



Central Coast Region

Application number will be:

- **CA**
- First four letters of last name or facility name (use 0 (zero) as place holder if less than 4 character)
- Month and day of the date application signed

Application number= **CABROW0101**



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

SECTION §401 WATER QUALITY CERTIFICATION APPLICATION FORM

Applications for Water Quality Certification shall be filed in accordance with Sections 3830 through 3869 of Title 23 of the California Code of Regulations. Provide detailed information for all categories that apply to the project and include the conditions under which work will be conducted. **All applicants must fill out Sections 1-4, 8-10, 12 and 15 or the application will be deemed incomplete.** Attach additional sheets as necessary. Responses by references shall indicate the specific document and page number (include copies).

Indicate by "NA" all sections that do not apply, along with an explanation of why the project is exempt from the section.

Fees: A \$600 deposit should accompany dredge and fill applications except for projects qualifying for a flat fee category, in which case a portion of the flat fee should be remitted with the application. Application fees shall be based on the current fee schedule at the following web address. Please scroll to fee calculator.

http://www.swrcb.ca.gov/rwqcb3/water_issues/programs/401wqcert/index.shtml

After the certification has become effective annual fees will be based on the fee schedule that is current at the time of billing.

1. APPLICANT/AGENT INFORMATION

a) Applicant: John Brown	b) Applicant's Representative:
Address: 123 Main Street San Luis Obispo, CA 93401	Address:
Phone No.: (123) 456-7890	Phone No.:
Fax No.:	Fax No.:
E mail address: John.Brown@email.com	E mail address:

2. PROJECT DESCRIPTION*

a) Project Title:

b) Purpose/Goal:

2. PROJECT DESCRIPTION (continued)

c) Detailed Project Activities

(Please **do not refer to a separate document**. Use additional paper if necessary.):

d) Proposed Schedule (start-up, duration, and completion dates):

* If, during the course of the project, the project description should change, the Regional Water Quality Control Board shall receive a written update as soon as changes are known.

3. PROJECT SITE DESCRIPTION

a) Project Location (Attach a road map of the site with waters clearly indicated and a 7.5 minute topographic map with the site outlined):

City or Area _____ County _____

Longitude/Latitude _____ Township/Range _____

b) Area Type/Description (check as appropriate):

- | | | |
|--|---|--|
| Urban <input type="checkbox"/> | Residential <input type="checkbox"/> | Recreation <input type="checkbox"/> |
| Agriculture <input type="checkbox"/> | Open Space <input type="checkbox"/> | Wildlife Corridor <input type="checkbox"/> |
| Migratory Pathway <input type="checkbox"/> | Spawning Habitat <input type="checkbox"/> | |
| Threatened/Endangered Species Habitat <input type="checkbox"/> | | Other <input type="checkbox"/> |

SAMPLE

4. IMPACTED WATER BODIES – Water Board staff recently changed Cell 4. Please read carefully.

a) Name(s) of Receiving Water Body(ies)*:		
b) Indicate in ACRES and LINEAR FEET the proposed Federal and State waters (not including wetlands) to be impacted and identify the impacts(s) as permanent and/or temporary for each water body type listed below:		
Streambed:	_____ permanent, _____ permanent,	_____ temporary ACRES _____ temporary LINEAR FEET
Riparian:	_____ permanent, _____ permanent,	_____ temporary ACRES _____ temporary LINEAR FEET
Lake/Reservoir:	_____ permanent, _____ permanent,	_____ temporary ACRES _____ temporary LINEAR FEET
Ocean/Estuary/Bay:	_____ permanent, _____ permanent,	_____ temporary ACRES _____ temporary LINEAR FEET
c) Acres of wetlands determined by the U.S. Army Corps of Engineers to be jurisdictional.		
Jurisdictional Wetland:	_____ permanent, _____ permanent,	_____ temporary ACRES _____ temporary LINEAR FEET
d) In addition to wetlands described above, include acres of additional wetlands beyond those determined by the U.S. Army Corps of Engineers to be jurisdictional. **		
Wetland:	_____ permanent, _____ permanent,	_____ temporary ACRES _____ temporary LINEAR FEET
e) Add all permanent and temporary impacts from cells b through d to determine total area and linear foot measure of disturbance.		
Total area of disturbance within the waterbody: _____ acres _____ linear feet		
NOTE: YOU MUST INCLUDE A LINEAR FOOT MEASURE.		
f) Dredge and Fill Amount		
Indicate in CUBIC YARDS the volume of <u>dredged</u> material:		
Indicate in CUBIC YARDS the volume <u>and</u> in ACRES or LINEAR FEET the area of <u>fill</u> material:		
g) Indicate type(s) of material proposed to be dredged*** and/or filled:		

*All receiving water bodies are identified in the *Water Quality Control Plan, Central Coast Basin Region* (Basin Plan). Any unnamed/unidentified waters must be extended to an identifiable tributary.

** Whether “navigable”, adjacent, or not, the State and Regional Water Boards have jurisdiction over **all** waters of the state. This includes all wetlands, even those that do not fall under the jurisdiction of the Army Corps of Engineers.

*** In addition to soil types, applicants must determine if dredged soils are contaminated. Please attach chemical analyses if appropriate.

5. WATER QUALITY SAMPLING

a) What is the potential for pollutant releases resulting from the entire proposed project? (e.g. increased peak or stormwater run-off; increased run-off of urban pollutants such as nutrients, pesticides, petrochemicals; refer to CEQA guidelines, appendix G for other potential pollutant releases)

b) Has water quality sampling occurred? Yes No
If yes, what parameters were sampled? Please provide the data.

c) Is water quality sampling planned? Yes No
If no, why not? If yes, what parameters will be sampled?

6. DEWATERING OPERATIONS – Describe the method used to remove ground water and divert surface water if necessary to implement the proposed project. Please attach a diagram with description.

a) Discharge to Surface Water – Include name of receiving water body, estimated volume, flow rates, and management measures proposed:

b) Discharge to Retention Ponds – Include Location (on-site or off-site) and Control Measures:

c) Diversion of State Waters – Include Location (on-site or off-site) and Control Measures:

7. WASTE DISCHARGE – Projects that include waste treatment systems (e.g. septic/leachfields) should fill out this section. Discharge from any system associated with the project should be described.

a) Describe nature and composition of waste. Include projected volume (in GPD) and source (such as industrial, household, agriculture, or other):
b) Location of Treatment and Disposal System*:
c) Proposed Method of Treatment:

* Attach map if necessary

8. FEDERAL LICENSES/PERMITS

a) Federal Agency(ies): U.S. Army Corps of Engineers Yes <input type="checkbox"/> Other Agency? _____ File No.(s) (if known) _____
b) U.S. Army Corps of Engineers 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 <input type="checkbox"/> (attach copy(ies)) No <input type="checkbox"/> (attach explanation)
d) Does the project require a Federal Energy Regulatory Commission (FERC) license or amendment to a FERC license? Yes <input type="checkbox"/> (attach application copy) No <input type="checkbox"/>

9. OTHER LICENSES/PERMITS/AGREEMENTS

a) Please list all other local or state required regulatory approvals (e.g. Department of Fish and Game Streambed Alternation Agreement, County Grading permit etc.) Submit final or draft copy if available.

Agency	License/Permit/Agreement	Approval Date

10. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) – The Regional Board is required to comply with CEQA before approving a project. 401 Certification will NOT be granted without CEQA compliance.

Indicate CEQA Document (submit final or draft copy).

Categorical/Statutory Exemption (Mitigated) Negative Declaration Environmental Impact Report

State Clearinghouse File No.: _____

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: _____

Lead Agency: _____

11. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) MITIGATION

Describe all mitigation measures required for CEQA relating to the following:

Biological Resources _____

Septic Systems _____

Soil Erosion / Grading _____

Water Supply / Groundwater _____

Water Quality / Hydrology _____

Riparian _____

Wetlands _____

Wildlife _____

12. COMPENSATORY MITIGATION –

a) Indicate in ACRES and LINEAR FEET (where appropriate) the total quantity of waters proposed to be Created, Restored and/or Enhanced for purposes of providing Compensatory Mitigation:

Water Body Type	Preserved	Created	Restored	Enhanced
Jurisdictional Wetlands				
All additional Wetlands				
Streambed				
Riparian				
Lake/Reservoir				
Ocean/Estuary/Bay				

b) If contributing to a Mitigation or Conservation Bank, indicate the administrator, dollar amount, acreage, and water body type (omit if not applicable):

Bank Administrator _____

\$ _____ for _____ acres of _____ (water body type)

c) Other Mitigation (omit if not applicable):

d) Location of Compensatory Mitigation Site(s) (attach map of suitable quality and detail):

City or Area _____ County _____

Longitude / Latitude _____ Township / Range _____

13. OTHER ACTIONS/BEST MANAGEMENT PRACTICES (BMPs)

Briefly describe or reference other actions or BMPs to be implemented to avoid and/or minimize impacts to waters, including preservation of habitats, erosion control measures, project scheduling, flow diversions, etc.

14. 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.

15. 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.

Applicant's Signature

Date

Please forward the completed application and applicable supplemental information to:

**California Regional Water Quality Control Board
Central Coast Region
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401
Attn. 401 Coordinator**

Should you have any questions regarding the water quality certification process, please contact our office at (805) 549-3147 or visit our website at <http://www.waterboards.ca.gov/centralcoast/>