


MARYLAND DEPARTMENT OF THE ENVIRONMENT

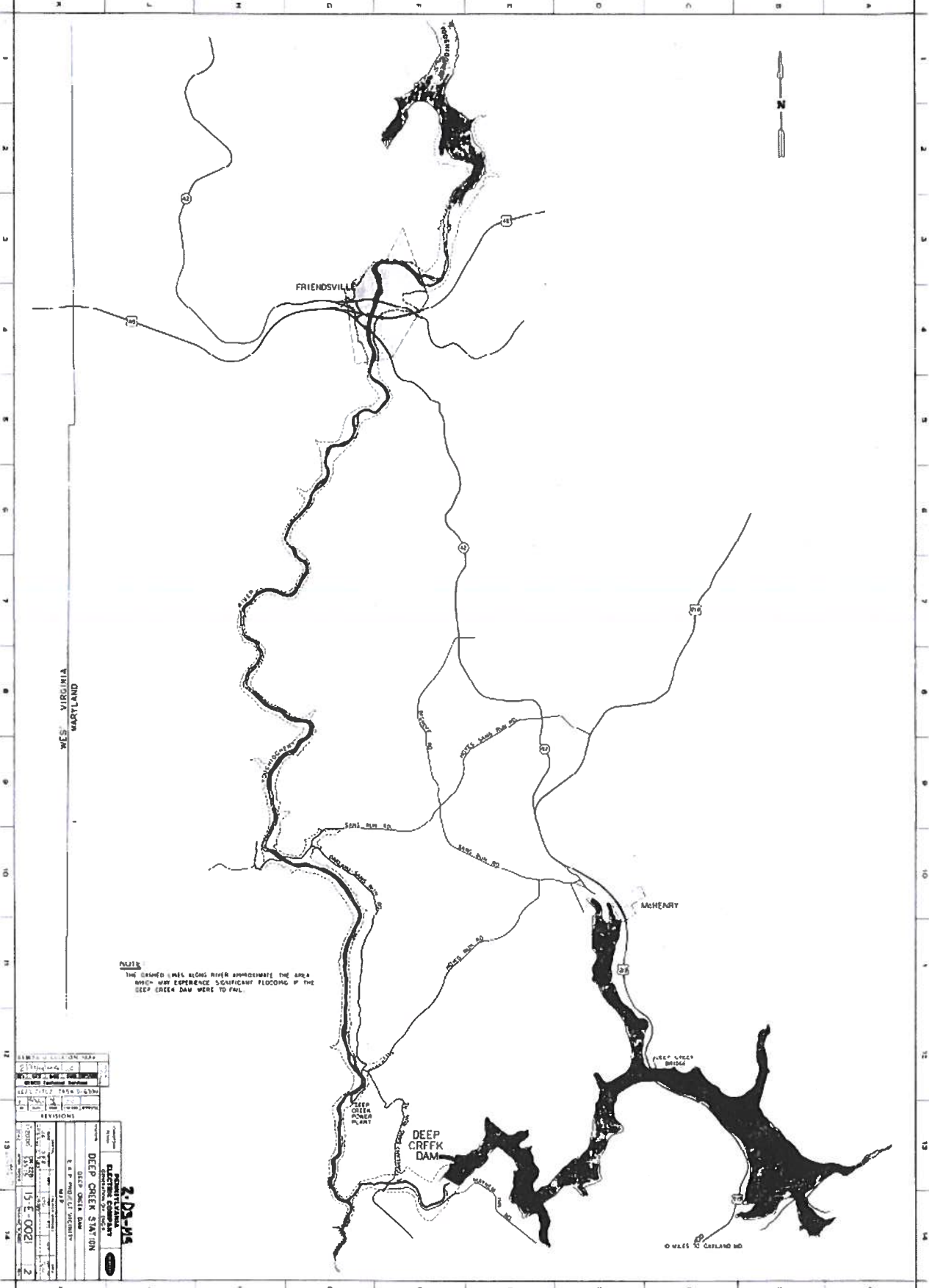
Water Management Administration – Water Supply Program
 1800 Washington Blvd, Baltimore MD 21230
 410-537-3590 * 1-800-633-6101 * fax 410-537-3157



APPLICATION TO APPROPRIATE AND USE WATERS OF THE STATE

Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification		Existing Permit Number: GA1992S009(08)	
APPLICANT INFORMATION (Person/Entity to whom permit will be issued)			
Business Name: Brookfield Power Piney & Deep Creek LLC		Contact Name: Katie Lester	
Mailing address: 126 Lamberton Lane			
City: Hawley		State: PA	Zip Code: 18428
Phone: 570-226-1371	Mobile: 857-205-1695	Fax: 570-226-8602	
Email: kathleen.lester@brookfieldrenewable.com			
The applicant is the: <input type="checkbox"/> Water User <input type="checkbox"/> Land Owner <input checked="" type="checkbox"/> Both			
Permit is to be issued to <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business			
LAND/PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)			
Name: Brookfield Power Piney & Deep Creek LLC			
Mailing Address: 14 River View Terrace			
City: Oakland		State: MD	Zip Code: 21550
Phone: 301-387-6616	Fax:	Email:	
CONSULTANT OR OTHER CONTACT INFORMATION			
Name:			
Mailing Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
REQUESTED APPROPRIATION OR USE			
Groundwater: Avg. daily use (total annual use/365): _____ gpd Avg. during month of maximum use (highest month/30): _____ gpd		Surface Water: Avg. daily use (total annual use/365): 128,000,000 gpd 1996 Maximum daily use (highest day of year) 420,000,000 gallons	
HOW WILL THE WATER BE USED? (Please check all that apply and describe)			
<input type="checkbox"/> Community Water Supply	SDWIS#:	Pop. served:	No. of connections:
<input type="checkbox"/> Potable Water Supply	No. of connections:		
<input type="checkbox"/> Commercial/Institutional	No. regular customers:	Sq. footage:	
	Type/Name of business:		
<input type="checkbox"/> Subdivision on individual wells	Total No. of lots (based on full bulldout):		
<input type="checkbox"/> Industrial/Mining	Describe uses:		
<input checked="" type="checkbox"/> Power Generation	Describe uses Hydroelectric Power Generation		
<input type="checkbox"/> Non-agricultural irrigation	No. of acres:		
<input type="checkbox"/> Other (describe)			
LOCATION OF WITHDRAWAL (Attach additional sheets if necessary)			
Street address and/or location description: 14 River View Terrace			
Town/City: Oakland		County: Garrett	
Tax map/grid/parcel/lot: Map 57, Parcel 176		Subdivision Name:	
Lat/Long: 39.51 Lat, -79.39 Long			
<i>All applications must include location map. Subdivision applications must include plat.</i>			

GROUNDWATER WATER SOURCE(S) (Attach additional sheets if necessary)				
Source (check all that apply) <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Groundwater Pond <input type="checkbox"/> Other (describe)				
Total no. of wells:		No. of new wells:	No. of existing wells (not abandoned):	
Well tag number	Well name/description	Depth (ft)	Diameter (inches)	
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
				<input type="checkbox"/> New <input type="checkbox"/> Existing
SURFACE WATER SOURCE				
Source (check all that apply) <input type="checkbox"/> Stream/River <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Pond <input type="checkbox"/> Bay				
Name of source: Deep Creek Lake			Location of Intake: Intake structure near dam	
Is the intake located on property owned by the applicant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Surface Water Pump Capacity (gallons per minute): 295,355			Maximum Run Time in a Day (hours): 24 hours	
ATTACH A MAP OF THE EXISTING AND PROPOSED WATER WITHDRAWAL LOCATIONS (WELLS, PONDS, STREAMS, ETC).				
WASTEWATER DISPOSAL (check one)				
<input type="checkbox"/> Public Sewer		<input type="checkbox"/> Groundwater Spray irrigation		
<input type="checkbox"/> Groundwater Subsurface (tilefield, seepage pit, etc)		<input type="checkbox"/> Groundwater Other (please explain):		
<input type="checkbox"/> Surface water	Name of stream:			
DISCHARGE PERMIT NUMBER:				
CONSERVATION EASEMENTS				
Is there a conservation easement on any part or all of this property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, who holds the easement?				
Have you notified the holder of the easement of your intent to use the water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
PRIVACY NOTIFICATION				
This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form and the information provided on this form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.				
SIGNATURE				
I certify and affirm under penalty of perjury that all of the information I am providing on this date is complete, true and accurate to the best of my knowledge. I am aware that submitting false, inaccurate or incomplete information may result in the denial or revocation of the permit, or be subject to any other sanctions allowed under Maryland Law.				
Signature of Applicant: 				
Name (please print): Thomas Uncher				
Title: Vice President - Atlantic Operations			Date: 10/11/18	
REVIEW BY COUNTY ENVIRONMENTAL HEALTH OR DESIGNATED AGENCY				
<i>This section is required only for NEW and MODIFIED applications - Not required for renewals</i>				
<i>This section not to be completed by applicant</i>				
Is project consistent with county water and sewer plan and local planning and zoning?				
<input type="checkbox"/> Yes <input type="checkbox"/> No (explain)				
Signature of county representative:				
Title:			Date:	



NOTE:
THE SHADDED AREA ALONG RIVER APPROXIMATE THE AREA WHICH MAY EXPERIENCE SIGNIFICANT FLOODING IF THE DEEP CREEK DAM WERE TO FAIL.

PROJECT TITLE		DEEP CREEK DAM	
PROJECT NUMBER		15-E-0021	
DATE		2	
DRAWN BY		E. P. HARRIS, JR.	
CHECKED BY		J. W. HARRIS	
APPROVED BY		J. W. HARRIS	
SCALE		AS SHOWN	
SHEET NUMBER		2	
TOTAL SHEETS		2	

2-05-64



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