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JOINT FEDERAL/STATE APPLICATION FOR THE ALTERATION OF ANY FLOODPLAIN, WATERWAY, TIDAL OR NONTIDAL WETLAND IN MARYLAND

FOR AGENCY USE ONLY

Application Number _____ Date Determined Complete _____
 Date Received by State _____ Date(s) Returned _____
 Date Received by Corps _____
 Type of State permit needed _____ Date of Field Review _____
 Type of Corps permit needed _____ Agency Performed Field Review _____

- Please submit 1 original and 6 copies of this form, required maps and plans to the Wetlands and Waterways Program as noted on the last page of this form.
- Any application that is not completed in full or is accompanied by poor quality drawings may be considered incomplete and result in a time delay to the applicant.

PAID \$750

Please check one of the following:
 RESUBMITTAL: _____ APPLICATION AMENDMENT: _____ MODIFICATION TO AN EXISTING PERMIT: _____
 JURISDICTIONAL DETERMINATION ONLY: _____ APPLYING FOR AUTHORIZATION
 PREVIOUSLY ASSIGNED NUMBER (RESUBMITTALS AND AMENDMENTS) _____

DATE June 8, 2019

1. APPLICANT INFORMATION: AI: 165304 201961268

APPLICANT NAME:

A. Name: Mr. Jim Lighthizer ABINGDON BUSINESS PARK B. Daytime Telephone: (410) 787-8799
 C. Company: CREG/Westport I, LLC 108382 D. Email Address: jlighthizer@cregllc.com
 E. Address: 1343 Ashton Road, Suite B
 F. City: Hanover State: Maryland Zip: 21076

AGENT/ENGINEER INFORMATION:

A. Name: Ms. Amy DiPietro 101558 B. Daytime Telephone: (410) 515-9000
 C. Company: Morris & Ritchie Associates, Inc. 12880 D. Email Address: adipietro@mragta.com
 E. Address: 3445-A Box Hill Corporate Center Drive
 F. City: Abingdon State: Maryland Zip: 21009

ENVIRONMENTAL CONSULTANT:

A. Name: Mr. Matthew Jennette 100783 B. Daytime Telephone: (410) 515-9446
 C. Company: Geo-Technology Associates, Inc. 10783 D. Email Address: mjennette@gtaeng.com
 E. Address: 3445-A Box Hill Corporate Center Drive
 F. City: Abingdon State: Maryland Zip: 21009

CONTRACTOR (If known): Unknown

A. Name: _____ B. Daytime Telephone: _____
 C. Company: _____ D. Email Address: _____
 E. Address: _____
 F. City: _____ State: _____ Zip: _____

RECEIVED

JUL 18 2019

WATER AND SCIENCE ADMIN. REGULATORY SERVICES COORD.

PRINCIPAL CONTACT:

A. Name: Mr. Matthew Jennette (see above) B. Daytime Telephone: _____
 C. Company: _____ D. Email Address: _____
 E. Address: _____
 F. City: _____ State: _____ Zip: _____

PCA 13910
OBJ 4142

MHT COE 7/24

d. PROJECT PURPOSE: Give brief written description of the project purpose:

The Port of Baltimore provides the State of Maryland with a prized economic engine which allows many companies routes of distribution from the Mid-Atlantic Coast. Many of these companies require large-scale warehouse facilities to organize, store, and distribute their products. The proposed Abingdon Business Park provides a location close to the Port of Baltimore that meets the requirements for regional distribution facilities and has relatively easy access to John F. Kennedy Memorial Highway (Interstate-95).

3. PROJECT LOCATION:

a. LOCATION INFORMATION:

- A. County: Harford B. City: Abingdon C. Name of waterway or closest waterway Haha Branch
- D. State stream use class designation: Class I: Water Contact Recreation, and Protection of Nontidal Warmwater Aquatic Life
- E. Site Address or Location: East of Van Bibber Rd., west of Abingdon Rd., and south of Interstate 95 in the Abingdon area of Harford County, MD.
- F. Directions from nearest intersection of two state roads: From Interstate 95, proceed south on MD-24 for approximately 0.3 miles. Turn east onto Edgewood Rd. and proceed approximately 0.15 miles to the intersection with Van Bibber Rd., and the project site is to the east.

G. Is your project located in the Chesapeake Bay Critical Area (generally within 1,000 feet of tidal waters or tidal wetlands)?:
Yes X No

H. County Book Map Coordinates (Alexandria Drafting Co.); Excluding Garrett and Somerset Counties:

Map: _____ Letter: _____ Number: _____ (to the nearest tenth)

- I. FEMA Floodplain Map Panel Number (if known): 24025C0258E
- J. 1. 39.45889 latitude 2. -76.29321 longitude

b. ACTIVITY LOCATION: Check one or more of the following as appropriate for the type of wetland/waterway where you are proposing an activity:

- | | | |
|--|---|---|
| A. <input type="checkbox"/> Tidal Waters | F. <input type="checkbox"/> 100-foot buffer (nontidal wetland of special State concern) | H. <input checked="" type="checkbox"/> 100-year floodplain (outside stream channel) |
| B. <input type="checkbox"/> Tidal Wetlands | G. <input checked="" type="checkbox"/> In stream channel | I. <input type="checkbox"/> River, lake, pond |
| C. <input type="checkbox"/> Special Aquatic Site (e.g., mudflat, vegetated shallows) | 1. <input type="checkbox"/> Tidal 2. <input checked="" type="checkbox"/> Nontidal | J. <input type="checkbox"/> Other (Explain) |
| D. <input checked="" type="checkbox"/> Nontidal Wetland | | _____ |
| E. <input checked="" type="checkbox"/> 25-foot buffer (nontidal wetlands only) | | _____ |

c. LAND USE:

- A. Current Use of Parcel Is: 1. Agriculture: Has SCS designated project site as a prior converted cropland? Yes No
- 2. Wooded 3. Marsh/Swamp 4. Developed
- 5. Other _____

- B. Present Zoning Is: 1. Residential 2. Commercial/Industrial 3. Agriculture 4. Marina 5. Other

- C. Project complies with current zoning Yes No

THE FOLLOWING INFORMATION IS REQUIRED BY THE STATE (blocks 4-7):

4. REDUCTION OF IMPACTS: Explain measures taken or considered to avoid or minimize wetland losses in F. Also check Items A-E if any of these apply to your project.

- A. Reduced the area of disturbance
- B. Reduced size/scope of project
- C. Relocated structures
- D. Redesigned project
- E. Other Please see attached Avoidance & Minimization Analysis

F. Explanation Please see attached Avoidance & Minimization Analysis

Describe reasons why impacts were not avoided or reduced in Q. Also check Items G-P that apply to your project.

- | | | |
|---|--|---|
| G. <input type="checkbox"/> Cost | K. <input type="checkbox"/> Parcel size | N. <input type="checkbox"/> Safety/public welfare issue |
| H. <input checked="" type="checkbox"/> Extensive wetlands on site | L. <input type="checkbox"/> Other regulatory requirement | O. <input type="checkbox"/> Inadequate zoning |
| I. <input type="checkbox"/> Engineering/design constraints | M. <input checked="" type="checkbox"/> Failure to accomplish project purpose | P. <input type="checkbox"/> Other _____ |
| J. <input checked="" type="checkbox"/> Other natural features | | _____ |

Q. Description Please see attached Avoidance & Minimization Analysis

5. **LETTER OF EXEMPTION:** If you are applying for a letter of exemption for activities in nontidal wetlands and/or their buffers, explain why the project qualifies:

- | | |
|--|--|
| A. <input checked="" type="checkbox"/> No significant plant or wildlife value and wetland impact | B. <input type="checkbox"/> Repair existing structure/fill |
| 1. <input type="checkbox"/> Less than 5,000 square feet | C. <input type="checkbox"/> Mitigation Project |
| 2. <input checked="" type="checkbox"/> In an isolated nontidal wetland less than 1 acre in size | D. <input type="checkbox"/> Utility Line |
| E. Other (explain) _____ | 1. <input type="checkbox"/> Overhead |
| | 2. <input type="checkbox"/> Underground |

F. Check here if you are **not** applying for a letter of exemption.

IF YOU ARE APPLYING FOR A LETTER OF EXEMPTION, PROCEED TO BLOCK 10

6. **ALTERNATIVE SITE ANALYSIS:** Explain why other sites that were considered for this project were rejected in M. Also check any items in D-L if they apply to your project. (If you are applying for a letter of exemption, do not complete this block.)

- | | | |
|------------------------------------|---|---|
| A. <input type="checkbox"/> 1 site | B. <input type="checkbox"/> 2 - 4 sites | C. <input type="checkbox"/> 5 or more sites |
|------------------------------------|---|---|

Alternative sites were rejected/not considered for the following reason(s):

- | | | |
|--|--|---|
| D. <input type="checkbox"/> Cost | H. <input type="checkbox"/> Greater wetlands impact | L. <input type="checkbox"/> Other _____ |
| E. <input checked="" type="checkbox"/> Lack of availability | I. <input type="checkbox"/> Water dependency | _____ |
| F. <input type="checkbox"/> Failure to meet project purpose | J. <input type="checkbox"/> Inadequate zoning | _____ |
| G. <input checked="" type="checkbox"/> Located outside general/market area | K. <input type="checkbox"/> Engineering/design constraints | _____ |

M. Explanation: There is a lack of 300+ acre sites in the Abingdon/Edgewood region, as well as properties which can support warehouse facilities exceeding 1 million square feet, and are in close proximity to Interstate 95.

7. **PUBLIC NEED:** Describe the public need or benefits that the project will provide in F. Also check Items in A-E that apply to your project. (If you are applying for a letter of exemption, do not complete this block.)

- | | | |
|---|--|---|
| A. <input checked="" type="checkbox"/> Economic | C. <input type="checkbox"/> Health/welfare | E. <input type="checkbox"/> Other _____ |
| B. <input type="checkbox"/> Safety | D. <input type="checkbox"/> Does not provide public benefits | _____ |

F. Description The proposed business park will provide jobs to Harford County, including retail, commercial, and warehousing jobs.

8. MITIGATION PLAN: Please provide the following information. (If you are applying for a letter of exemption, do not complete this block.)

a. Description of a monetary compensation proposal, if applicable (for state requirements only). Attach another sheet if necessary. If wetland mitigation is required, the Applicant proposes to satisfy this requirement through payment into the Nontidal Wetland Compensation Fund.

b. Give a brief description of the proposed mitigation project. The Applicant proposes to satisfy stream mitigation requirements on-site by restoring degraded segments of Haha Branch. A mitigation plan will be provided under separate cover.

c. Describe why you selected your proposed mitigation site, including what other areas were considered and why they were rejected. On-site mitigation is the preferred option to support functions lost within the same watershed. Numerous stream channels were evaluated on the subject site and Haha Branch were observed to be degraded and in need of restoration, providing Opportunity for ecological uplift.

d. Describe how the mitigation site will be protected in the future. The stream mitigation area will be protected through the recordation of a conservation easement, declaration of restrictive covenants, or another long-term protection mechanism.

9. HAVE ADJACENT PROPERTY OWNERS BEEN NOTIFIED? A. Yes B. No

Provide names and mailing addresses below (Use separate sheet, if necessary). (If you are applying for a letter of exemption, do not complete this block.)

a. _____	b. _____	c. _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. OTHER APPROVALS NEEDED/GRANTED:

A. Agency	B. Date Sought	C. Decision		D. Decision Date	E. Other Status
		1. Granted	2. Denied		
<u>MDE NOI</u>	<u>pending</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

11. HISTORIC PROPERTIES: Is your project located in the vicinity of historic properties? (For example: structures over 50 years old, archeological sites, shell mounds, Indian or Colonial artifacts). Provide any supplemental information in Section 12.

A. Yes B. No C. Unknown

12. ADDITIONAL INFORMATION: Use this space for detailed responses to any of the previous items. Attach another sheet if necessary:

A copy of the MHT Phase I Archeological Survey concurrence letter is enclosed.

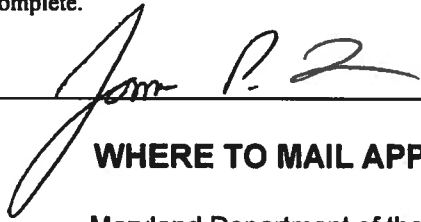
Check box if data is enclosed for any one or more of the following (see checklist for required information):

- | | | |
|--|---|--|
| A. <input type="checkbox"/> Soil borings | D. <input type="checkbox"/> Field surveys | G. <input checked="" type="checkbox"/> Site plan |
| B. <input checked="" type="checkbox"/> Wetland data sheets | E. <input type="checkbox"/> Alternate site analysis | H. <input checked="" type="checkbox"/> Avoidance and minimization analysis |
| C. <input checked="" type="checkbox"/> Photographs | F. <input type="checkbox"/> Market analysis | |
- I. Other (explain) Please see attached Avoidance & Minimization Analysis
-
-

CERTIFICATION:

I hereby designate and authorize the agent named above to act on my behalf in the processing of this application and to furnish any information that is requested. I certify that the information on this form and on the attached plans and specifications is true and accurate to the best of my knowledge and belief. I understand that any of the agencies involved in authorizing the proposed works may request information in addition to that set forth herein as may be deemed appropriate in considering this proposal. I certify that all Waters of the United States have been identified and delineated on site, and that all jurisdictional wetlands have been delineated in accordance with the Corps of Engineers Wetlands Delineation Manual (Wetlands Research Program Technical Report Y-87-1). I grant permission to the agencies responsible for authorization of this work, or their duly authorized representative, to enter the project site for inspection purposes during working hours. I will abide by the conditions of the permit or license if issued and will not begin work without the appropriate authorization. I also certify that the proposed works are consistent with Maryland's Coastal Zone Management Plan. All information, including permit applications and related materials, submitted to MDE may be subject to public disclosure consistent with the Maryland Public Information Act, §4-101 *et seq.*, General Provisions Article of the Maryland Code and the Freedom of Information Act, 5 USC Section 552 *et seq.* Pursuant to Clean Water Act Section 404(o), 33 USC 1344 (o), permit applications and permits will be available to the public. I understand that I may request that additional required information be considered confidential under applicable laws. I further understand that failure of the landowner to sign the application will result in the application being deemed incomplete.

LANDOWNER MUST SIGN: _____



DATE: 12/16/18

WHERE TO MAIL APPLICATION

Maryland Department of the Environment
Water and Science Administration
Regulatory Services Coordination Office
1800 Washington Boulevard, Suite 430
Baltimore, Maryland 21230
Telephone: (410) 537-3762
1-800-633-6101

BEFORE YOU MAIL... DON'T FORGET...

- **SIGN AND DATE THE APPLICATION. THE LANDOWNER MUST SIGN.**
- **SEVEN (7) COPIES OF ALL DOCUMENTS (APPLICATION, PLANS, MAPS, REPORTS, ETC.) MUST BE RECEIVED TO BEGIN OUR REVIEW.**
- **INCLUDE SEVEN (7) COPIES OF A VICINITY MAP (LOCATION MAP) WITH THE PROJECT SITE PINPOINTED.**
- **SEND AN APPLICATION FEE OF \$750 ALONG WITH A COPY OF THE FIRST PAGE OF THE APPLICATION TO MARYLAND DEPARTMENT OF THE ENVIRONMENT, P.O. BOX 2057, BALTIMORE, MD 21230-2057. PLEASE REFER TO OUR WEBSITE <http://www.mde.maryland.gov> FOR FURTHER INSTRUCTIONS.**