



Susquehanna River Basin Commission

a water management agency serving the Susquehanna River Watershed

PROJECT INFORMATION

1. Applicant Information:

Applicant Name or Registered Fictitious Name _____

Parent Corporation Name, if different _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Person _____ Title _____

Telephone (____) _____ Fax (____) _____ E-Mail _____

2. Preparer (Hydrogeologist/Engineer):

Name _____

Title _____

Company _____

Address _____

Phone (____) _____ Fax (____) _____

Signature _____

Date _____ E-Mail Address _____

3. Project Engineer:

Name _____

Title _____

Company _____

Address _____

Phone (____) _____ Fax (____) _____

Signature _____

Date _____ E-Mail Address _____

4. Location of proposed source(s), if applicable:

State _____ County _____
Municipality _____
Latitude _____ Longitude _____

5. State, county, or other regulatory/permitting contacts:

Agency _____ Department _____
Name _____ Position _____
Permit/Area of Concern: _____
Address _____

Phone _____ E-Mail _____

Agency _____ Department _____
Name _____ Position _____
Permit/Area of Concern: _____
Address _____

Phone _____ E-Mail _____

Agency _____ Department _____
Name _____ Position _____
Permit/Area of Concern: _____
Address _____

Phone _____ E-Mail _____