

California Regional Water Quality Control Board  
Santa Ana Region

Office Address:  
3737 Main Street, Suite 500  
Riverside, CA 92501-3348  
401 Coordinator [Jason Bill](#) (951) 782-3295

Phone: (951) 782-4130  
Fax: (951) 781-6288  
[www.waterboards.ca.gov/santaana](http://www.waterboards.ca.gov/santaana)

Instructions: Provide all information on the form that applies to your project. *Filling out this form is not required*; a cover letter that includes this information is acceptable (including all the information described in this form will expedite the processing of your request). An electronic copy of this form is available at the following website:

[www.waterboards.ca.gov/santaana/water\\_issues/programs/401\\_certification/index.shtml](http://www.waterboards.ca.gov/santaana/water_issues/programs/401_certification/index.shtml)

Attach additional sheets as necessary. **An incomplete application will delay the processing or receipt of the 401 certification.**

**APPLICANT**

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**AGENT (consultant)\***

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

\*Complete only if applicable

**FILING FEE\***

Amount \_\_\_\_\_

Is it attached? \_\_\_\_\_yes \_\_\_\_\_no

401 WATER QUALITY STANDARDS  
CERTIFICATION

**PROJECT DESCRIPTION** (See "[Instructions for Filling Out the Water Quality Standards Certification Application](#)" for types of information needed). Also, please refer to "[Contents of a Complete Section 401 Certification Application](#)" for any clarification on items required.

\*Please refer to "[Section 401 Water Quality Standards Certification Fee Schedule](#)" to determine fee.

Project Title: \_\_\_\_\_

Purpose/Goal: \_\_\_\_\_

Project Activities: \_\_\_\_\_

Is the fill/excavation or dredge activity for which 401 certification is sought part of a larger plan of development?  
\_\_\_\_\_ yes      \_\_\_\_\_ no

Proposed Schedule for fill/excavation or dredging activity (ies) (start-up, duration, and completion dates):  
\_\_\_\_\_

If fill/excavation or dredge activity is plan of development, proposed schedule for that larger development (start-up, duration, and completion dates):  
\_\_\_\_\_

Project location (If fill/excavation or dredge activity is part of a plan of development, a map of suitable quality and detail of the entire project site should be included):

City or Area \_\_\_\_\_ County \_\_\_\_\_

Longitude/Latitude \_\_\_\_\_

Township/Range/Section/Quadrangle \_\_\_\_\_

Total size of area to be impacted by fill/excavation or dredge activity  
\_\_\_\_\_ acres      \_\_\_\_\_ linear feet (if appropriate)

Total size of **entire** project area (including larger plan of development, where applicable):  
\_\_\_\_\_ acres      \_\_\_\_\_ linear feet (if appropriate)

Please attach a hydrology report detailing the pre- and post-construction (Q<sub>10</sub> and Q<sub>100</sub>) if your project is a development.

**RECEIVING WATER\***

Name of Affected Water body(ies) and type(s) of receiving water body(ies)  
\_\_\_\_\_

Is receiving water(s) within the San Jacinto Watershed?      \_\_\_\_\_ yes      \_\_\_\_\_ no

Major Tributary(ies) \_\_\_\_\_

\*As listed in the *Water Quality Control Plan, Santa Ana Region* (Basin Plan). For unlisted waters, the major named tributary(ies) must be identified.

**FILL/EXCAVATED\* AREA**

Indicate in ACRES and LINEAR FEET (where appropriate) the proposed **waters of the United States** to be impacted, and identify the impact(s) as permanent and/or temporary for each water body type listed below:

Wetland	_____ acres of permanent	_____ acres of temporary impact
	_____ linear feet of permanent	_____ linear feet of temporary impact
Riparian	_____ acres of permanent	_____ acres of temporary impact
	_____ linear feet of permanent	_____ linear feet of temporary impact
Streambed	_____ acres of permanent	_____ acres of temporary impact
	_____ linear feet of permanent	_____ linear feet of temporary impact
Lake	_____ acres of permanent	_____ acres of temporary impact
	_____ linear feet of permanent	_____ linear feet of temporary impact
Ocean	_____ acres of permanent,	_____ acres of temporary impact
	_____ linear feet of permanent	_____ linear feet of temporary impact

Indicate type(s) of material proposed to be discharged in waters of the United States:

\_\_\_\_\_

**DREDGE VOLUME**

Indicate in **CUBIC YARDS** the proposed **waters of the United States** to be impacted.

\_\_\_\_\_ cubic yards

Indicate type(s) of material proposed to be discharged in waters of the United States:

\_\_\_\_\_

*Note: Dredging generally includes removing sediment in deeper water to increase the depth. Impacts to beneficial uses are best described by the volume of sediment discharged. Dredging typically occurs to facilitate navigation and for aggregate extraction in marine waters.*

**FEDERAL PERMIT**

File No.(s) (if known)	_____
Individual - list Corps control number	_____
Nationwide – list permit number	_____
Does the project require any other Federal Application(s), Notification(s) or Correspondence?	
_____ yes (attach copy(ies))	_____ no (attach detailed explanation)

**CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)**

Indicate CEQA document (submit final or draft copy if available*) and Lead Agency:
_____
Has the document been certified/approved, or has a Notice of Exemption been filed?
If yes, date of approval/filing: _____ If no, expected approval/filing date: _____
If exempt, list section that applies (cite code) and explain exemption:
_____
_____
_____
* Note: ample time must be provided to the Regional Board to properly review a <u>final copy</u> of valid CEQA documentation before certification can occur.

**THREATENED OR ENDANGERED SPECIES**

Please list the expected impacts and species		
_____		
_____		
Is the project within the Stephens' Kangaroo Rat fee area?	_____ yes	_____ no
Is a Section 7 or 10 Consultation with the U.S. Fish and Wildlife Service necessary?	_____ yes	_____ no
Has the U.S. Fish and Wildlife Service issued a Biological Opinion?	_____ yes	_____ no
If yes, list date Opinion was issued	_____	

**MITIGATION FOR IMPACTS TO WATER QUALITY STANDARDS**

Please identify the pollutants that may be associated with the proposed development. Describe the short- and long-term water quality impacts on the receiving waters and downstream waters that may result from discharge of these pollutants.

---



---



---

Please list any beneficial uses (as defined in the Basin Plan) of the receiving water(s) and downstream water(s) that may be lost or impacted through project implementation.

---



---

What are the proposed mitigation measures to limit impacts on water quality standards in receiving water(s) and also downstream water(s)? List the avoidance or alternative measures considered (if described in CEQA document, please reference page number). Please indicate if no such measures were considered.

---



---

**FILL/EXCAVATION AND DREDGE MITIGATION** (Indicate in **ACRES** and **LINEAR FEET** (where appropriate) the total quantity of **waters of the United States** proposed to be created, restored, enhanced and/or preserved for purposes of providing compensatory mitigation and indicate the water body type).

<b>Water Body Type</b>	<b>Created</b>	<b>Restored</b>	<b>Enhanced</b>	<b>Preserved</b>

Other proposed compensatory mitigation related to fill/excavation and dredge activities (e.g., mitigation banks) (omit if not applicable):

---



---

How many acres of proposed mitigation area are considered waters of the United States? \_\_\_\_\_

Location of compensatory mitigation site(s) (attach map of suitable quality and detail):

City or Area \_\_\_\_\_ County \_\_\_\_\_

Longitude/Latitude \_\_\_\_\_ Township/Range \_\_\_\_\_

Will a mitigation plan be prepared in accordance with the Army Corps of Engineers' guidelines and submitted to the Regional Board office?

\_\_\_\_\_ yes      \_\_\_\_\_ no

**CALIFORNIA DEPARTMENT OF FISH AND GAME (CDFG) STREAMBED ALTERATION AGREEMENT**

Agreement issued	<input type="checkbox"/> yes (attach copy)	<input type="checkbox"/> no
Applying for Agreement	<input type="checkbox"/> yes (attach copy)	<input type="checkbox"/> no
Exempt	<input type="checkbox"/> yes	<input type="checkbox"/> no

If exempt from a Streambed Alteration Agreement, state why

\_\_\_\_\_

\_\_\_\_\_

**DEWATERING PERMIT**

Will groundwater dewatering be necessary?  yes  no

If so, what is the proposed method of disposal of the dewatered wastewater?

\_\_\_\_\_

Has an NPDES permit for dewatering discharges to surface waters already been obtained?

yes  no

Dewatering permit number \_\_\_\_\_

**COASTAL DEVELOPMENT PERMIT**

Permit issued	<input type="checkbox"/> yes (attach copy)	<input type="checkbox"/> no
Applying for permit	<input type="checkbox"/> yes (attach copy)	<input type="checkbox"/> no
Exempt	<input type="checkbox"/> yes	<input type="checkbox"/> no

If exempt from a Coastal Development Permit, state why

\_\_\_\_\_

\_\_\_\_\_

**PAST/FUTURE PROPOSALS BY THE APPLICANT**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STORM WATER PERMIT STATUS\***

Obtained storm water permit \_\_\_\_\_ yes \_\_\_\_\_ no  
Filed Notice of Intent with the SWRCB \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ date  
Prepared Storm Water Pollution Prevention Plan (SWPPP) \_\_\_\_\_ yes \_\_\_\_\_ no

If you believe that a Storm Water permit is not necessary, state why

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list (Best Management Practices) BMPs that will be used to minimize impacts to water quality standards (i.e., water quality and beneficial uses) during and after construction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please discuss BMP maintenance and monitoring activities and duration, including the party(ies) responsible for long-term maintenance of any BMP installed. If maintenance and monitoring will be provided through another agency/party, submit a letter from that agency/party demonstrating that an agreement for such long-term maintenance/monitoring has been or will be reached.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature (or Agent)

\_\_\_\_\_  
Date