

State Water Resources Control Board

CLEAN WATER ACT §401 WATER QUALITY CERTIFICATION APPLICATION FORM

(Use only for multi-regional projects, otherwise use the appropriate Regional Board application form)

1. APPLICANT/AGENT INFORMATION

a) Applicant:	b) Agent ¹ :
Address:	Address:
Phone No.	Phone No.
Fax No.	Fax No.
E-mail Address:	E-mail Address:
Have you previously contacted the Regional Board staff regarding this project? If 'yes' provide information on date, person, and brief summary of subject matter.	

STATEMENT OF AUTHORIZATION

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

Applicant's Signature

Date

¹Complete only if applicable

2. PROJECT DESCRIPTION

a) Project Title:
b) Project Purpose:
c) Project Activities:
d) Proposed Schedule (start-up, duration, and completion dates):

3. FEDERAL LICENSES/PERMITS

a) Federal Agency(ies)/File Number(s): U.S. Army Corps of Engineers _____ Other _____ File No.(s) (if known) _____
b) Permit Type(s) (please provide permit number(s) if known): Nationwide Permit No.(s) _____ Regional General Permit No.(s) _____ Individual Permit _____ Other _____
c) Does the project require any Federal Application(s), Notification(s) or Correspondence? Yes _____ (attach copy[ies]) No _____ (attach detailed explanation)
d) Provide copies of the license/permit/application.

4. OTHER LICENSES/PERMITS/AGREEMENTS

a) Please list all other required, including local regulatory approvals (submit final or draft copy if available). Include information on any De-watering, NPDES, and Storm Water permits.			
Agency	License/Permit/Agreement	Permit No.	Approval Date
b) Does the project require a Federal Energy Regulatory Commission (FERC) license or amendment to a FERC license? No _____ Yes _____ (attach application copy)			

5. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Indicate CEQA Document (submit final or draft copy if available*):

Type of CEQA Document	Date of filing of Notice of Exemption/ Preparation and Name of Lead Agency
Statutory Exemption/Class Title	
Categorical Exemption/Class Title	
Negative Declaration	
Mitigated Negative Declaration	
Environmental Impact Report	

Note: Ample time must be provided to the certifying agency to properly review a final copy of valid CEQA documentation before certification can occur.

6. APPLICATION FEE

Provide an initial deposit of \$600.00 for the application. Please write a check made out to the State Water Resources Control Board.

Is a check enclosed? Yes _____ No. _____ Check Number _____ Amount \$ _____

7. PROJECT SITE DESCRIPTION – GENERAL (Include areas outside of US waters)

a) Project Location (attach map of suitable quality and detail):

City or Area _____ County _____

Longitude/Latitude _____

b) Total Project Size: _____ acres _____ linear feet (if appropriate)

c) Site description of the entire project area (including areas outside of jurisdictional water of the US):

8. WATER BODY IMPACT

<p>a) Water Body Name(s)²: Clearly indicate on a published map of suitable detail, quality, and scale (1:24K) to allow the certifying agency to easily identify the area(s) and water body(ies) receiving any discharge.</p>					
<p>b) Fill and Excavation: Indicate in ACRES and/or LINEAR FEET the proposed waters to be impacted, and identify the impacts(s) as permanent and/or temporary for each water body type listed below:</p>					
Water Body Type	Permanent Impact		Temporary Impact		
	Acres	Linear Feet	Acres	Linear Feet	
Wetland ³					
Streambed					
Lake/Reservoir					
Ocean/Estuary/Bay					
Riparian					
Non-Federal Waters					
<p>Provide the name, title, and affiliation of person that carried out wetland delineation.</p>					
<p>c) Dredging: Total volume (cubic yards) of <u>dredged</u> material proposed for project.</p>					
<p>d) Provide information on the Q₂, Q₁₀, Q₁₀₀ for pre- and post-project implementation.</p>					
<p>e) Indicate type(s) of material proposed to be discharged in waters of the United States:</p>					

² Both US Army Corps of Engineer's jurisdictional- and non-jurisdictional water bodies.

³ Per US Army Corps of Engineer's wetland delineation protocol.

9. COMPENSATORY MITIGATION (Please complete attached Mitigation Checklist)

- a) Is compensatory mitigation proposed? Yes _____ No _____
- b) Indicate in ACRES and LINEAR FEET (where appropriate) the total quantity of waters of the United States proposed to be Created, Restored, Enhanced, or Preserved.

Water Body Type	Created	Restored	Enhanced	Preserved
Wetland				
Streambed				
Lake/Reservoir				
Ocean/Estuary/Bay				
Riparian				
Non-Federal Waters				

- c) If contributing to a Mitigation Bank provide the following:

Mitigation Bank Name:	
Name of Mitigation Bank Operator:	
Office Address of Operator/Phone Number:	
Mitigation Bank Location (Latitude/Longitude, County, and City):	
Mitigation Bank Water Body Type(s):	
Mitigation Area (acres or linear feet) and cost (dollar):	

- d) Provide/attach a map with suitable detail, quality, and scale (1:24K) that will easily provide information as to the location(s) and water body(ies) of the mitigation area.

10. THREATENED/ENDANGERED SPECIES

- a) Does the project require coordination with the US Fish and Wildlife Service or National Marine Fisheries Service under the Federal Endangered Species Act?
 Yes _____ (provide copies of Biological Report) No _____ (provide basis of determination)
- b) Does the project require coordination with the State of California Department of Fish and Game under the California Endangered Species Act?
 Yes _____ (provide copies of Biological Report) No _____ (provide basis of determination)

11. OTHER ACTIONS/BEST MANAGEMENT PRACTICES (BMPs)

Briefly describe other actions/BMPs to be implemented to Avoid and/or Minimize impacts to waters of the United States, including preservation of habitats, erosion control measures, project scheduling, flow diversions, etc.

12. PAST/FUTURE PROPOSALS BY THE APPLICANT

Briefly list/describe any projects carried out in the last 5 years or planned for implementation in the next 5 years that are in any way related to the proposed activity or may impact the same receiving body of water. Include estimated adverse impacts.

Applicant's Signature (or Agent)

Date

For further information please email:
http://www.swrcb.ca.gov/water_issues/programs/cwa401/docs/staffdirectory.pdf

