## REQUEST FOR APPROVAL OF IMPOUNDMENT EMBANKMENT ALTERNATIVE DESIGN STANDARDS

## (Unconventional Operations Only)

A. APPLICANT IDENTIFICATION						
Name		DEP ID/OGO No.				
Address		City		State	Zip Code	
Telephone No.		Email	Email			
Consultant (If any)		Contact Person	ntact Person Telephone No.			
Address		City		State	Zip Code	
B. IMPOUNDMENT IDENTIFICATION						
Impoundment Name		ESCGP No. (if a	ESCGP No. (if any)			
County		Municipality	Municipality			
Latitude (DD)		Longitude (DD)	Longitude (DD) 			
C. ALTERNATIVE DESIGN STANDARDS FOR IMPOUNDMENT EMBANKMENT DESIGN						
Describe and provide necessary design information and standards that will be proposed for the construction of impoundment embankments. Include information to demonstrate that the proposed alternative design standards will provide equivalent or superior protection than the design standards identified in 25 Pa. Code section 78a.59a(a).						
D. SIGNATURE OF APPLICANT						
Signature of Applicant	Print or Type Signer's Name and Title			Date	Date	
	DEP USE ONLY					
Approved Denied	☐ YES, see be	elow or attached.		Date		
DEP Representative Signature	□ NO					