

CHECKLIST FOR FILING AN APPLICATION FOR A GROUND AND/OR SURFACE WATER WITHDRAWAL PROJECT IN THE DELAWARE RIVER BASIN

**PLEASE COMPLETE CHECKLIST AND ENCLOSE WITH THE
APPLICATION.**

If you need assistance, call the Project Review Branch - (609) 883-9500, extension 216
or refer to the DRBC website at <http://www.nj.gov/drbc/>

Applicant Name (Legal Name): PennEast Pipeline Company, LLC

Existing Docket Number (if applicable): _____

Description of Project or Purpose for Applying to the Commission: Within the Delaware River Basin, PennEast Pipeline Company, LLC (PennEast) is proposing to install 98.9 miles of new 36-inch natural gas transmission pipeline and 2.1 miles of new 24-inch natural gas transmission pipeline as part of its proposed PennEast Pipeline Project to provide additional firm transport capacity. The proposed project includes surface water withdrawals and discharges to support hydrostatic testing of the pipeline, horizontal directional drilling, and dust control. Please see Project Narrative for additional information.

- Type of Application:
- Ground Water Withdrawal.....
 - Surface Water Withdrawal.....
 - Renewal of Existing Withdrawal:
 - With Increased Allocation
 - Without Increased Allocation
 - No Change in Service Area
 - Change in Service Area

<u>ITEM</u>	<u>ENCLOSED</u>	<u>N/A</u>
Withdrawal Application	<input checked="" type="checkbox"/>	
Applicant's Statement – Project Review Fee form	<input checked="" type="checkbox"/>	
Project Review Fee (Agencies, authorities or commissions of the signatories to the Compact are exempt from such project review fee. Political subdivisions of the signatory states, however, shall be subject to the fee.).....	<input checked="" type="checkbox"/>	
Copy of Well Registration Form.....	<input type="checkbox"/>	
Interbasin Transfer Analysis (Question 8d).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location Map (Question 12).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service Area Map (Question 13)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flood Plain Map (Question 14a).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drawing of Pump House Floor Flood-Proofed to 100-Year Flood Elevation (Question 14b)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chemical and Bacterial Analysis (Question 17).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wetland Certification (Question 18).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engineering Study for Remediation Projects (Question 19).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Application to State Agency or Copy of State Approval (Question 20)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Conservation Plan:		
Golf Course (Question 15).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Water Purveyor (Question 22).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drought Emergency Plan (Question 23).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Driller's Log (Question 25)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hydrologic Report (Question 26)	<input type="checkbox"/>	<input checked="" type="checkbox"/>



APPLICATION FOR A GROUND OR SURFACE WATER WITHDRAWAL PROJECT IN THE DELAWARE RIVER BASIN

SECTION A: APPLICANT INFORMATION

Pursuant to the Delaware River Basin Compact and the Rules of Practice and Procedure of the DRBC, application is hereby made for review of the project described below:

1. General Information: (please print or type)

Applicant Name (Legal Name: PennEast Pipeline Company, LLC

Parent Corporation Name, if different: UGI Energy Services, LLC

Contact Name and Title: Anthony C. Cox

Mailing Address: UGI Energy Services, LLD

One Meridian Blvd, Suite 2C01

City: Wyomissing State: PA Zip: 19610

Telephone: 610-568-1374 Fax:

Email Address: acox@ugies.com

Representing Attorney Name, if applicable: Bryn L. Michaels

Mailing Address: UGI Corporation

460 North Gulph Road

City: King of Prussia State: PA Zip: 19406

Telephone: 610-992-3750 Fax: 610-992-3258

Email Address: michaelsb@ugicorp.com

2. Affidavit:

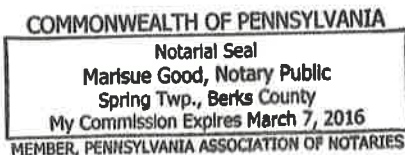
State or Commonwealth of PA, County of Berks. I, Anthony C. Cox being duly sworn, according to law, depose and say that I have the authority to make this application and that the plans, reports and documents submitted as part of the application are true and correct to the best of my knowledge and belief.

Sworn and subscribed to before me this 29th day of January, 2016.

Notary Public signature and title

Signature and Title of Responsible Official

1 Applications for withdrawal for agricultural irrigation are not required to be notarized.



3. Consultant Information:

Name of Engineer/Geologist: Wade Cope

Name of Firm: AECOM

Mailing Address: 4507 North Front Street

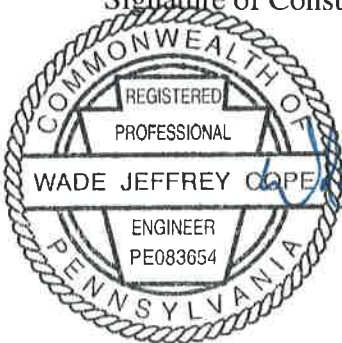
Suite 200

Harrisburg, PA 17110

Phone: 717-635-7901

Email Address: wade.cope@aecom.com

Signature of Consultant



Engineer/Geologist/Hydrogeologist Seal

SECTION B: PURPOSE OF WITHDRAWALS

4. Purpose of Withdrawals: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Bottled water operations | <input type="checkbox"/> Irrigation: | <input type="checkbox"/> Snowmaking |
| <input type="checkbox"/> Fire suppression | <input type="checkbox"/> Agricultural | <input checked="" type="checkbox"/> Other – <u>Hydrostatic Test</u> |
| <input type="checkbox"/> Fish hatchery | <input type="checkbox"/> Golf Course | <input checked="" type="checkbox"/> Other - <u>HDD</u> |
| <input type="checkbox"/> Ground water remediation | <input type="checkbox"/> Nursery | <input checked="" type="checkbox"/> Other – <u>Dust Control</u> |
| <input type="checkbox"/> Industrial cooling | <input type="checkbox"/> Other - _____ | |
| <input type="checkbox"/> Industrial process | <input type="checkbox"/> Public water supply | |

SECTION C: WATER DEMANDS

5. Present water use for all existing wells and surface water sources serving the system (Use zeros if not applicable. Please tab to or select another field before moving out of table to ensure proper calculation):

Water Use	Population Served ¹	Service Connections ¹	Self-Supplied Ground (mgd)		Self-Supplied Surface (mgd)		Interconnections (mgd)		Total (mgd)		Estimated Consumptive Use (%) ²
			Average	Maximum	Average	Maximum	Bulk Purchase	Bulk Sale	Average	Maximum	
Domestic Supply	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Commercial	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Industrial Process	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Industrial Cooling			0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Irrigation	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Other <u>Hydrostatic Test</u> (Specify)	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	See Narrative
Total Water Use	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.00%

6. Projected water use (10 years from application date) for all existing and new wells and surface water sources serving the system (Use zeros if not applicable. Please tab to or select another field before moving out of table to ensure proper calculation):

Water Use	Population Served ¹	Service Connections ¹	Self-Supplied Ground (mgd)		Self-Supplied Surface (mgd)		Interconnections (mgd)		Total (mgd)		Estimated Consumptive Use (%) ²
			Average	Maximum	Average	Maximum	Bulk Purchase	Bulk Sale	Average	Maximum	
Domestic Supply	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Commercial	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Industrial Process	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Industrial Cooling			0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Irrigation	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Other ____ (Specify)	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Total Water Use	0	0	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.00%

¹ Water purveyors only.

² Consumptive use is water withdrawn that is not returned to the surface or ground waters.

7. Requested allocation from existing and new well(s) and/or intake(s) (Use zeros if not applicable. Please tab to or select another field before moving out of table to ensure proper calculation):

	Well or Intake Designation	Requested Allocation (mg/30 days)		Well or Intake Designation	Requested Allocation (mg/30 days)
<input type="checkbox"/> Existing <input type="checkbox"/> New	See Narrative	0.000	<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000
<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000	<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000
<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000	<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000
<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000	<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000
<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000	<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000
<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000	<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000
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<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000	<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000
<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000	<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000
<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000	<input type="checkbox"/> Existing <input type="checkbox"/> New		0.000
Column Total		0.000	Column Total		0.000
Total – All Sources					0.000
If requested total allocation is less than “Total – All Sources” above, indicate total requested allocation					0.000

If any of the above wells are replacements, provide well designation and reason for replacement: N/A.

SECTION D: SOURCES

8a. Ground water withdrawal:

Existing wells:

Well Designation	Latitude/ Longitude (DMS)	Municipality and County	Geologic Formation	Date Drilled	Well Depth (feet) and Diameter (inches)	Casing – Minimum Diameter (inches) and Maximum Length (feet)	Pump Type and Capacity
N/A	° ' "				' "	" "	
	° ' "				' "	" "	
	° ' "				' "	" "	
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New wells:

Well Designation	Latitude/ Longitude (DMS)	Municipality and County	Geologic Formation	Date Drilled	Well Depth (feet) and Diameter (inches)	Casing – Minimum Diameter (inches) and Maximum Length (feet)	Well Screened Interval (ft. to ft.)	Well Yield (gpm)	Specify Capacity (gpm/feet)	Pump Type and Capacity	Intake Setting (feet)	Air Line Depth (feet)	Type of metering	Elevation (ft.) ¹
N/A	° ' "				' "	" "	to "				'	'		'
	° ' "				' "	" "	to "				'	'		'
	° ' "				' "	" "	to "				'	'		'
	° ' "				' "	" "	to "				'	'		'
	° ' "				' "	" "	to "				'	'		'
	° ' "				' "	" "	to "				'	'		'
	° ' "				' "	" "	to "				'	'		'
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	° ' "				' "	" "	to "				'	'		'
	° ' "				' "	" "	to "				'	'		'
	° ' "				' "	" "	to "				'	'		'
	° ' "				' "	" "	to "				'	'		'
	° ' "				' "	" "	to "				'	'		'

¹ Elevation of reference point, such as the top of well-casing, in ft. Include reference datum.

8b. Surface water withdrawal – rivers, streams, creeks, springs, and brooks:

Existing and New Intakes:

	Intake Designation	Latitude/ Longitude (DMS)	Municipality and County	Name of Surface Water Body	Q ₇₋₁₀ ¹	Nearest USGS Gauging Station	Drainage Area (square miles)	Date Intake Constructed	Pump Capacity ² (mgd)
<input type="checkbox"/> Existing <input type="checkbox"/> New	See Narrative	o ' '' o ' ''							
<input type="checkbox"/> Existing <input type="checkbox"/> New		o ' '' o ' ''							
<input type="checkbox"/> Existing <input type="checkbox"/> New		o ' '' o ' ''							
<input type="checkbox"/> Existing <input type="checkbox"/> New		o ' '' o ' ''							
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<input type="checkbox"/> Existing <input type="checkbox"/> New		o ' '' o ' ''							

¹ Q₇₋₁₀: A statistical estimate of the lowest average flow during a consecutive 7-day period with an average recurrence interval of 10 years.

² If gravity-fed, give maximum hydraulic capacity and label as such.

8c. Ponds, lakes, intake dams, reservoirs, and storage dams:

	Intake Designation	Latitude/ Longitude (DMS)	Municipality and County	Name of Surface Water Body	Date Intake Constructed	Pump Capacity ¹ (mgd)	Drainage Area (square miles)	Surface Area (acres)	Storage Capacity (mg)
<input type="checkbox"/> Existing <input type="checkbox"/> New	See Narrative	° ' "							
<input type="checkbox"/> Existing <input type="checkbox"/> New		° ' "							
<input type="checkbox"/> Existing <input type="checkbox"/> New		° ' "							
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<input type="checkbox"/> Existing <input type="checkbox"/> New		° ' "							
<input type="checkbox"/> Existing <input type="checkbox"/> New		° ' "							

¹ If gravity-fed, give maximum hydraulic capacity and label as such.

SECTION E: TREATMENT

Withdrawal applications for irrigation are not required to complete questions 9 and 10 of Section E.

9. Waste water disposal information:

a. Describe the method of treatment and disposal of wastewater from the project service area:

Conveyed to a treatment plant On-lot septic system Other: direct discharge

b. If wastewater is discharged to a treatment plant, please provide:

Treatment Plant 1:

Name or Owner: _____

NPDES Permit No.: _____

Location: _____

City: _____ State: _____ Zip: _____

Design Capacity: _____ mgd, Current Operating Load: _____ mgd.

Present treatment plant efficiency: _____%

Treatment Plant 2:

Name or Owner: _____

NPDES Permit No.: _____

Location: _____

City: _____ State: _____ Zip: _____

Design Capacity: _____ mgd, Current Operating Load: _____ mgd.

Present treatment plant efficiency: _____%

10. Water Treatment Plant Information: If raw water is conveyed to a water treatment plant prior to entering the distribution system, please provide the following information:

Name or Owner of Treatment Plant: N/A _____

NPDES Permit No. for Discharge of Backwash: _____

Location: _____

City: _____ State: _____ Zip: _____

Design Capacity: _____ mgd

11. Method of Treatment (all applicants): Will the water withdrawn receive any treatment prior to use? Yes No. If yes, describe: _____

SECTION F: ADDITIONAL INFORMATION

- 12. Attach map (preferably USGS Quadrangle) indicating location of new withdrawals and all existing project water sources, including existing wells, surface water intakes and interconnections. See Section 2, Appendix B
- 13. Water purveyors only: Enclose a map showing the areas served by the applicant and any new increase in service area as a result of the project. N/A
- 14. Neither the pump house, water treatment facilities, well, nor ancillary equipment may be located within the 100-year floodway.
 - a. Submit a site map showing the locations of the 100-year flood plain and floodway boundaries (as indicated by the Flood Insurance Study for the project municipality) in relation to the well(s), pump houses and water treatment facilities. If a Flood Insurance Study has not been completed for the project municipality, supply a copy of the Official Flood Hazard Boundary Map of the site and indicate the locations of the new well(s) and pump house. See Section 2, Appendix B
 - b. If the pump house is located in the flood fringe area, submit a drawing indicating that the pump house floor and all critical equipment are located at least one foot above the 100-year flood elevation, or flood-proofed to that elevation. N/A
- 15. If application regards irrigation of a golf course, the applicant should refer to the attached Water Conservation Guidelines for Golf Courses, and the applicant should submit an operating plan that addresses the components outlined therein. Additionally, the following information should be provided:

Total **property** acreage: N/A acres. Number of Holes: N/A

Acreage to be **irrigated** (Use zeros if not applicable. Please tab to or select another field before moving out of table to ensure proper calculation):

Fairways	0.00	acres
Tees	0.00	acres
Greens	0.00	acres
Other ¹	0.00	acres
Total	0.00	acres

Describe method² for estimating irrigated acreage: N/A

¹ Other includes any other irrigated area, for example rough surrounding fairways and greens.

² The acreage to be irrigated must be an accurately represented area, and should reflect only those areas that are contained within the irrigation system.

16. If the use is agricultural, provide a description of the type of crop and the Agricultural Extension Service water requirement recommendations:

Type of crop(s): N/A. N/A inches/year.

17. Water purveyors only: Include chemical and bacterial analysis of the water from the new well(s). N/A

18. Identify all wetlands in the vicinity of the project on a map. No wells or related structures are to be located within a wetland. (Wetlands are defined in the Water Code, Section 2.350.1.) **Each application shall include a signed statement that the project is or is not located within a wetland.** See Section 3.

19. If the withdrawal is part of a ground water remediation project, submit copies of any engineering studies on the nature and extent of the contamination and the new remediation program. N/A

20. **Prior or pending state or federal permits:**

Type of State Permit(s) Required for Project	Status ¹	Agency	Permit Issue Date	Permit Number
Certificate of Public Conveyance and Necessity	R	FERC		Docket No: PF15-1
See Section 2 (Project Narrative) Table 2.2-1 for complete listing of permit activities				

¹ If not applicable, list (NA); if approved, (A); if pending, (P); if required but not applied for, (R).

Attach a copy of the application submitted to the appropriate state agency (if applicable), or if wells/intakes have already been approved by the state, copy of permit for new wells/intakes from the appropriate state agency.

21. Indicate the System Storage: N/A mg, N/A days supply.

22. Water Purveyors Only:

- a. **All purveyors seeking DRBC approval for a new or expanded water withdrawal must include a water conservation plan, addressing the following components: N/A**

Source Metering (No. 86-12, amended by Resolution No. 2001-8)

- Meter type/method.
- Meter reading and recording procedure.
- Meter calibration, maintenance and replacement schedule.

Service Metering (No. 87-7 Revised, amended by Resolution No. 2001-8)

- Confirm all connections metered. If not, include schedule for 100% service metering.
- Meter types.
- Meter reading and recording procedure.
- Meter calibration, maintenance and replacement schedule.
- Water rate schedule (is billing based on metered usage?)
- *Purveyor program to provide residential customers with information on
 - savings available through water conservation;
 - different methods of residential water conservation; and
 - availability of water conservation devices.

Leak Detection & Repair (LD&R) (No. 87-6 Revised)

- Completed Plan or Executive Summary (Pennsylvania Applicants may substitute an LD&R Compliance Report)

Water Conservation Performance Standards (No. 88-2 Rev. No. 2)

- Status of municipal regulations in applicant's service area (Pennsylvania only).
- Adopted policy to certify or verify that "no new service connections shall be made to newly constructed premises with plumbing fixtures and fittings that do not comply with water conservation performance standards contained in Resolution No. 88-2 (Revision No. 2)."

Rationing Plan – Describe the water rationing plan, including triggers and implementation schedules. _____

*Recommended.

- b. **All purveyors withdrawing 1 million gallons per day or more shall also include the following: N/A**

Water Conservation (No. 81-9)

- Provision of information on the availability of water-conserving devices and procedures.
- A contingency plan including use priorities and emergency conservation measures to be instituted in the event of a drought or other water shortage condition.

Retail Water Pricing (No. 92-2) (This requirement is waived if the purveyor either documents it has adopted a water conserving pricing structure or is in the process of implementing such a pricing structure in accordance with a Commission schedule or a schedule established by the appropriate state public utilities commission.)

- An evaluation of the feasibility of implementing a water conservation pricing structure and billing program. The evaluation shall, at a minimum, consider:
 - The potential change in the quantity of water demanded for customer classes and their end uses of water during both peak and non-peak periods stemming from alternative water conservation pricing structures;
 - The potential revenue effects of the alternative pricing structures;
 - Any legal or institutional changes necessary or desirable to implement a water conservation pricing structure; and
 - How conservation pricing could be coordinated with other conservation programs and measures to reduce both average and peak water use.

23. Drought Emergency Plan: (All projects with a total system water withdrawal in excess of 1.0 mgd or any withdrawal project in the Southeastern Pennsylvania Ground Water Protected Area.) A drought emergency plan shall be prepared by each person, firm, corporation or other entity withdrawing ground water for purposes of municipal or public, industrial, or commercial water supply. Such plans shall be filed with this application. N/A
24. If application regards industrial water use, provide a breakdown of water use as percentages for cooling/non-contact cooling, process, sanitary, etc.: 29% Hydrotest; 20% Dust Control; 51% HDD
-
25. Driller's Log – Attach separate sheet describing the nature and depth interval of subsurface materials and water bearing zones encountered during drilling of each new well. N/A
26. For all new wells, submit a Final Hydrogeologic Report detailing extended pump test procedures, results and analyses. N/A

The Final Hydrogeologic Report must include a discussion of the field procedures, a listing of all the data gathered, an analysis of the data and an evaluation of the new diversion on the aquifer and all other ground water and surface water users. All relevant data including water level charts, tables, graphs, etc., for the pumped well, monitoring wells, and nearby perennial stream and/or wetlands/sensitive environment sites shall be submitted. The pumping test shall be of not less than 48 hours pumping duration and at an uninterrupted, constant withdrawal rate of not less than the proposed rate. Required information to be collected includes, but is not limited to the following:

- a. Date and time of all static, pumping, and recovery water level measurements.
- b. Record of pumping rate measured frequently throughout the test.
- c. Sufficient static water level measurements in all wells to determine any trends in water level changes prior to beginning of pumping.
- d. Pumping and recovery measurements in the pumped well and observation wells should be made.
- e. Wells, sufficient to determine all possible interference, shall be monitored.

- f. Records of precipitation, measurements or observations of nearby streamflows, and weather conditions throughout the test.
- g. Attach map identifying all nearby wells owned by others that could be affected by pumping of the new well(s) and complete the following questions for each well (copy pages as needed).

Name of Owner: _____ Phone: _____

Address: _____

Well No.: _____, Type of Use: _____

Date Drilled: _____, Depth Drilled: _____ feet, Diameter: _____ inches.

Casing Diameter: _____ inches, Casing Depth: _____ feet.

Well Screen: _____ Top of Screen: _____ feet, Bottom of Screen: _____ feet.

Pump Type: _____

Capacity: _____ gpm, Intake Setting: _____ feet.

Describe location of well on property: _____

Latitude: _____ Longitude: _____

 Name of Owner: _____ Phone: _____

Address: _____

Well No.: _____, Type of Use: _____

Date Drilled: _____, Depth Drilled: _____ feet, Diameter: _____ inches.

Casing Diameter: _____ inches, Casing Depth: _____ feet.

Well Screen: _____ Top of Screen: _____ feet, Bottom of Screen: _____ feet.

Pump Type: _____

Capacity: _____ gpm, Intake Setting: _____ feet.

Describe location of well on property: _____

Latitude: _____ Longitude: _____

Name of Owner: _____ Phone: _____

Address: _____

Well No.: _____, Type of Use: _____

Date Drilled: _____, Depth Drilled: _____ feet, Diameter: _____ inches.

Casing Diameter: _____ inches, Casing Depth: _____ feet.

Well Screen: _____ Top of Screen: _____ feet, Bottom of Screen: _____ feet.

Pump Type: _____

Capacity: _____ gpm, Intake Setting: _____ feet.

Describe location of well on property: _____

Latitude: _____ Longitude: _____

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Name of Owner: _____ Phone: _____

Address: _____

Well No.: _____, Type of Use: _____

Date Drilled: _____, Depth Drilled: _____ feet, Diameter: _____ inches.

Casing Diameter: _____ inches, Casing Depth: _____ feet.

Well Screen: _____ Top of Screen: _____ feet, Bottom of Screen: _____ feet.

Pump Type: _____

Capacity: _____ gpm, Intake Setting: _____ feet.

Describe location of well on property: _____

Latitude: _____ Longitude: _____

Name of Owner: _____ Phone: _____

Address: _____

Well No.: _____, Type of Use: _____

Date Drilled: _____, Depth Drilled: _____ feet, Diameter: _____ inches.

Casing Diameter: _____ inches, Casing Depth: _____ feet.

Well Screen: _____ Top of Screen: _____ feet, Bottom of Screen: _____ feet.

Pump Type: _____

Capacity: _____ gpm, Intake Setting: _____ feet.

Describe location of well on property: _____

Latitude: _____ Longitude: _____

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Name of Owner: _____ Phone: _____

Address: _____

Well No.: _____, Type of Use: _____

Date Drilled: _____, Depth Drilled: _____ feet, Diameter: _____ inches.

Casing Diameter: _____ inches, Casing Depth: _____ feet.

Well Screen: _____ Top of Screen: _____ feet, Bottom of Screen: _____ feet.

Pump Type: _____

Capacity: _____ gpm, Intake Setting: _____ feet.

Describe location of well on property: _____

Latitude: _____ Longitude: _____