensatory mitigation plan in accordance with the Department's Replacement criteria which provides compensation at a minimum one to one acre ratio..... - If compensatory mitigation onsite is determined not feasible: A check, number _____, in the amount of \$_____ payable to the National Fish and Wildlife Foundation, N.A. 1237, as compensatory mitigation for _____ acres of impact in wetlands, in accordance with the Pennsylvania Wetland Replacement Project.....			
16. Registration of a GP-11: Please place an "X" next to the appropriate box indicating the worksheet(s) provided: - N/A because not registering use of GP-11..... - E&S Plan..... - Bridge and/or Culvert Replacement Projects or Projects That Change the Waterway Opening			
SECTION F. SITE PLAN			
Please place an "X" next to the appropriate box indicating what is shown on the site plan. Unless otherwise specified in the permit, all items are required to ensure a complete Registration package. All items included on Site Plan..... Items <u>not</u> included on Site Plan and reason: - _____ - _____ - _____		Applicant Entry	DEP Use Only
SECTION G. IMPACT TABLE			
Please place an "X" next to the appropriate box indicating what is shown on the Impact Table. The <u>Aquatic Resource Impact Table (3150-PM-BWEW0557)</u> worksheet or equivalent is required. All information included on Impact Table..... Information <u>not</u> included on Impact Table and reason: - Project Information: _____ - Corps / 404: _____ - DEP / 105: _____		Applicant Entry	DEP Use Only

Applicant's Name	GENERAL PERMIT REGISTRATION
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SECTION H. CERTIFICATION

I certify under penalty of law that the information provided in this permit registration is true and correct to the best of my knowledge and information and that I possess the authority to undertake the proposed action. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (If any of the information and/or plans is found to be in error, falsified, and/or incomplete, this authorization/verification may be subject to modification, suspension, or revocation in accordance with applicable regulations.)

Signature of Applicant/Owner _____
Date

Typed / Printed Name

Typed / Printed Title

PA Fish and Boat Commission Approval (for GP-1 only)

Signature of Reviewer _____
Date

Reviewer's Typed / Printed Name () _____
Phone Number

Reviewer's Typed / Printed Title _____
Email Address

This General Permit shall not be effective until the owner has had their E&S Plan reviewed by the appropriate Regional Office or District, obtained Federal Authorization and, where required, obtained an SLLA from DEP.

AN ACKNOWLEDGED COPY OF THIS GENERAL PERMIT REGISTRATION PACKAGE (INCLUDING THE ACKNOWLEDGEMENT LETTER AND TERMS AND CONDITIONS), REQUIRED FEDERAL AUTHORIZATION, AND THE E&S PLAN MUST BE AVAILABLE AT THE PROJECT SITE DURING CONSTRUCTION.

SECTION I. ACKNOWLEDGEMENT – DEP USE ONLY

Signatures authorizing acknowledgment to use and register:

A. Completeness Review:	Begin Date: _____	Completeness Status
_____ DEP / District Reviewer Signature	Incomplete Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Reviewer's Typed / Printed Name	Response Date: _____	
	End Date: _____	

B. Eligibility Review:	Begin Date: _____	<input type="checkbox"/> Deficient - DENIED
_____ DEP / District Reviewer Signature	Incomplete Date: _____	
_____ Reviewer's Typed / Printed Name	Response Date: _____	
	End Date: _____	

C. Decision Review:		Disposition Status
_____ DEP / District Manager Signature		<input type="checkbox"/> WITHDRAWN <input type="checkbox"/> APPROVED <input type="checkbox"/> RETURNED <input type="checkbox"/> DENIED
_____ Reviewer's Typed / Printed Name	Begin Date: _____	
	End Date: _____	

D. Contact Information:	() _____	
_____ Typed / Printed Name	_____ Phone Number	_____ Email Address

E. Permit Tracking:
 Received _____ Acknowledged _____ SLLA required: NO YES PASPGP-5: NO YES REP
 NONREP
 GP - _____
 Notes: _____