



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 version of the General Information Form (GIF) must be completed and returned with any program-specific application being submitted to the Department.

<p style="text-align: center;">Related ID#s (If Known)</p> <p>Client ID# _____ APS ID# _____</p> <p>Site ID# _____ Auth ID# _____</p> <p>Facility ID# _____</p>	<p><b>DEP USE ONLY</b></p> <p>Date Received &amp; General Notes</p>
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**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?           

2. Will this project involve an addition to an existing facility, system, or activity?           

*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**

**Project Consultant Title**      **Consulting Firm**

**Mailing Address Line 1**      **Mailing Address Line 2**

**Address Last Line – City**      **State**      **ZIP+4**

**Phone**      **Ext**      **FAX**      **Email Address**

Time Schedules	Project Milestone (Optional)

- 1. Is this application for an authorization type on the list of authorizations affected by the land use policy?**  Yes  No

**Note:** If "Yes", you must complete the following Land Use Information section, unless exempted by Questions 2 or 3 below.  
 If "No", skip Questions 2 & 3 below as well as the following Land Use Information section.  
 For referenced list, see Appendix A attached to the GIF Instructions.

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- 2. For an Air program authorization only. All other authorizations continue with Question 3 below. Will the permit authorize the construction of facilities outside an existing permitted area?**  Yes  No

**Note:** If "Yes", you must complete the following Land Use Information section unless exempted by Question 3 below.  
 If "No", skip Question 3 below as well as the following Land Use Information section.

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- 3. Have you attached or submitted municipal and county 'Early Opt Out' approval letters for the project?**  Yes  No

**Note:** If "Yes" to Question 3, skip the following Land Use Information section. This should only be checked "Yes" if applicant is choosing the early opt-out option. Required approval letters described in the GIF Checklist and Instructions should be attached.  
 If "No" to Question 3, continue with the following 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 a municipal comprehensive plan(s)?**  Yes  No
2. **Is there a county comprehensive plan(s)?**  Yes  No
3. **Is there a multi-municipal or multi-county comprehensive plan?**  Yes  No
4. **Is the proposed project consistent with these plans?** If no plan(s) exists, answer "Yes".  Yes  No
5. **Is there a municipal zoning ordinance(s)?**  Yes  No
6. **Is there a joint municipal zoning ordinance(s)?**  Yes  No
7. **Will the proposed project require a zoning approval (e.g., special exception, conditional approval, re-zoning, variance)?** If zoning approval has already been received, attach documentation.  Yes  No
8. **Are any zoning ordinances that are applicable to this project currently the subject of any type of legal proceeding?**  Yes  No
9. **Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program?**  Yes  No
10. **Will the project result in reclamation of abandoned mine lands through re-mining or as part of DEP's Reclaim PA Program?**  Yes  No
11. **Will the project be located in an agricultural security area or an area protected under an agricultural conservation easement?**  Yes  No
12. **Will the project be located in a Keystone Opportunity Zone or Enterprise Development Area?**  Yes  No
13. **Will the project be located in a Designated Growth Area as defined by the Municipalities Planning Code?**  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.

<b>1.0</b>	Is this a coal mining project? If "Yes", respond to 1.1-1.6. If "No", skip to Question 2.0. (DEP Use/48y1)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.1</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? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.2</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? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.3</b>	Will this coal mining project involve coal preparation/ processing activities in which thermal coal dryers or pneumatic coal cleaners will be used? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.4</b>	For this coal mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters? (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.5</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? (DEP Use/3140)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>1.6</b>	Will this coal mining project involve underground coal mining to be conducted within 500 feet of an oil or gas well? (DEP Use/4z41)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>2.0</b>	Is this a non-coal (industrial minerals) mining project? If "Yes", respond to 2.1-2.6. If "No", skip to Question 3.0. (DEP Use/48y1)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>2.1</b>	Will this non-coal (industrial minerals) mining project involve the crushing and screening of non-coal minerals other than sand and gravel? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>2.2</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? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>2.3</b>	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)? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>2.4</b>	For this non-coal (industrial minerals) mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters? (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>2.5</b>	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? (DEP Use/3140)	<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, site development for such activity, or the waste from such a well? If "Yes", respond to 3.1-3.3. If "No", skip to Question 4.0. (DEP Use/4z41)	<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)? (DEP Use/4z41)	<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> . (DEP Use/4z41)	<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? (DEP Use/4z41)	<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. (DEP Use/4x66)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<b>4.0.1 Total Disturbed Acreage</b>				
5.0	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 (including wetlands)? (DEP Use/4x66)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.0	Will the project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or separate storm water system? If "Yes", discuss in <i>Project Description</i> . (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7.0	Will the project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4x62)	<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. (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<b>8.0.1 Estimated Proposed Flow (gal/day)</b>				
9.0	Was sewage planning submitted and approved? If "Yes", attach the Act 537 approval letter unless the submitted application is actually requesting Act 537 approval (Approval required prior to 105/NPDES approval). (DEP Use/4x61)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<b>9.0.1 Is Act 537 Approval Letter attached?</b>	<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). (DEP Use/4X62)	<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. (DEP Use/3140)	<input type="checkbox"/>	Yes	<input 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. (DEP Use/3140)	<input type="checkbox"/>	Yes	<input 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.)? If "Yes", identify each type of emission followed by the amount of that emission. (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<b>13.0.1 Enter all types &amp; amounts of emissions; separate each set with semicolons.</b>				

<b>14.0</b>	<b>Is an on-site drinking water supply (well), other than individual house wells, proposed for your project?</b> If "Yes", indicate total number of people served and/or the total number of connections served, if applicable. Also, check all proposed sub-facilities. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input 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: Entry Point</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>14.0.9</b>	<b>Sub-Fac: Transmission Main</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>14.0.10</b>	<b>Sub-Fac: Storage Facility</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>15.0</b>	<b>Will your project involve purchasing water in bulk, excluding during the construction period?</b> If "Yes, name the provider. Also, indicate the daily number of employees or guests served. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>15.0.1</b>	<b>Provider's Name</b>	_____			
<b>15.0.2</b>	<b>Number of Employees/Guests</b>	_____			
<b>16.0</b>	<b>Is your project to be served by public water supply?</b> If "Yes", indicate name of supplier and attach letter from supplier stating that it will serve the project. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input 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 involve a new or increased drinking water withdrawal from a stream or other water body?</b> If "Yes", provide name of stream. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>17.0.1</b>	<b>Stream Name</b>	_____			
<b>18.0</b>	<b>Will the construction or operation of this project involve treatment, storage, reuse, or disposal of waste?</b> If "Yes", indicate what type (i.e., hazardous, municipal (including infectious & chemotherapeutic), residual) and the amount to be treated, stored, re-used or disposed. (DEP/Use4x32)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>18.0.1</b>	<b>Type &amp; Amount</b>	_____			
<b>19.0</b>	<b>Will your project involve the removal of coal, minerals, etc. as part of any earth disturbance activities?</b> (DEP Use/48y1)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>20.0</b>	<b>Does your project involve installation of a field constructed underground storage tank?</b> If "Yes", list each Substance & its Capacity. <b>Note:</b> Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>20.0.1</b>	<b>Enter all substances &amp; capacity of each; separate each set with semicolons.</b>	_____			
<b>21.0</b>	<b>Does your project involve installation of an aboveground storage tank greater than 21,000 gallons capacity at an existing facility?</b> If "Yes", list each Substance & its Capacity. <b>Note:</b> Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	<input type="checkbox"/>	Yes	<input 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 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?</b> If "Yes", list each Substance & its Capacity. <b>Note:</b> Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>22.0.1</b>	<b>Enter all substances &amp; capacity of each; separate each set with semicolons.</b>	_____			

**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. (DEP Use/2570)  Yes  No

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

**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