



**California Regional Water Quality Control Board, San Diego Region**

**APPLICATION FOR CLEAN WATER ACT SECTION 401  
WATER QUALITY CERTIFICATION**

All applicants must provide a **complete and detailed response to all sections** of the application or the application will be deemed incomplete. Responses should not refer reader to an attachment. Any responses by reference must indicate the specific document(s) name and page number(s) (include a copy of the entire reference document). All sections that do not apply must be indicated by Not Applicable ("NA") and must be accompanied by an explanation of why the project is exempt from the section.

<b>1. APPLICANT/AGENT INFORMATION</b>	
Applicant's Name:	Authorized Agent's Name and Title:
Applicant's Address:	Agent's Address:
Applicant's Phone:	Agent's Phone:
Applicant's Fax:	Agent's Fax:
Applicant's Email:	Agent's Email:

<b>STATEMENT OF AUTHORIZATION</b>	
<p>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.</p>	
<p>_____ Applicant's Signature (This <b>must</b> be signed by the applicant, <b>not</b> the authorized agent.)</p>	<p>_____ Date</p>

<b>2. PROJECT/ACTIVITY INFORMATION</b>
<b>PROJECT NAME OR TITLE</b>

**LOCATION OF PROJECT** (See instructions.)

Street Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_

Assessor's Parcel Number(s) \_\_\_\_\_

Hydrologic Unit, Area, and Subarea \_\_\_\_\_

Provide latitude and longitude for the proposed project.

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (Center Reading)

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

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

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

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

**DIRECTIONS TO PROJECT SITE** (See instructions.)

**OWNERSHIP**

Does the applicant own the project site?            Yes            No

If the project site is not owned by the applicant, provide the name(s), address(es), and phone number(s) for the property owner(s) as well as evidence that the applicant has the necessary approvals to construct the project at this location.

Does the applicant plan on selling all or a portion of the site after receiving the necessary approvals?

Yes            No

Does the applicant plan on selling all or a portion of the site prior to starting construction?

Yes            No

If yes, provide the name(s), address(es), and phone number(s) of the future land owner(s).

Does the applicant plan on transferring the certification after receiving the necessary approvals and/or prior to starting construction?

Yes                      No

If yes, provide the name(s), address(es), and phone number(s) of the future transferee(s).

**AFFECTED WATER BODY(IES)** (See instructions.)

List all affected water body(ies).

List water velocities and shear for the 2, 5, 10, 50, and 100 storm water elevations for each water body.

Are any of the water body(ies) considered isolated per SWANCC or Rapanos?    Yes                      No

**NEED FOR PROJECT** (See instructions.)

**DESCRIPTION OF ACTIVITY** (See instructions.)

Has any portion of the work been initiated?      Yes              No

If yes, describe the initiated work and explain why it was initiated prior to obtaining a permit; indicate whether any enforcement action has been taken against the project.

**AVOIDANCE OF IMPACTS** (See instructions.)

**MINIMIZATION OF IMPACTS** (See instructions.)

**PROTECTION OF WATER QUALITY – CONSTRUCTION** (See instructions.)

**PROTECTION OF WATER QUALITY – POST-CONSTRUCTION** (See instructions.)

**PROTECTION OF WATER QUALITY – IMPAIRED WATER BODY(IES).** (See instructions.)

Are any of the water body(ies) within the project area, including impacted and preserved water body(ies), list as impaired on the Clean Water Act Section 303(d) list?

Yes                      No

Are any of the water body(ies) within the project area a tributary to a Clean Water Act Section 303(d) water body(ies)?

Yes                      No

Are any of the water body(ies) within the project area the subject of an adopted Total Maximum Daily Load (TMDL)?

Yes                      No

If **yes** to any of the above, provide a detailed description of the actions that will be taken to ensure that the project does not contribute additional pollutants to the water body(ies). Include a discussion of the pollutants causing the impairment, potential sources of pollutants, and construction and post-construction BMPs.

**STATE OR FEDERALLY THREATENED OR ENDANGERED SPECIES IMPACTED BY THIS PROJECT**  
(See instructions.)

Are any state or federally threatened or endangered species potentially impacted by this project?

Yes                      No

If yes, provide a list of the potentially impacted species (with common name).



**FILL AND DREDGE INFORMATION** (See instructions.)

<b>Aquatic Resource or Plant Community Type</b>	<b>Impacts (acres)</b>	<b>Impacts (linear ft.)</b>	<b>Impacts (cubic yards)</b>
<b>Permanent Impacts</b>			
Lake			
Ocean			
Riparian Zone			
Stream Channel			
Vernal Pool			
Wetland			
<b>Temporary Impacts</b>			
Lake			
Ocean			
Riparian Zone			
Stream Channel			
Vernal Pool			
Wetland			

Provide the acres of impacts considered waters of the U.S. and an explanation of how the waters of the U.S. and State will be impacted by the project.

Provide the latitude and longitude for the proposed impacts.

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (Center Reading)

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

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

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

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

Does the project involve dredging?    Yes            No

If yes, provide the required information (See Instructions.)

Provide the latitude and longitude of the proposed dredging area.

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (Center Reading)

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

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

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

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

**DELINEATION INFORMATION** (See instructions.)

Has the delineation been verified by the U.S. Army Corps?            Yes            No

If yes, provide the date of verification. \_\_\_\_\_

Does the wetland delineation include the Arid West Region supplement?    Yes            No

Provide the name, title, and affiliation of the person delineating the extent of Waters of the U.S. Also provide the date(s) of the wetland delineation.

**3. OTHER LICENSES/PERMITS/AGREEMENTS**

**OTHER APPROVALS** (See instructions.)

Agency	Contact (Include phone number, email)	License/Permit/Agreement	File Number	Date Applied	Status

Does the project require a Federal Energy Regulatory Commission (FERC) license or amendment to a FERC license?

Yes            No

**4. COMPENSATORY MITIGATION**

Is compensatory mitigation proposed? Yes                      No

(See instructions for definitions.)

Aquatic Resource or Plant Community Type	Mitigation for Impacts (acres)	Mitigation for Impacts (linear ft.)	Type of Mitigation <sup>1</sup>
<b>Permanent Impacts</b>			
Lake			
Ocean			
Riparian Zone			
Stream Channel			
Vernal Pool			
Wetland			
<b>Temporary Impacts</b>			
Lake			
Ocean			
Riparian Zone			
Stream Channel			
Vernal Pool			
Wetland			

**1. Please list the type of mitigation proposed using the definitions below:**

- **Establishment** – The creation of vegetated or unvegetated waters of the United States/State where the resource has never previously existed (e.g. conversion of nonnative grassland to a freshwater marsh).
- **Restoration** – Restoration is divided into two activities, re-establishment and rehabilitation, please select one of the following:
  - **Re-establishment** – The return of natural/historic functions to a site where vegetated or unvegetated waters of the United States/State previously existed (e.g., removal of fill material to restore a drainage).
  - **Rehabilitation** – The improvement of the general suite of functions of degraded vegetated or unvegetated waters of the United States/State (e.g., removal of a heavy infestation or monoculture of exotic plant species from jurisdictional areas and replacing with native species).
- **Enhancement** – The improvement to one or two functions of existing vegetated or unvegetated waters of the United States/State (e.g., removal of small patches of exotic plant species from an area containing predominantly natural plant species).
- **Preservation** – The acquisition and legal protection from future impacts in perpetuity of existing vegetated or unvegetated waters of the United States/State (e.g., conservation easement).

How many acres or linear feet of mitigation area are considered waters of the U.S.?

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What is the range of depths to groundwater across the proposed mitigation area?

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Is the mitigation site owned by the applicant?            Yes            No

If no, provide the name(s), address(es), and phone number(s) of the land owner and evidence (e.g., agreements, contracts, etc.) that the applicant has the necessary approvals to implement mitigation at this location. If the land is to be purchased, provide the expected date that the purchase will be complete.

**Provide the location of the Compensatory Mitigation.**

Street Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_

Assessor's Parcel Number(s) \_\_\_\_\_

Hydrologic Unit, Area, and Subarea \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (Center Reading)

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

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

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

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

**MITIGATION BANK/IN-LIEU FEE PROGRAM** (If proposed, See instructions.)

Mitigation Bank/In-Lieu Fee Name: \_\_\_\_\_

Name of Mitigation Bank/In-Lieu Fee Operator: \_\_\_\_\_

Office Address of Operator/Phone Number: \_\_\_\_\_

Mitigation Bank/In-Lieu Fee Location: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_

Mitigation Bank/In-Lieu Fee Water Body type(s): \_\_\_\_\_

Mitigation Area (acres or linear feet) and cost (dollar): \_\_\_\_\_

**5. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)**

Document Type/Title: \_\_\_\_\_

Lead Agency and Contact Information (name, address, phone number):

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

State Clearinghouse Number: \_\_\_\_\_

Has the document been certified/approved and/or has a Notice of Exemption been filed?

Yes                      No

(If yes, include a copy of the certification. If no, provide the expected approval date and document type.)

\_\_\_\_\_

Is this project considered an "emergency" pursuant to CEQA?      Yes                      No

\*Note: Section 401 certification will not be granted without a certified CEQA document.

**6. ADDITIONAL INFORMATION**

**PAST/FUTURE IMPACTS AND CUMULATIVE IMPACTS** (See instructions.)

**7. APPLICATION FEE**

**FILING FEE**

A fee deposit of \$1097.00 is required to be submitted with this application. Additional fees, based on the extent of impacts, may be due. A fee schedule and calculator can be found at:  
[http://www.waterboards.ca.gov/water\\_issues/programs/cwa401/](http://www.waterboards.ca.gov/water_issues/programs/cwa401/)

Is check payable to the "State Water Resources Control Board" attached?      Yes                      No

Check No. \_\_\_\_\_ Amount \_\_\_\_\_

**8. SIGNATURE**

I hereby certify under penalty of perjury that the information provided in this application and in any attachments are true and accurate to the best of my knowledge. I further certify that I possess the necessary authority to undertake work described in this application.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

(This **must** be signed by the applicant, **not** the authorized agent)

Attach the appropriate fee and any additional documents and submit this application to:

California Regional Water Quality Control Board, San Diego Region  
Attn: 401 Water Quality Certification Application  
2375 Northside Drive, Suite 100  
San Diego, CA 92108