



DEP USE ONLY
Date Received

APPLICATION FOR AN EROSION AND SEDIMENT CONTROL PERMIT (ESCP)

Before completing this form, read the step-by-step instructions provided in this Permit Application Package.

NOTE: This permit is required for timber harvesting and road maintenance activities disturbing 25 or more acres of land.

SECTION A - PROJECT INFORMATION					
1. Project Name	Type Activity (Check appropriate box)		Type of Application (Check Appropriate Box)		
	<input type="checkbox"/> timber harvesting <input type="checkbox"/> road maintenance		<input type="checkbox"/> New <input type="checkbox"/> Modification <input type="checkbox"/> Renewal		
2. Project Description					
3. Total Project Acres			Total Disturbed Acres		
Receiving Water/Watershed Name			Chapter 93 Receiving Water Classification		
4. Latitude: ____°/ ____'/ ____" Longitude: ____°/ ____'/ ____"					
5. U.S.G.S. Quad Map Name					
6. Estimated Time Schedules:					
Phase or Name	Description	Total Acres	Disturbed Acres	Start Date	End Date

SECTION B - APPLICANT INFORMATION					
Individual Last Name/Company Name	First Name	MI			
Additional Individual Last Name/Company Name	First Name	MI			
Mailing Address Line 1	Mailing Address Line 2				
Address Last Line -- City	State	ZIP+4	Phone		
SECTION C - SITE INFORMATION					
Site Name					
Site Location Line 1	Site Location Line 2				
Site Location Last Line -- City	State	ZIP+4			
Detailed Written Directions to Site					
Description of Site					
County Name	Municipality	City	Boro	Twp	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
County Name	Municipality	City	Boro	Twp	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Contact Last Name	First Name	MI			
Site Contact Title					
Site Contact Firm		Email			
Mailing Address Line 1	Mailing Address Line 2				
Mailing Address Last Line -- City	State	ZIP+4	Phone	Ext	
SECTION D - OTHER POLLUTANTS; PREPAREDNESS PREVENTION AND CONTINGENCY (PPC) PLANS					
1. Will you use and/or store chemicals, solvents, other hazardous waste or materials with the potential to cause accidental pollution during earth disturbance activities? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, a PPC Plan is required)					
SECTION E - CONSULTANT FOR THIS PROJECT					
Last Name	First Name	MI			
Title	Consulting Firm				
Mailing Address Line 1	Mailing Address Line 2				
Address Last Line -- City	State	ZIP+4			
Email	Phone	Ext	FAX		

SECTION F - COMPLIANCE REVIEW

Yes No Does the facility applicant have or require other environmental permits issued by the Department? If yes, list each permit and the compliance history of the permit applicant.

Permit Program: _____

Permit Number: _____

Brief Description: _____

Compliance History: _____

If the applicant is not in compliance with any environmental law or regulation, permit, order or schedule of compliance, or has failed and continues to fail to comply, or has shown a lack of ability or intent to comply with environmental laws or regulations or any Department permit, order or schedule of compliance, as indicated by past or continuing violations, provide a narrative description of how the applicant will achieve compliance including the appropriate milestones.

SECTION G - CERTIFICATION

A. Applicant Certification

I certify under penalty of law that this application and all related attachments were prepared by me or under my direction or supervision by qualified personnel to properly gather and evaluate the information submitted. Based on my own knowledge and on inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. The responsible official's signature also verifies that the activity is eligible to participate in the ESCP permit, and BMP's, PPC Plan, and other controls are being or will be, implemented to ensure that water quality standards and effluent limits are attained. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment or both for knowing violations.

Print Name and Title of Person Signing

Signature of Applicant

() _____
Telephone Number of Person Signing

Date of Application Signed

Please note below the name, address and telephone number of the individual that should be contacted in the event additional information is required.

Name: _____

Address: _____

Telephone: () _____ FAX: () _____

Notarization:

Commonwealth of Pennsylvania

County of _____

Sworn to and Subscribed to Before Me This

_____ Day of _____, 20_____

**NOTARY
SEAL**

My Commission Expires: _____

Notary Public