

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 Protection 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.

Please check one of the following:

RESUBMITTAL: _____ APPLICATION AMENDMENT: _____ MODIFICATION TO AN EXISTING PERMIT: _____
JURISDICTIONAL DETERMINATION ONLY: _____ APPLYING FOR AUTHORIZATION X
PREVIOUSLY ASSIGNED NUMBER (RESUBMITTALS AND AMENDMENTS) _____

DATE 9-22-2025

1. APPLICANT INFORMATION:

APPLICANT NAME:

A. Name:	<u>Sam Hunter</u>	B. Daytime Telephone:	<u>301-831-6400 Ext. 119</u>
C. Company:	<u>Lake Linganore Association</u>	D. Email Address:	<u>shunter@lakelinganore.org</u>
E. Address:	<u>6718 Coldstream Drive</u>		
F. City:	<u>New Market</u>	State:	<u>MD</u> Zip: <u>21774</u>

AGENT/ENGINEER INFORMATION:

A. Name:	<u>Keith Moore</u>	B. Daytime Telephone:	<u>301-791-3650</u>
C. Company:	<u>Frederick, Seibert & Associates Inc</u>	D. Email Address:	<u>KMoore@fsa-inc.com</u>
E. Address:	<u>128 South Potomac Street</u>		
F. City:	<u>Hagerstown</u>	State:	<u>MD</u> Zip: <u>21740</u>

ENVIRONMENTAL CONSULTANT:

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

CONTRACTOR (If known): _____

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

PRINCIPAL CONTACT:

A. Name:	<u>Thomas Hafner</u>	B. Daytime Telephone:	<u>301-791-3650</u>
C. Company:	<u>Frederick, Seibert & Associates Inc</u>	D. Email Address:	<u>THafner@fsa-inc.com</u>
E. Address:	<u>128 South Potomac Street</u>		
F. City:	<u>Hagerstown</u>	State:	<u>MD</u> Zip: <u>21740</u>

2. PROJECT DESCRIPTION

a. GIVE WRITTEN DESCRIPTION OF PROJECT:

To remove existing pond outlet structure and implement stream restoration practices.

Has any portion of the project been completed? ☐ Yes ☒ No If Yes, explain:

Is this a residential subdivision or commercial development? ☐ Yes ☒ No

If yes, total number of acres on property _____ acres

Will there be temporary or permanent tree clearing occurring on the overall project site (i.e., uplands and wetlands), including but not limited to, tree clearing for site development, road/highways, utilities, mining, stormwater management, restoration, energy production and transmission, etc.)? Yes ☒ No ☐

If yes, total estimated acres of tree clearing for the overall project site: 0.11 acres

Does the application propose temporary fill impacting wetlands or waterways that will remain in place for more than one year? ☐ Yes ☒ No

b. ACTIVITY: Check all activities that are proposed in the wetland, waterway, floodplain, and nontidal wetland buffer as appropriate.

- | | | |
|----------------------------------------|----------------------------------------------------|----------------------------------------------------|
| A. <input type="checkbox"/> filling | D. <input type="checkbox"/> flooding or impounding | F. <input checked="" type="checkbox"/> grading |
| B. <input type="checkbox"/> dredging | E. <input type="checkbox"/> water | G. <input type="checkbox"/> removing or destroying |
| C. <input type="checkbox"/> excavating | E. <input type="checkbox"/> draining | H. <input type="checkbox"/> building structures |

Area for item(s) checked: Wetland 12,182 (sq. ft.) Buffer (Nontidal Wetland Only) 3,722 (sq. ft.)
Expanded Buffer (Nontidal Wetland Only) _____ (sq. ft.)

Area of stream impact 3165 (sq. ft.)

Length of stream affected 633 (linear feet)

c. TYPE OF PROJECTS: Project Dimensions

For each activity, give overall length and width (in feet), in columns 1 and 2. For multiple activities, give total area of disturbance in square feet in column 3. For activities in tidal waters, give maximum distance channelward (in feet) in column 4. For dam or small ponds, give average depth (in feet) for the completed project in column 5. Give the volume of fill or dredged material in column 6.

	Length (Ft.) 1	Width (Ft.) 2	Area (Sq. Ft.) 3	Maximum/Average Channelward Encroachment 4	Pond Depth 5	Volume of fill/dredge material (cubic yards) below MHW or OHW 6
A. <input type="checkbox"/> Bulkhead	_____	_____	_____	_____	_____	_____
B. <input type="checkbox"/> Revetment	_____	_____	_____	_____	_____	_____
C. <input type="checkbox"/> Vegetative Stabilization	_____	_____	_____	_____	_____	_____
D. <input type="checkbox"/> Gabions	_____	_____	_____	_____	_____	_____
E. <input type="checkbox"/> Groins	_____	_____	_____	_____	_____	_____
F. <input type="checkbox"/> Jetties	_____	_____	_____	_____	_____	_____
G. <input type="checkbox"/> Boat Ramp	_____	_____	_____	_____	_____	_____
H. <input type="checkbox"/> Pier	_____	_____	_____	_____	_____	_____
I. <input type="checkbox"/> Breakwater	_____	_____	_____	_____	_____	_____
J. <input type="checkbox"/> Repair & Maintenance	_____	_____	_____	_____	_____	_____
K. <input type="checkbox"/> Road Crossing	_____	_____	_____	_____	_____	_____
L. <input type="checkbox"/> Utility Line	_____	_____	_____	_____	_____	_____
M. <input type="checkbox"/> Outfall Construction	_____	_____	_____	_____	_____	_____
N. <input type="checkbox"/> Small Pond	_____	_____	_____	_____	_____	_____
O. <input type="checkbox"/> Dam	_____	_____	_____	_____	_____	_____
P. <input type="checkbox"/> Lot Fill	_____	_____	_____	_____	_____	_____
Q. <input type="checkbox"/> Building Structures	_____	_____	_____	_____	_____	_____
R. <input checked="" type="checkbox"/> Culvert	16	5	80	_____	_____	_____
S. <input type="checkbox"/> Bridge	_____	_____	_____	_____	_____	_____
T. <input checked="" type="checkbox"/> Stream Channelization	633	5	3165	_____	_____	_____
U. <input type="checkbox"/> Parking Area	_____	_____	_____	_____	_____	_____
V. <input type="checkbox"/> Dredging	_____	_____	_____	_____	_____	_____

1. ☐ New 2. ☐ Maintenance 3. ☐ Hydraulic 4. ☐ Mechanical
W. ☐ Other (explain) _____

To restore the stream channel to the natural valley via the implementation of stream restoration practices and converging step pools.

A. County: Frederick B. City: New Market C. Name of waterway or closest waterway: Ben's Branch
D. State stream use class designation: Use Class IV-P
E. Site Address or Location: East side of County Club Road
F. Directions from nearest intersection of two state roads:

F. Explanation

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

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

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

- | | |
|-----------------------------------------------------------------------------------|-----------------------------------------|
| A. _____ No significant plant or wildlife value and wetland impact | B. _____ Repair existing structure/fill |
| 1. _____ Less than 5,000 square feet | C. _____ Mitigation Project |
| 2. _____ In an isolated nontidal wetland less than 1 acre in size | D. _____ Utility Line |
| E. Other (explain) | 1. _____ Overhead |
| | 2. _____ Underground |
| F. _____ Check here if you are not applying for a letter of authorization. | |

IF YOU ARE APPLYING FOR A LETTER OF AUTHORIZATION, 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 authorization, do not complete this block.)**

- | | | |
|-----------------|----------------------|--------------------------|
| A. _____ 1 site | B. _____ 2 - 4 sites | C. _____ 5 or more sites |
|-----------------|----------------------|--------------------------|

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

- | | | |
|----------------------------------------------|-----------------------------------------|----------------|
| D. _____ Cost | H. _____ Greater wetlands impact | L. _____ Other |
| E. _____ Lack of availability | I. _____ Water dependency | |
| F. _____ Failure to meet project purpose | J. _____ Inadequate zoning | |
| G. _____ Located outside general/market area | K. _____ Engineering/design constraints | |
| M. Explanation: | | |

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. _____ Economic | C. _____ Health/welfare | E. _____ Other |
| B. _____ Safety | D. _____ Does not provide public benefits | |
| F. Description | | |

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

9. Description of a monetary compensation proposal, if applicable (for **state requirements** only). Attach another sheet if necessary.

b. Give a brief description of the proposed mitigation project.

c. Describe why you selected your proposed mitigation site, including what other areas were considered and why they were rejected.

d. Describe how the mitigation site will be protected in the future.

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. a. Agency	b. Date Sought	c. Decision	d. Decision Date	e. Other Status
		1. Granted 2. Denied		
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

B. FEDERALLY AUTHORIZED CIVIL WORKS PROJECTS: Does the project require permission from the Corps pursuant to 33 U.S.C. 408 because it will alter or temporarily or permanently occupy or use a U.S. Army Corps of Engineers' federally authorized civil works project, structure, property, or easement (e.g., federal navigation channel, flood control levees, dams and reservoirs, lake property, etc.)?

_____ Yes _____ No

If yes, have you submitted a written request for Section 408 permission from the Corps district having jurisdiction over that project (i.e., Baltimore district in Maryland or Philadelphia district in C & D canal)? _____ Yes _____ No

If yes, please provide the date your request was submitted to the Corps district: _____

C. EXISTING CORPS, MDE, OR ENVIRONMENTAL PROTECTION AGENCY SITE PROTECTION INSTRUMENTS: Is the proposed work located in an area encumbered by an existing site protection instrument such as a conservation easement, deed restriction, or declaration of restrictive covenants required as a condition of a prior U.S. Army Corps of Engineers', Maryland Department of the Environment, or Environmental Protection Agency authorization? _____ Yes _____ No

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. X _____ Unknown

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

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

- | | | |
|-----------------------------------|----------------------------------|-----------------------------|
| A. _____ Soil borings | D. _____ Field surveys | G. <u>x</u> _____ Site plan |
| B. _____ Wetland data sheets | E. _____ Alternate site analysis | H. _____ Avoidance and |
| C. <u>x</u> _____ Photographs | F. _____ Market analysis | minimization analysis |
| I. <u>x</u> _____ Other (explain) | | |

Soil Map, Location Map.

All additional documents and reports will be emailed to the reviewer once assigned.

CERTIFICATION:

Application is hereby made for a permit or permits to authorize the work described in this application. 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 application 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 wetlands, other special aquatic sites, and other waters, such as lakes and ponds, and all streams have been identified and delineated on site, and that all jurisdictional wetlands have been delineated in accordance with the 1987 Corps of Engineers Wetlands Delineation Manual and appropriate regional supplement(s). 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 all permit(s) or license(s) 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: 9/15/25

PRINTED NAME OF LANDOWNER _____

Sam Hunter

Authorities: Rivers and Harbors Act, Section 10, 33 USC 403; Clean Water Act, Section 404, 33 USC 1344; Marine Protection, Research, and Sanctuaries Act, Section 103, 33 USC 1413; Regulatory Programs of the Corps of Engineers, 33 CFR 320-332. **Principal Purpose:** Information provided on this JPA will be used in evaluating the application for a permit. **Routine Uses:** This information may be shared with the Department of Justice and other federal, state, and local government agencies, and the public and may be made available as part of a public notice. Submission of requested information is voluntary, however, if information is not provided, the permit application cannot be evaluated nor can a permit be issued.

State Authorities: Nontidal Wetlands Protection Act, Md. Ann. Code, Envir., Title 5, Subtitle 9; Waterway Construction, Md. Ann. Code, Envir., Title 5, Subtitle 5; Tidal Wetlands Act, Md. Ann. Code, Envir., Title 16.

BEST MANAGEMENT PRACTICES VERIFICATION: I verify that my project will meet all Endangered Species Act Best Management Practices and Time of Year Restriction applicable to work in tidal waters and wetlands as required by the MDSPGP (see Section VII, General Conditions #14-15).

☒ Yes ☐ No ☐ Unknown

Refer to the application instructions and the MDSPGP for additional information regarding these Best Management Practices.

☐ I am the property owner/applicant and do not want to be contacted by MDE. All correspondence should occur with my authorized agent /principal contact designated in Section 3, located on the 1st page of this application. (By initializing the box, you are acknowledging that you will not receive any correspondence directly from MDE). I understand a copy of MDE's final decision regarding this application will be sent to me. This opt-out option does not apply to the U.S. Army Corps' correspondence, which will continue to be with the applicant/permittee.