

Los Angeles Region  
**CONTAMINATED  
SEDIMENTS  
TASK FORCE**

RECEIVED  
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CALIFORNIA REGIONAL WATER  
QUALITY CONTROL BOARD  
LOS ANGELES REGION

## MASTER DREDGING PERMIT APPLICATION

Form Number REG4-DREDGE-001

PLEASE INDICATE WHICH OF THE FOLLOWING THIS FORM APPLIES TO:

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- ☐ 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 <b>Ventura Port District</b>		Contact Name (if different) <b>Richard Parsons</b>	
Mailing Address <b>1603 Anchors Way Dr.</b>		City <b>Ventura</b>	
State <b>Ca</b>	Zip <b>93001</b>	Business Phone <b>805.642.8538</b>	Residence Phone <b>805.890.8505</b>

### 2. LEGAL INTEREST (see instructions)

<input type="checkbox"/> Individual	<input type="checkbox"/> Legal Entity	<input checked="" type="checkbox"/> Government	<input type="checkbox"/> Non-profit
<input type="checkbox"/> Other (Please provide description): _____			
<b>Note:</b> 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 <b>Richard Parsons</b>		Organization	
Mailing Address <b>2271 Los Encinos Rd.</b>		City <b>Ojai</b>	
State <b>Ca</b>	Zip <b>93023</b>	Business Phone <b>805.890.8505</b>	Residence Phone <b>805.649.9759</b>
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 		Date <b>9/13/11</b>	

### THIS BOX IS FOR OFFICIAL USE ONLY:

Data Base Entry ☐ Yes ☐ No

Date received: \_\_\_\_\_  
Date completed: \_\_\_\_\_  
SAP Approved: \_\_\_\_\_  
Data Submitted: \_\_\_\_\_  
Date Approved: \_\_\_\_\_

ACOE No. \_\_\_\_\_  
CCC No. \_\_\_\_\_  
RWQCB No. \_\_\_\_\_  
POLA CDP No. \_\_\_\_\_  
POLB HDP No. \_\_\_\_\_

## SECTION II - PROJECT INFORMATION

### 4. GENERAL PROJECT INFORMATION (see instructions)

Project Name or Title <b>Ventura Harbor Maintenance Dredging</b>		
Type of Dredging Project: <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> New Work		Timing of Project: <input type="checkbox"/> Single Episode <input checked="" type="checkbox"/> Multi-Episode
Project description (attach additional sheets if necessary): <b>Maintenance dredging of the entrance channel, sand traps, and inner harbor channels (see plates 1 + 2)</b>		
Project need and/or purpose: <b>Periodic dredging is necessary in order to assure adequate depths for the commercial and recreational vessel traffic</b>		
Month and year work is proposed to begin <b>February 2012</b>	Estimated completion date <b>December 2016</b>	Estimated total project cost <b>\$400,000</b>

### 5. DREDGING INFORMATION (see instructions)

Dredge Site <b>Ventura Harbor</b>	County <b>Ventura</b>	Nearest City <b>Ventura</b>
Latitude(s) <b>34° 15' N</b>	Longitude(s) <b>118° 16' W</b>	Waterway <b>Ventura Harbor</b>
Type and composition of dredged material (Please give percentages if available) <input checked="" type="checkbox"/> Sand <input checked="" type="checkbox"/> Silt/Clay		
Is the material appropriate for beach replenishment? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>See April 2009 Sediment Sampling Report</b>		
Proposed type of equipment/construction methods to be used: <b>Hydraulic cutterhead and clam shell</b>		
Will a temporary rehandling area or storage site be used for the dredged material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, for what length of time? _____ Site address? _____ Type of containment? _____ Approximate size of area? _____ acres or ft <sup>2</sup>		
Will the project result in the construction of temporary or permanent structures? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe location and nature of impact: <b>the project will assure continued public access to the harbor waterways</b> Please describe how the impacts would be mitigated: <b>n/a</b>		
Will the proposed dredging affect a historic/cultural resource? <input type="checkbox"/> Yes <input checked="" 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: varies Over/depth tolerance: 2ft *see plates 1+2*  
Proposed design depth: varies Proposed total depth: varies

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

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

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

Agency	Permit/Approval	Permit No.	Issue Date
<u>LARWQCB</u>	<u>Order</u>	<u>R4-2006-0087</u>	<u>Dec 18, 2006</u>
<u>Coastal Comm.</u>	<u>Permit</u>	<u>4-06-086</u>	<u>Feb 28, 2007</u>
<u>ASACE</u>	<u>Permit</u>	<u>200601735-PHT</u>	<u>Jan 10, 2007</u>

If applicable, please give the Assessor's Parcel Number: n/a

**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: varies 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: varies cy

Is the site an existing site that regularly receives dredged material? ☒ Yes ☐ No

Year site was last used for dredged material disposal: 2011

Proposed type of equipment/construction methods to be used:

hydraulic cutterhead

**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):

inner harbor depressions

Site Address <i>none</i>		City <i>Ventura</i>	State <i>Ca</i>	Zip <i>93001</i>
Latitude(s) <i>34° 15' N *</i>	Longitude(s) <i>118° 16' W</i>		Zoning <i>n/a</i>	
Owner's Name <i>Ventura Port District</i>		Phone Number <i>805-642-8538</i>		
Address <i>1603 Anchor Way Dr. Ventura</i>		City <i>Ventura</i>	State <i>Ca</i>	Zip <i>93001</i>

 Does this site include jurisdictional wetlands? ☐ Yes ☒ 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? ☒ Yes ☐ No

 Year site was last used for dredged material disposal: *2009*

 Volume of dredged material designated for this disposal site: *24,000* cy

Proposed type of equipment to be used:

*hydraulic cutterhead*

 Will disposal result in the construction of temporary or permanent structures? ☐ Yes ☒ No  
 If Yes, please describe:

 Will the proposed disposal affect existing public access or public recreational facilities? ☐ Yes ☒ No  
 If Yes, please describe how the impacts would be mitigated:

 Will the proposed disposal involve the transportation of dredged material by trucks? ☐ Yes ☒ 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? ☐ Yes ☒ No

Type of Habitat:	<input type="checkbox"/> Inter-Tidal	<input type="checkbox"/> Sub-Tidal	<input type="checkbox"/> Coastal Wetlands
<input checked="" type="checkbox"/> Sandy Beach	<input type="checkbox"/> Eelgrass	<input type="checkbox"/> Kelp Forest	<input type="checkbox"/> Riparian

Habitat Name:

 Habitat Size: \_\_\_\_\_ acres or ft<sup>2</sup>      Size of area impacted: \_\_\_\_\_ acres or ft<sup>2</sup>  
 Estimated Dates of Impact: From \_\_\_\_\_ To \_\_\_\_\_

Have you contacted the following agencies? (see instructions):

1. U.S. Environmental Protection Agency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
2. U.S. Fish and Wildlife	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
3. U.S. Army Corps of Engineers	<input checked="" 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 checked="" type="checkbox"/> N/A
5. U.S. Bureau of Land Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
6. Nat'l Oceanic & Atmospheric Association	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
7. CA Environmental Protection Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8. CA Department of Fish & Game	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
9. CA State Lands Commission	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
10. S. Coast Air Quality Mgmt. District	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
11. California Coastal Commission	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Regional Water Quality Control Board	<input checked="" 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:  
*Calif. Coastal Commission*

Name of Contact:  
*Kanani Brown*

Permit required?: ☒ Yes ☐ No If Yes, please give number: *4-06-086*

Special Condition(s) required?: ☒ Yes ☐ No  
If Yes, please describe:

*attached*

Name of Agency:  
*U.S. Army Corps of Engineers*

Name of Contact:  
*Antal Szij*

Permit required?: ☒ Yes ☐ No If Yes, please give number: *200601735-PHT*

Special Condition(s) required?: ☒ Yes ☐ No  
If Yes, please describe:

*attached*

Name of Agency:  
*Los Angeles Regional Water Quality Control Board*

Name of Contact:  
*Michael Lyons*

Permit required?: ☒ Yes ☐ No If Yes, please give number: *R4-2006-0087*

Special Condition(s) required?: ☐ Yes ☐ No  
If Yes, please describe:

Name of Agency:

Name of Contact:

Permit required?: ☐ Yes ☐ No If Yes, please give number:

Special Condition(s) required?: ☐ Yes ☐ 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?  
☐ Yes ☒ No If Yes, please indicate: ☐ Federal ☐ State

Note: If more than one, please attach a supplemental list.

Name of species:

Location of species in relation to project:

Estimated Dates of Impact: From \_\_\_\_\_ To \_\_\_\_\_

Do these dates coincide with the breeding season?: ☐ Yes ☐ No

Has a Section 7 consultation been initiated? ☐ Yes ☐ No

Have you prepared a mitigation plan? ☐ Yes ☐ 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? ☐ Yes ☐ No

If Yes, have you consulted National Marine Fisheries Service? ☐ Yes ☐ No

If Yes, please give the following information:

Name of Contact:

Permit required?: ☐ Yes ☐ No If Yes, please give number:

Special Condition(s) required?: ☐ Yes ☐ 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 checked="" type="checkbox"/> No	
Fishery Type: <input type="checkbox"/> Coastal Pelagic Species <input type="checkbox"/> Salmon <input type="checkbox"/> Pacific Coast Groundfish	
Note: If more than one, please attach a supplemental list.	
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)**

Note: Please provide a copy of the project's environmental documentation with your application.	
CEQA Lead Agency: <u>Ventura Port District</u>	
Type of Environmental Documentation: <input checked="" type="checkbox"/> CE <input type="checkbox"/> ND <input type="checkbox"/> EIR	
Date of Approval: <u>9/12/11</u>	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 checked="" type="checkbox"/> None Required	
Number _____	Date of Application _____ Date of Issuance _____
<b>LOCAL GOVERNMENT APPROVALS</b>	
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

All lands and water areas with the harbor are owned by VPD

Address

City

State

Zip

Property adjoins: ☐ Dredging Site ☐ Disposal SiteParty given is: ☐ Owner ☐ Lessee ☐ Other (explain):

Name

Address

City

State

Zip

Property adjoins: ☐ Dredging Site ☐ Disposal SiteParty given is: ☐ Owner ☐ Lessee ☐ Other (explain):

Name

Address

City

State

Zip

Property adjoins: ☐ Dredging Site ☐ Disposal SiteParty given is: ☐ Owner ☐ Lessee ☐ Other (explain):

Name

Address

City

State

Zip

Property adjoins: ☐ Dredging Site ☐ Disposal SiteParty given is: ☐ Owner ☐ Lessee ☐ 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 &amp; Analysis Plan (SAP):

☐☐

Testing Data:

☒☐

Environmental Documentation:

☒☐

Dredging &amp; Disposal Plan:

☒☐

Proof of Legal Interest:

☒☐Federal Consistency Determination  
or Certification☐☐

Fees:

☐ USACE☐ CCC☐ 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

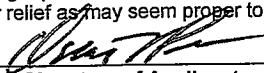
The California Coastal Commission may adopt or amend regulations affecting the issuance of coastal development permits. If you would like notice of such proposals during the pendency of this application, if such proposals are reasonably related to this application, please indicate that desire: ☐ Yes ☐ 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

9/13/11

Date

# Notice of Exemption

Appendix E

To: ☐ Office of Planning and Research  
1400 Tenth Street, Room 121  
Sacramento, CA 95814

From: (Public Agency) Ventura Port District  
1603 Anchors Way Drive  
Ventura Ca 93001  
(Address)

☒ County Clerk  
County of Ventura  
800 So. Victoria  
Ventura, Ca

Project Title: Ventura Harbor Maintenance Dredging

Project Location - Specific: Ventura Harbor

Project Location - City: Ventura Project Location - County: Ventura

Description of Nature, Purpose, and Beneficiaries of Project:

Maintenance Dredging of the harbor channels benefits  
the commercial and recreational vessels utilizing  
the harbor.

Name of Public Agency Approving Project: Ventura Port District

Name of Person or Agency Carrying Out Project: Ventura Port District

Exempt Status: (check one)

- ☐ Ministerial (Sec. 21080(b)(1); 15268);  
☐ Declared Emergency (Sec. 21080(b)(3); 15269(a));  
☐ Emergency Project (Sec. 21080(b)(4); 15269(b)(c));  
☒ Categorical Exemption. State type and section number: Sec 15304(g)  
☐ Statutory Exemptions. State code number:

Reasons why project is exempt: Maintenance dredging where the spoil is  
deposited in a spoil area authorized by all applicable  
state and federal regulatory agencies.

Lead Agency  
Contact Person: Richard Parsons

Area Code/Telephone/Extension: 805-390-8505

If filed by applicant:

1. Attach certified document of exemption finding.  
2. Has a Notice of Exemption been filed by the public agency approving the project? ☐ Yes ☒ No

Signature: [Signature] Date: 9/12/11 Title: Gen. Mgr.

☒ Signed by Lead Agency

Date received for filing at OPR:

☐ Signed by Applicant

Revised October 1989