

Application for 401 General Water Quality Certification and/or Waste Discharge Requirements (Dredge/Fill)

The following application must be submitted to the Regional Water Quality Control Board for dredge/fill projects applying for coverage under *Waiver of Waste Discharge Requirements and General Water Quality Certification for County Road Management and Activities Conducted Under the Five Counties Salmonid Conservation Program in the Counties of Del Norte, Humboldt, Mendocino, Siskiyou, Trinity, in the North Coast Region*, Order No. R1-2013-0004 that require Water Quality Certification and/or Waste Discharge Requirements. Submit this application and the appropriate documentation*, along with a check payable to the State Water Resources Control Board, for \$114.00 (Current Base Fee) plus additional fees if applicable, as required according to the CCR 23 Section 2200 (a)(2) Fee Schedule** to:

**North Coast Regional Water Quality Control Board
5550 Skylane Blvd., Suite A
Santa Rosa, CA 95403**

(Make checks payable to: State Water Resources Control Board)

*Clarification of information may be requested by
Regional Water Quality staff during application review.

**Additional fees may be imposed upon application review.

Fee calculator and additional information are available at
http://www.waterboards.ca.gov/northcoast/water_issues/programs/water_quality_certification.shtml

Fees are subject to change. Please check current fee schedule.

For Internal Office Use Only

WDID#	Check #	\$
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SECTION ONE – Applicant Information & Agent Authorization

Important Note! The applicant listed shall be the party responsible for compliance with the Clean Water Act, California Water Code, Basin Plan, and 401 Certification Conditions and is typically the property/facility owner. The authorized agent is the individual or team that is authorized to provide information to the Regional Water Board on behalf of the application (responsible party).

APPLICANT/PROPERTY OWNER(S) NAME	AUTHORIZED AGENT NAME AND TITLE (an agent is not required)
APPLICANT/PROPERTY OWNER(S) MAILING ADDRESS	AUTHORIZED AGENT MAILING ADDRESS
APPLICANT/PROPERTY OWNER(S) PHONE & FAX NUMBERS	AUTHORIZED AGENT PHONE & FAX NUMBERS
APPLICANT/PROPERTY OWNER(S) EMAIL	AUTHORIZED AGENT EMAIL

STATEMENT OF AUTHORIZATION (Required when applicant is designating an authorized agent)

I hereby authorize _____ to act on my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application.

Signature of Applicant or agent is also required on page 11.

PRINT NAME OF APPLICANT (NOT THE AUTHORIZED AGENT)

SIGNATURE OF APPLICANT (NOT THE AUTHORIZED AGENT)

DATE

SECTION TWO – Project Information

Please refer to the attached Project Plan Checklist (Attachment A) for guidance and attach additional supporting documentation as necessary. When attaching supporting documentation the pertinent information shall be clearly identified by corresponding tabs, page numbers, etc., such that pertinent information is easily located. Please do not indicate “see attached” without identifying the attached document and the specific location within the document. Supplying detailed information will aid the review process; however, a complete application for water quality certification need not contain unnecessarily duplicative information. Applications containing multiple descriptions with conflicting data or other conflicting information will delay processing and may result in denial without prejudice. Including an electronic copy of the required information may reduce the review process time. Required contents of a complete application can found in the California Code of Regulations (CCR) Title 23, Section 3855

CCR Link - <http://www.calregs.com/linkedslice/default.asp?SP=CCR-1000&Action=Welcome>

PROJECT NAME OR TITLE		
PROJECT STREET ADDRESS (if applicable)	PROJECT LOCATION (Attach a site location map) COUNTY CITY/TOWN (nearest)	
CITY/STATE/ZIP (or nearest city/town)	LATITUDE (Decimal Degrees)	LONGITUDE (Decimal Degrees)
ASSESSORS PARCEL NUMBER(S)	SECTION, TOWNSHIP, RANGE, USGS QUADRANGLE MAP (Optional Information)	
DIRECTIONS TO THE SITE		
PROJECT PURPOSE AND FINAL GOAL OF ENTIRE ACTIVITY (See Project Planning Checklist -Attachment A for guidance. Attach additional information as necessary.)		

PROJECT DESCRIPTION See Project Planning Checklist - Attachment A for guidance. Provide a full, technically accurate description of the entire activity and associated environmental impacts. Please do not indicate "see attached" without identifying the attached document and the specific location within the document. Attach additional pages as necessary.

PROPOSED START AND END DATES	ESTIMATED DURATION	Will any project activity take place during the wet season months of October 15 through May 15? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please discuss the proposed winterization strategies on Page 6, Avoidance of Indirect Impacts.
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SECTION THREE – Additional Documentation Required (CCR Title 23, Section 3855)

Provide copies of any final and signed federal, state, and local licenses, permits, and agreements (or copies of the draft documents, if not finalized) that will be required for any construction, operation, maintenance, or other actions associated with the activity. If no final or draft document is available, a list of all remaining agency regulatory approvals being sought shall be included.

FEDERAL PERMIT(S) OR COMPLETED FEDERAL APPLICATIONS		
<u>U.S. Army Corps of Engineers - Staff Contact Information: Name</u> _____ <u>Ph. #</u> _____ <u>E-mail</u> _____ <input type="checkbox"/> Individual Permit <input type="checkbox"/> Nationwide Permit Number ____ <input type="checkbox"/> Non-Reporting or <input type="checkbox"/> Reporting <input type="checkbox"/> Regional General Permit / Number _____		
<u>U.S. Fish and Wildlife Service - Staff Contact Information: Name</u> _____ <u>Ph. #</u> _____ <u>E-mail</u> _____ <input type="checkbox"/> Biological Assessment <input type="checkbox"/> Biological Opinion		
<u>U.S. National Marine Fisheries Service - Staff Contact Information: Name</u> _____ <u>Ph. #</u> _____ <u>E-mail</u> _____ <input type="checkbox"/> Biological Assessment <input type="checkbox"/> Biological Opinion		
STATE PERMIT(S) OR COMPLETED STATE APPLICATION (A COPY OF EITHER OF THESE MUST BE SUBMITTED WITH THIS APPLICATION (applied for or approved, i.e. Lake or Streambed Alteration Agreement (1600-1608) or Coastal Development Permit) STATE PERMIT TITLE _____ FILE DATE _____ FILE NUMBER _____		
STATE PERMIT TITLE	FILE DATE	FILE NUMBER
LOCAL PERMIT(S) (applied for or approved, i.e. grading permit, building permit) PERMIT TITLE _____ FILE DATE _____ FILE NUMBER _____		

CALIFORNIA ENVIRONMENTAL QUALITY ACT COMPLIANCE (The project must comply with California Environmental Quality Act (CEQA) before a Water Quality Certification Order may be issued unless an exemption pursuant to CEQA is applicable. Although final CEQA documentation is not required for a complete application, the Regional Water Board shall be provided with a completed, approved, and/or certified CEQA documentation prior to issuing a Water Quality Certification Order. In accordance with the Permit Streamlining Act Section 65952 Final action must be taken on a 401 Certification project within (1) 180 days from when the CEQA lead agency approves the project, or (2) 180 days of the date the application was deemed "complete" by the SWRCB/RWQCB; whichever is longer)

TYPE OF CEQA DOCUMENT (EIR, Negative Declaration, Notice of Exemption)

LEAD AGENCY

STATE CLEARING HOUSE NUMBER

STATUS (pending, complete, etc.)

DATE COMPLETED (or anticipated date)

CUMULATIVE IMPACTS (List and describe other projects implemented within the past 5 years or planned within the next five years that are related to the proposed project, or that may impact the same watershed. Attach additional pages as necessary.)

PROJECT NAME	DESCRIPTION	DATE IMPLEMENTED/PLANNED

SECTION Four – Affected Waters and Mitigation

Please refer to the provided Project Plan Checklist for guidance and attach additional supporting documentation as necessary. Supplying detailed information will aid in expediting the review process.

WETLAND DELINEATION INFORMATION

NAME OF PERSON DELINEATING EXTENT OF WETLANDS	DATE(S) OF WETLAND DELINEATION
TITLE	DATE OF WETLAND VERIFICATION BY U.S. ARMY CORPS
AFFILIATION	If a wetland delineation has been verified by the U.S. Army Corps, please submit the verification letter as well as a verified wetland delineation map. If the Corps did not assume jurisdiction over the wetlands present, please submit the denial letter.

PROJECT HYDROLOGIC INFORMATION

Receiving Water(s):
Hydrologic Unit(s):
Water Body Type(s):

Hydrologic Unit Information can be found at: <http://www.water-programs.com/wqpt.htm>; or http://www.waterboards.ca.gov/northcoast/water_issues/programs/basin_plan/083105-bp/03_bu.pdf

DESIGNATED BENEFICIAL USES(s) Please check all that apply.											
AGR		CUL		GWR		NAV		REC-2		WET	
AQUA		EST		IND		POW		SAL		WILD	
ASBS		FISH		MAR		PRO		SHELL		WQE	
COLD		FLD		MIGR		RARE		SPWN			
COMM		FRSH		MUN		REC-1		WARM			

Beneficial Uses are listed within the North Coast Regional Water Quality Control Board Basin Plan available at:
http://www.waterboards.ca.gov/northcoast/water_issues/programs/basin_plan/

POTENTIAL FOR IMPACTS TO THREATENED AND ENDANGERED SPECIES (Attach all Biological Assessments, Surveys, Formal Consultation Determination letters, and Mitigation Proposals as necessary.)			
SPECIES AND/OR HABITAT	BIOLOGICAL ASSESSMENT (Y/N)	SURVEY CONDUCTED (Y/N)	DATES OF SURVEY CONDUCTED

DREDGE AND FILL INFORMATION (The following must be completed for each action where dredging activities, fill material or other activities (e.g. excavation) will result in disturbance and/or discharge to a wetland or other waterbody. Add rows for multiple types of disturbance within the same waterbody type. Attach additional pages as necessary. Provide maps showing the location of project and of all impacts with the corresponding impacts in the format below. Provide all temporary and permanent impacts to waters of the U.S. and waters of the State.)					
TYPE OF WATERBODY (i.e. stream, wetland, ephemeral drainage)	FILL and/or EXCAVATION VOLUME AND TYPE (CUBIC YARDS)	FILL and/or EXCAVATION SURFACE AREA (SQUARE FEET OR ACRE)	FILL and/or EXCAVATION LENGTH (LINEAR FEET)	DREDGE VOLUME (CUBIC YARDS)	TYPE OF IMPACT (Temporary or Permanent)
Waters of the U.S					
<input type="checkbox"/> Wetland					
<input type="checkbox"/> Streambed (OHWM and below)					
<input type="checkbox"/> Lake/Reservoir					
<input type="checkbox"/> Ocean/Estuary/Bay					
<input type="checkbox"/> Other					
Sub-total Waters of the U.S.					
Waters of the State					
<input type="checkbox"/> Riparian					
<input type="checkbox"/> Stream channel/bank (Above OHWM)					
<input type="checkbox"/> Vernal Pool					
<input type="checkbox"/> Spring/Seep/Headwaters					
<input type="checkbox"/> Other					
Sub-total Waters of the State					
Total Waters of U.S. and State					
<u>SAMPLE (delete prior to submittal):</u> Waters of the U.S. ■ Wetland 25 cubic yards of gravel for access ■ Streambed (below OHWM) 35 cubic yards of rock rip rap Waters of the State ■ Riparian Area 200 cubic yards for Bridge abutment ■ Isolated Vernal Pool 10 cubic yards for building foundation IMPACT TOTALS	260 cubic yards	0.035 (1,494 sq ft)	85 linear ft		

WATER QUALITY IMPACT DESCRIPTION

(Report the nature and extent of temporary and permanent impacts to waters of the U.S. and/or State, such as turbidity, settleable matter, other pollutants, and beneficial uses associated with the proposed project. Attach a map that clearly depicts the anticipated area of direct impact and indirect disturbances)

AVOIDANCE OF DIRECT IMPACTS (Attach additional information if necessary)

Describe the efforts to **avoid** and **minimize direct impacts** to waters of the U.S. and State pursuant to Title 40 CFR Part 230 Section 404 (b)(1). See checklist for guidance. Attach additional pages as necessary.

ALTERNATIVES ANALYSIS

Has an Alternatives Analysis been prepared? ☐ YES ☐ NO If YES, please submit the appropriate documentation

AVOIDANCE OF INDIRECT IMPACTS (Attach additional information if necessary)

(1) Describe efforts to **avoid** and **minimize potential indirect impacts** to waters of the U.S. and State which might affect water quality.

(2) Describe the methods proposed for erosion control and re-vegetation proposals, including winterization strategies to stabilize all bare soils.

(3) Submit a map indicating the approximate locations and area of soil, land, and vegetation disturbance and proposed best management practices.

(4) Describe the methods proposed to reduce sources of pollutants such as petroleum hydrocarbons, oil and grease, fertilizers, pesticides, sediment, etc., from entering the water system

MITIGATION INFORMATION (Pursuant to Executive Order W-59-93, the wetlands “No Net Loss Policy”, the Regional Water Board requires a mitigation plan for all temporary and permanent impacts to wetlands. Mitigation is required when permanent and temporary impacts to Wetlands occur. Address all project impacts in the Dredge and Fill Table and describe the applicable mitigation. Provide the location, size, type, functions, and values of the proposed mitigation. Describe success criteria, monitoring, long-term funding, management, and site protection instrument for the mitigation site. Attach Mitigation Bank Bills-of-Sale for purchase credits if needed. For guidance on a complete mitigation plan see Attachment B- Stream and Riparian Area Mitigation Checklist and Attachment C - Wetland Mitigation Checklist. If application check lists are not completed or incorporated into the mitigation plans the application may be deemed incomplete or denied.

Does the project impact wetlands? ☐ NO ☐ YES

(If yes complete mitigation information table Option 1 and/or Option 2, and attach mitigation plan or bank credit bill of sale).

Does the project impact waters of the State? ☐ NO ☐ YES

(If yes complete mitigation information table Option 1 and/or Option 2, and attach mitigation plan)

MITIGATION SUMMARY (Provide brief summary of mitigation proposal, references attached documents, sections, page numbers, etc.)

Mitigation Site Location(s):

Mitigation Site Lat/Long(s):

Name of Watershed & Hydrologic Unit:

Mitigation Site City and County:

Mitigation Project Summary:

Option 1 - Proponent Provided Mitigation Information

Waterbody Type	Acres / Linear Feet Established		Acres / Linear Feet Restored		Acres / Linear Feet Enhanced		Acres / Linear Feet Preserved	
Wetland								
Stream								
Riparian								
Vernal Pool								
Lake								
Other								

Option 2 - Mitigation Bank Credits

Waterbody Type	Acres / Linear Feet Established		Acres / Linear Feet Restored		Acres / Linear Feet Enhanced		Acres / Linear Feet Preserved	
Wetland								
Stream								
Riparian								
Vernal Pool								
Lake								
Other								

Mitigation Site Name:

Name of Mitigation Site Operator:

SECTION FIVE – Low Impact Development

The State Water Resources Control Board Resolution (SWRCB) No. 2008-0030 “Directs Water Boards’ staff to require sustainable water resources management such as Low Impact Development (LID) and climate change considerations, in all future policies, guidelines, and regulatory actions.” For reference please refer to the SWRCB

LID webpage at http://www.swrcb.ca.gov/water_issues/programs/low_impact_development/index.shtml

For LID design goals, tools, and example BMPs see Attachment D – Storm Water and Low Impact Development

SUB-SECTION (A)

DOES THE PROPOSED PROJECT:

- 1) Increase the area of impervious surface? ☐ NO ☐ YES – Total _____ (If yes complete sub-section B)
- 2) Replace approximately 5,000 square feet of impervious surface? ☐ NO ☐ YES – Total _____ (If yes provide a post-construction storm water treatment BMP feasibility analysis.)
- 3) Discharge to an Area of Special Biological Significance? ☐ NO ☐ YES (If yes complete sub-section B)
- 4) Discharge to a water body listed as impaired on the Clean Water Act 303 (d) list? ☐ NO ☐ YES (If complete to sub-section B)
- 5) Discharge within a watershed with a total daily maximum load (TMDL)? ☐ NO ☐ YES (If yes complete sub-section B)

SUB-SECTION (B)

POST-CONSTRUCTION STORM WATER TREATMENT REQUIREMENT

Provide a summary for staff review of the methods proposed to treat and retain storm water runoff volume from the project site prior to entering the storm drainage system and/or waters of the State. Attach detailed responses to the question below and design information.

- 1) Include proper design calculations to indicate that the proposed methods will treat runoff from the 85th percentile/24-hour storm event, or one-inch of rainfall/24-hours, or
- 2) Use the City of Santa Rosa Storm Water Calculator, design criteria, and approved BMPs at www.srcity.org/stormwaterLID.
- 3) Provide maps that illustrate the project drainage and overall design details of the appropriate storm water treatment BMPs.
- 4) Provide the dimensions of the BMPs selected (slopes, width, length, depth) and specific calculations for velocity, volume treated, residence time, depth of flow, etc.
- 5) Provide information on the soil type underlining the treatment BMP and the vegetation to be used in the BMP.
- 6) Provide the BMP maintenance plan.

Treatment BMP Summary:

SUB-SECTION (C)

HYDROMODIFICATION IMPACTS (Changes in the land use can alter the natural hydrograph.)

- 1) Does the proposed project result in an increase of impervious surface of one acre or more?
☐ NO ☐ YES – Total Area _____ (if yes continue to question 2, and explain below)
- 2) Does the post-project hydrograph exceed the pre-project hydrograph by 10 percent or more for, for the 2-year 24/hour storm event:
 - Volume, and/or
 - Time of concentration?☐ YES ☐ NO (If no the project may require LID features which correct the hydrograph, or require additional mitigation for impacts to waters of the State)

SECTION SIX – Waste Disposal

Pursuant to California Water Code 13260 and California Code of Regulations Title 27, which regulate land disposal activities, the Regional Water Board requires proof that placing non-hazardous waste or inert materials (which may include discarded product or recycled materials) will not result in degradation of water quality, human health or the environment. Degradation of water quality can be defined in terms of beneficial uses and/or in terms of numerical or narrative limits adopted to protect those uses.

DESCRIBE THE TYPE OF WASTE GENERATED BY THE PROPOSED PROJECT (such as dredge spoils, excess soil, construction and demolition debris, excess slurries, grindings, concrete contact water, etc.)

PROPOSED WASTE DISPOSAL (Describe the methods proposed to handle and dispose non-hazardous and hazardous materials, or present plan to reincorporate or recycle excess materials)

SECTION SIX – Application Signature

Application is hereby made for a permit or permits to authorize the work described in this application. I certify, under penalty of perjury, that this application is complete and accurate to the best of my knowledge. I further certify that I possess the authority to undertake the work described herein or am acting as the duly authorized agent of the applicant. In addition, I certify property owner responsibility and liability for compliance with permit conditions issued for this project for compliance with any future authorization or amendments thereto.

PRINT NAME AND TITLE OF APPLICANT (OR AGENT)

SIGNATURE OF APPLICANT (OR AGENT)

DATE

PRINT NAME AND TITLE OF LANDOWNER (OR AGENT)

SIGNATURE OF CONSTRUCTION OVERSIGHT MANAGER (OR AGENT)

DATE