

Los Angeles Region
**CONTAMINATED
SEDIMENTS
TASK FORCE**

MASTER DREDGING PERMIT APPLICATION

Form Number REG4-DREDGE-001

PLEASE INDICATE WHICH OF THE FOLLOWING THIS FORM APPLIES TO:

- Section 404 and/or Section 10 dredging permits by the Los Angeles District of the Corps of Engineers
- California Regional Water Quality Control Board, Los Angeles Region, Report of Waste Discharge, pursuant to Sections 13260, 13374, and 13377 of Article 4, Chapter 4, of the Porter-Cologne Water Quality Control Act*
- Port of Long Beach Harbor Development Permit
- Port of Los Angeles Coastal Development Permit
- California Coastal Commission Coastal Development Permit
- California Coastal Commission Federal Consistency Certification/Determination

(New 04/02)

*This application shall serve as, and be functionally equivalent to, a Report of Waste Discharge, pursuant to Sections 13260, 13374, and 13377 of Article 4, Chapter 4 of the Porter-Cologne Water Quality Control Act.



LOS ANGELES REGION CONTAMINATED SEDIMENTS TASK FORCE

(Please complete all sections and follow instructions provided with application.)

SECTION 1 - GENERAL INFORMATION

1. APPLICANT INFORMATION (see instructions)

Applicant Name Al Larson Boat Shop		Contact Name (if different) Jack Wall, President	
Mailing Address 1046 Seaside Avenue		City Terminal Island	
State CA	Zip 90731	Business Phone (310) 514-4100	Residence Phone

2. LEGAL INTEREST (see instructions)

<input type="checkbox"/> Individual	<input type="checkbox"/> Legal Entity	<input type="checkbox"/> Government	<input type="checkbox"/> Non-profit
<input checked="" type="checkbox"/> Other (Please provide description): <u>Leaseholder</u>			
Note: You will need to provide a copy of legal interest with this application (e.g., title, lease, deed, and easement).			

3. REPRESENTATIVE INFORMATION (see instructions)

Applicant's authorized agent, point of contact, and/or representative <input type="checkbox"/> None			
Name/Title Joshua Burnam, Ph.D.	Organization Anchor QEA, L.P.		
Mailing Address 28202 Cabot Road, Suite 425	City Laguna Niguel		
State CA	Zip 92677	Business Phone (949) 347-2780	Residence Phone (818) 378-4635
Who should receive correspondence relevant to this application? <input type="checkbox"/> Applicant <input type="checkbox"/> Representative <input checked="" type="checkbox"/> Both			
I hereby authorize the above named to act as my representative and bind me in all matters concerning this application.			
 _____ Signature of Applicant		<u>9-24-2009</u> Date Updated 10/4/2012	

THIS BOX IS FOR OFFICIAL USE ONLY:		Data Base Entry <input type="checkbox"/> Yes <input type="checkbox"/> No
Date received: _____	ACOE No. _____	
Date completed: _____	CCC No. _____	
SAP Approved: _____	RWQCB No. _____	
Data Submitted: _____	POLA CDP No. _____	
Date Approved: _____	POLB HDP No. _____	

SECTION II - PROJECT INFORMATION

4. GENERAL PROJECT INFORMATION (see instructions)

Project Name or Title		
Type of Dredging Project: <input type="checkbox"/> Maintenance <input type="checkbox"/> New Work	Timing of Project: <input type="checkbox"/> Single Episode <input type="checkbox"/> Multi-Episode	
Project description (attach additional sheets if necessary):		
Project need and/or purpose:		
Month and year work is proposed to begin	Estimated completion date	Estimated total project cost

5. DREDGING INFORMATION (see instructions)

Dredge Site	County	Nearest City
Latitude(s)	Longitude(s)	Waterway
Type and composition of dredged material (Please give percentages if available) <input type="checkbox"/> Sand _____ <input type="checkbox"/> Silt/Clay _____		
Is the material appropriate for beach replenishment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Proposed type of equipment/construction methods to be used:		
Will a temporary rehandling area or storage site be used for the dredged material? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for what length of time? _____ Site address? _____ Type of containment? _____ Approximate size of area? _____ acres or ft ²		
Will the project result in the construction of temporary or permanent structures? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent Please provide a description:		
Will the proposed dredging affect existing public access or public recreational facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe location and nature of impact:		
Please describe how the impacts would be mitigated:		
Will the proposed dredging affect a historic/cultural resource? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe location and nature of impact:		
Please describe how the impacts would be mitigated:		

BOX 5 (CONTINUED)

Depth of dredging based on Mean Lower Low Water (MLLW) datum
Existing depth: _____ Over/depth tolerance: _____
Proposed design depth: _____ Proposed total depth: _____

Volume of material to be dredged: _____ cy, area of dredging: _____ acres

Type(s) of substrate being dredged:
 Sub-tidal Bottom Mudflat Wetlands Estuary Other: _____

Please list agency and identification numbers of any previous permits for this activity:

Agency	Permit/Approval	Permit No.	Issue Date

If applicable, please give the Assessor's Parcel Number: _____

6. DISPOSAL SITE INFORMATION

AQUATIC DISPOSAL (see instructions)

Does the project involve aquatic disposal? Yes No

Site: (please check all that apply) LA-2 LA-3 CAD In-Harbor RCDS Other: _____

Total volume of dredged material designated for aquatic disposal: _____ cy

Will the proposed disposal affect a historic/cultural resource? Yes No
If Yes, please describe location and nature of impact: _____

SITE INFORMATION (Please attach the following information for additional sites):

LA-2 LA-3 CAD In-Harbor RCDS Other : _____

Volume of dredged material designated for this aquatic disposal site: _____ cy
Is the site an existing site that regularly receives dredged material? Yes No
Year site was last used for dredged material disposal: _____
Proposed type of equipment/construction methods to be used: _____

PROPOSED UPLAND, WETLAND, REUSE, OR FILL DISPOSAL (see instructions)

Does the project involve upland, wetland, reuse, or fill disposal? Yes No
If the project will involve upland, wetland, or fill disposal, but will not involve reuse, please explain why reuse has not been considered: _____

Will the proposed disposal affect a historic/cultural resource? Yes No
If Yes, please describe location and nature of impact: _____

Site(s): (please check all that apply)
 Upland Federal Wetland State Wetland Reuse Fill

Total volume of dredged material designated for upland, wetland, reuse, and fill disposal: _____ cy

SITE INFORMATION (Please attach the following information for additional sites):
(Check only one) Upland Federal Wetland State Wetland Reuse Fill

Site Name: _____

BOX 6 (CONTINUED)

Site Description (see instructions):			
Site Address	City	State	Zip
Latitude(s)	Longitude(s)	Zoning	
Owner's Name		Phone Number	
Address	City	State	Zip
Does this site include jurisdictional wetlands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give name and permit number of approved wetlands project where material will be placed:			
Is the site an existing site that regularly receives dredged material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Year site was last used for dredged material disposal: _____ Volume of dredged material designated for this disposal site: _____ cy Proposed type of equipment to be used:			
Will disposal result in the construction of temporary or permanent structures? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:			
Will the proposed disposal affect existing public access or public recreational facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe how the impacts would be mitigated:			
Will the proposed disposal involve the transportation of dredged material by trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe the number of truck trips and the route to be used:			
(Attach the above information for additional sites)			

7. SENSITIVE AREAS (see instructions)

Does the project have the potential to affect a sensitive area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Habitat:	<input type="checkbox"/> Inter-Tidal	<input type="checkbox"/> Sub-Tidal	<input type="checkbox"/> Coastal Wetlands
<input type="checkbox"/> Sandy Beach	<input type="checkbox"/> Eelgrass	<input type="checkbox"/> Kelp Forest	<input type="checkbox"/> Riparian
Habitat Name:			
Habitat Size: _____ acres or ft ²		Size of area impacted: _____ acres or ft ²	
Estimated Dates of Impact: From _____ To _____			
Have you contacted the following agencies? (see instructions):			
1. U.S. Environmental Protection Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. U.S. Fish and Wildlife	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. U.S. Army Corps of Engineers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. National Marine Fisheries Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. U.S. Bureau of Land Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
6. Nat'l Oceanic & Atmospheric Association	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. CA Environmental Protection Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. CA Department of Fish & Game	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
9. CA State Lands Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
10. S. Coast Air Quality Mgmt. District	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
11. California Coastal Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	
12. Regional Water Quality Control Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	

(BOX 7 CONTINUED)

If Yes to any of the above, please give the following information for each agency: If more than can be entered here, please attach a supplemental list.	
Name of Agency:	
Name of Contact:	
Permit required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give number:
Special Condition(s) required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:
Name of Agency:	
Name of Contact:	
Permit required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give number:
Special Condition(s) required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:
Name of Agency:	
Name of Contact:	
Permit required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give number:
Special Condition(s) required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:
Name of Agency:	
Name of Contact:	
Permit required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give number:
Special Condition(s) required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:

8. THREATENED OR ENDANGERED SPECIES (see instructions)

Does the project have the potential to affect any federal or state threatened or endangered species? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please indicate: <input type="checkbox"/> Federal <input type="checkbox"/> State	
<i>Note: If more than one, please attach a supplemental list.</i>	
Name of species:	
Location of species in relation to project:	
Estimated Dates of Impact: From _____ To _____	
Do these dates coincide with the breeding season?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Section 7 consultation been initiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you prepared a mitigation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please attach; if No, please give the expected submission date: _____	
Does this project have the potential to affect any marine fisheries or marine mammals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, have you consulted National Marine Fisheries Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please give the following information:	
Name of Contact:	
Permit required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give number:
Special Condition(s) required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:

(BOX 8 CONTINUED)

Have you consulted CA Department of Fish & Game?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give the following information:
Name of Contact:
Permit required?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give number:
Special Condition(s) required?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:

9. ESSENTIAL FISH HABITAT (see instructions)

Does the project have the potential to affect any essential fish habitat? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fishery Type: <input type="checkbox"/> Coastal Pelagic Species <input type="checkbox"/> Salmon <input type="checkbox"/> Pacific Coast Groundfish
<i>Note: If more than one, please attach a supplemental list.</i>
Affected Species :
Has an analysis of the effect of the project on managed species been conducted ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach; if No, please give the expected submission date:
Have you contacted National Marine Fisheries Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give the following information:
Name of Contact:
Permit required?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give number:
Special Condition(s) required?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:

SECTION III - OTHER REQUIRED INFORMATION

10. ENVIRONMENTAL APPROVALS (see instructions)

<i>Note: Please provide a copy of the project's environmental documentation with your application.</i>
CEQA Lead Agency:
Type of Environmental Documentation: <input type="checkbox"/> CE <input type="checkbox"/> ND <input type="checkbox"/> EIR Date of Approval: _____ or Approximate date of completion: _____
NEPA Lead Agency:
Type of Environmental Documentation: <input type="checkbox"/> CE <input type="checkbox"/> EA <input type="checkbox"/> EIS Date of Approval: _____ or Approximate date of completion: _____

11. OTHER APPROVALS (see instructions)

CA DEPARTMENT OF FISH & GAME - 1601 & 1603 Approval <input type="checkbox"/> None Required Number _____ Date of Application _____ Date of Issuance _____
LOCAL GOVERNMENT APPROVALS
Approving Agency: _____ Approval Type: _____
Approval Date: _____ Local Contact & Phone: _____
Approving Agency: _____ Approval Type: _____
Approval Date: _____ Local Contact & Phone: _____
Approving Agency: _____ Approval Type: _____
Approval Date: _____ Local Contact & Phone: _____

12. ADJOINING PROPERTY OWNERS (see instructions)

Please provide names and addresses of property owners, lessees, etc., whose property adjoins either the project or the disposal site (disposal site information is not required for the designated aquatic sites). If more than can be entered here, please attach a supplemental list.

Name			
Address	City	State	Zip
Property adjoins: <input type="checkbox"/> Dredging Site <input type="checkbox"/> Disposal Site Party given is: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (explain):			
Name			
Address	City	State	Zip
Property adjoins: <input type="checkbox"/> Dredging Site <input type="checkbox"/> Disposal Site Party given is: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (explain):			
Name			
Address	City	State	Zip
Property adjoins: <input type="checkbox"/> Dredging Site <input type="checkbox"/> Disposal Site Party given is: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (explain):			
Name			
Address	City	State	Zip
Property adjoins: <input type="checkbox"/> Dredging Site <input type="checkbox"/> Disposal Site Party given is: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (explain):			

13. CHECKLIST OF ADDITIONAL INFORMATION TO BE SUBMITTED (see instructions)

This box identifies other information that is required before your dredging application can be accepted as complete and processing of the application initiated. Please indicate whether the material is attached or in-progress. If the material is in-progress, please give the expected submission date.

	Attached	OR	In-Progress	Expected Submittal Date
Sampling & Analysis Plan (SAP):	<input type="checkbox"/>		<input type="checkbox"/>	_____
Testing Data:	<input type="checkbox"/>		<input type="checkbox"/>	_____
Environmental Documentation:	<input type="checkbox"/>		<input type="checkbox"/>	_____
Dredging & Disposal Plan:	<input type="checkbox"/>		<input type="checkbox"/>	_____
Proof of Legal Interest:	<input type="checkbox"/>		<input type="checkbox"/>	_____
Federal Consistency Determination or Certification	<input type="checkbox"/>		<input type="checkbox"/>	_____
Fees:	<input type="checkbox"/> USACE (NA)		<input type="checkbox"/> CCC (NA)	<input type="checkbox"/> RWQCB

14. COASTAL DEVELOPMENT PERMIT

Use of this application for a California Coastal Commission Coastal Development Permit (CDP) requires certain additional information. If you plan to use this form to apply for a CDP please provide the following:

- Stamped envelopes addressed to each property owner and occupant of property situated within 100' of property lines of the project site.
- Stamped envelopes addressed to all other parties known to the applicant to be interested in the project.
- Verification of all other permits, permissions, or approvals granted by public agencies such as CA Dept. of Fish and Game, CA State Lands Commission, US Army Corps of Engineers, US Coast Guard, etc.

(BOX 14 CONTINUED)

- Declaration of campaign contributions (see attached form Appendix A).
- Declaration of posting (see attached form Appendix B).

If you have any questions concerning these requirements, please contact the California Coastal Commission South Coast District office in Long Beach.

NOTICE TO APPLICANTS

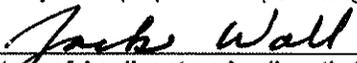
The California Coastal Commission may adopt or amend regulations affecting the issuance of coastal development permits. If you would like notice of such proposals during the pendency of this application, if such proposals are reasonably related to this application, please indicate that desire: Yes No

COMMUNICATION WITH COMMISSIONERS

Decisions of the California Coastal Commission must be made on the basis of information available to all commissioners and the public. Therefore, permit applicants and interested parties and their representatives are advised not to discuss with commissioners any matters relating to a permit outside the public hearing. Such contacts may jeopardize the fairness of the hearing and result in invalidation of the Commission's decision by court. Any written material sent to a commissioner should also be sent to the commission office for inclusion in the public record and distribution to other Commissioners.

15. CERTIFICATION OF ACCURACY OF INFORMATION

I hereby certify under penalty of perjury that to the best of my knowledge, the information in this application and all attached exhibits is full, complete, and correct, and I understand that any misstatement or omission of the requested information or of any information subsequently requested shall be grounds for denying the permit, for suspending or revoking a permit issued on the basis of these or subsequent representation, or for the seeking of such other and further relief as may seem proper to the permitting agencies.



Signature of Applicant or Applicant's Representative

9-24-2009
Date

Updated 10/04/12