



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

### APPLICATION FOR QUICK RESPONSE REPAIR

**SECTION I**

**To be completed by task applicant:**

Date:

Name of Applicant Organization:

Contact Person:

Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone:

Fax:

E-Mail:

Original Project Title \_\_\_\_\_

Contract/Agreement Number(s) (if any) \_\_\_\_\_

Project Location (township, county, watershed) **Attach copy of topographic map showing site location**

Funding source(s) \_\_\_\_\_

Year(s) funded \_\_\_\_\_

Description of original project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe nature of problem and proposed repair:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Justification for need for Quick Response funding (failure to act quickly will likely result in serious environmental consequences or will contribute to further damage of a project):

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Does an operations, maintenance and repair plan exist?  Yes  No

Proposed Contractor Name:	Contractor Address: _____ _____
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Contractor Telephone:	Contractor Fax:	Contractor E-Mail:
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Contractor FEIN #/SAP Vendor # :	Contractor's Cost Estimate ( <b>attach copy</b> ): \$
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Landowner permission required. **Attach copy of signed landowner agreement**

Are permits required for this repair? <input type="checkbox"/> Yes <input type="checkbox"/> No	Matching Funds
If yes, have they been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Contact person signature _____	Date _____
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**FORWARD THIS DOCUMENT AND ATTACHMENTS TO APPROPRIATE DEP REGIONAL WATERSHED MANAGER OR DISTRICT MINING WATERSHED MANAGER. (SEE ATTACHED)**

**SECTION II**  
**To be completed by DEP Regional Watershed Manager or District Mining Watershed Manager:**

Is **project** eligible for GGII funding? (applicant eligibility should not be evaluated)  Yes  No

Do you agree this project is in need of quick response funds? (failure to act quickly will likely result in serious environmental consequences or will contribute to further damage of a project)  Yes  No

CRP/e-FACTS check performed and acceptable for proposed contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated costs appear reasonable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If permits are required, have they been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Recommended for funding as submitted? (If yes on all of the above)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$		
(If you feel this project is fundable with modifications, check no and advise applicant to submit a new application.)		
Comments: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<b>FORWARD THIS DOCUMENT AND ATTACHMENTS TO DEP REGIONAL WATERSHED PROGRAM MANAGER OR DISTRICT MINING MANAGER FOR AUTHORIZATION</b>		
<b><u>SECTION III</u></b>		
<b>To be completed by DEP Regional Watershed Manager, Mining Watershed Manager or District Mining Manager</b>		
▪ Do you authorize this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, provide comments:          		
Name (print):	Telephone:	E-mail:
Signature:	Date:	



## AUTHORIZATION FOR QUICK RESPONSE REPAIR AND REIMBURSEMENT FORM

<b><u>SECTION I</u></b>		Grant No. _____
<b><u>To be completed by WPCAMR:</u></b>		Funding _____
Application Number:	Name of Applicant Organization:	
Contact Person:	Address: _____ _____	
Telephone:	Fax:	E-Mail:
You are authorized to proceed with quick response repair as submitted in your application dated _____ in the amount of \$ _____ All work must be completed by: _____		
Signature:	Date:	

**FORWARD THIS DOCUMENT TO THE APPLICANT**

**SECTION II**

**Instructions to Applicant:**

**You must retain this form in order to receive reimbursement.**

Prior to commencing construction, notify your DEP Regional Watershed Manager or District Mining Watershed Manager.

Upon completion of construction, contact your DEP Regional Watershed Manager or District Mining Watershed Manager to arrange a site inspection. **This is a mandatory requirement for reimbursement.**

This form and contractor invoices must be provided to the DEP Regional Watershed Manager or District Mining Watershed Manager at site inspection.

Reimbursement will only occur if repair is satisfactorily completed in accordance with the Application as determined by the DEP Regional Watershed Manager or District Mining Watershed Manager at site inspection.

I hereby assign payment rights to: \_\_\_\_\_

Amount of Reimbursement Requested: \$ \_\_\_\_\_ Date Work Completed \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III**

**To be completed by DEP Regional Watershed Manager or District Mining Watershed Manager:**

Site visit conducted?       Yes       No

Authorize payment?       Yes       No

If no, please provide comments and notify Jon Smoyer at 814-472-1884.

DEP Regional Watershed Manager/District Mining Watershed Manager:

Name (print):	Telephone:	E-mail:
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**EMAIL THE COMPLETED APPLICATION FOR QUICK RESPONSE AND REIMBURSEMENT FORM, ALONG WITH CONTRACTOR INVOICE, TO:**

Andrew P. McAllister Email: andy@wpcamr

WPCAMR  
P.O. Box 295  
Luxor, PA 15662

**SECTION IV**

**Instructions for WPCAMR:**

If payment is authorized by DEP Regional Watershed Manager or District Mining Watershed Manager, proceed with payment to applicant and submit necessary documentation to Jon Smoyer for reimbursement.

If payment is not authorized, email all relevant documentation to:

Jon Smoyer Email: Josmoyer@pa.gov  
Bureau of Abandoned Mine Reclamation  
Cambria District Office  
286 Industrial Park Road  
Ebensburg, PA 15931-4119