

Application # _____

York County Conservation District Application for HELP-Streams Cost Share Program

| | |
|------------------------|--|
| Cooperator Number: | |
| Landowner Name: | |
| Address: | |
| Phone Number: | |
| Municipality: | |
| Watershed/Code: | |
| Stream Name: | |
| General Permit Status: | |

Problem to be corrected:

| Practice Code and Name | Amount | | |
|---|--------|------------|---------------|
| | Units | Total (\$) | Cost Share \$ |
| GP-3-2 A&B Slope Protection (Stone) | | | |
| GP-3-3 A&B Slope Protection (Rock) | | | |
| GP-3-4 Gabion Mattress | | | |
| GP-3-5 Walls (gabion & concrete) | | | |
| GP-3-6 Walls (dry & mortared stone) | | | |
| GP-3-7 Cribbing (metal, concrete, timber) | | | |
| GP-3-8 Gabion Channel Deflector | | | |
| GP-3-9 Rock Channel Deflector | | | |
| GP-3-10 Log Frame Channel Deflector | | | |
| GP-3-11 Live Cribwall | | | |
| GP-3-12 Vegetative Stab (fascines) | | | |
| GP-3-13 Vegetative Stab (branch packing) | | | |
| GP-3-14 Gravel Bar Removal | | | |
| Totals | | | |

I agree to work with the York County Conservation District and the Natural Resources Conservation Service to plan and implement the necessary best management practice(s) to correct the problem. The practice(s) will be planned and installed to PADEP's General Permit Technical Guide Standards and Specifications.

Signature _____
Date



District use only.

The York County Conservation District has reviewed the request and has made the following determination: Eligible Not Eligible.

Signature _____
Title _____
Date