

MARYLAND DEPARTMENT OF THE ENVIRONMENT
 Water Management Administration - Water Rights Division
 1800 Washington Blvd. • Baltimore, Maryland 21230
 (410) 537-3591 • 1-800-633-6101 • http://www.mde.state.md

APPLICATION TO APPROPRIATE AND USE WATERS OF THE STATE

New Application Change in Existing Permit

Application Number _____

APPLICATION	
<u>Christopher Diez</u> (Owners Name)	<u>716-439-1273</u> (Daytime Phone Number)
<u>140 Professional Parkway, Suite A</u> (Mailing Address) (Street)	<u>Lockport New York 14094</u> (City) (State) (Zip Code)
<p align="center">WITHDRAWAL of GROUNDWATER</p> <p>Appropriate and use an annual average of _____ Gallons per day, and (Total Annual Use / 365) _____ gallons per day during (Highest Monthly Use / 30) _____ month of maximum use, from _____ wells, having a diameter of _____ inches, and a depth of _____ feet (Estimate) (Estimate)</p>	<p align="center">WITHDRAWAL of SURFACE WATER</p> <p>Appropriate and use an annual average of 7.6 Millions gal/yr 1 event gallons per day, and a maximum use (Total Annual Use / 365) of 1,000,000 gallons in any one day, from <u>Susquehanna River</u> (Name of Stream or Waterway) approximately 2 mi. upstream Conowingo Dam (Exact Location of Intake)</p>
<p>PROJECT LOCATION -Project is an 88+/- mile long Natural Gas Pipeline. <u>Various - see Figure 1.3-1 and Appendix 1A of FERC Filing of Resource Report 1.</u> (STREET ADDRESS - MAP DIRECTIONS - ADC PAGE/GRID - TAX MAP PAGE/GRID/PARCEL)</p> <p>County <u>Harford/Cecil</u> Subdivision or Town <u>Castleton/Conowingo</u> Phone Number <u>716-439-1273</u></p> <p>Name and Type of Business <u>Mid-Atlantic Express Pipeline, LLC</u></p> <p align="center">SUBDIVISIONS MUST INCLUDE PLAT - ALL PROJECTS MUST INCLUDE LOCATION MAP</p>	
<p>PURPOSE</p> <p>The water will be used for:</p> <p><input type="checkbox"/> Community Water Supply</p> <p><input type="checkbox"/> Non-Potable Supply (sanitary non Drinking Water)</p> <p><input type="checkbox"/> Potable Supply</p> <p><input type="checkbox"/> Cooling Water</p> <p><input type="checkbox"/> Irrigation</p> <p><input type="checkbox"/> Process Water</p> <p><input checked="" type="checkbox"/> Other, explain <u>Hydrotesting of Pipeline</u></p>	<p align="center">WASTEWATER TREATMENT AND DISPOSAL</p> <p><input type="checkbox"/> Public Sewer</p> <p><input type="checkbox"/> Groundwater</p> <p><input type="checkbox"/> Subsurface (Tilefield, Seepage Pit etc.)</p> <p><input type="checkbox"/> Spray Irrigation</p> <p><input type="checkbox"/> Other, Explain _____</p> <p><input type="checkbox"/> Surface Water _____ (Name of stream)</p> <p>DISCHARGE PERMIT # _____</p>
<p>SIGNATURE</p> <p><u>Christopher Diez</u> <u>Vice President</u> PRINT (NAME) (TITLE) (DATE)</p>	<p>THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND LOCATION MAP</p>
<p>REVIEW BY COUNTY ENVIRONMENTAL HEALTH OR DESIGNATED AGENCY</p> <p>THIS SECTION NOT TO BE COMPLETED BY APPLICANT</p>	
<p>IS PROJECT CONSISTANT WITH THE COUNTY WATER AND SEWER PLAN AND LOCAL PLANNING AND ZONING?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO, Explain _____</p> <p>Signature of County Representative _____ (Signature) (Title) (Date)</p>	