



**SWINOMISH INDIAN TRIBAL COMMUNITY**  
**OFFICE OF PLANNING & COMMUNITY DEVELOPMENT**  
11430 Moorage Way La Conner, WA 98257  
Phone 360-466-7280 FAX 360-466-1615

## CWA SECTION 401 WATER QUALITY CERTIFICATION APPLICATION

APPLICATION NO. \_\_\_\_\_

Applicants shall be charged a **\$200.00** application fee at the time of application. This application form must be completed even if an accompanying US Army Corp of Engineer's (ACOE) application form (typically a Joint Aquatic Resources Permit Application, JARPA) duplicates this information. Only designated questions may be left blank and refer to attached ACOE application.

### SECTION 1 – APPLICANT AND PROPERTY INFORMATION (attach additional information as necessary)

1. Owner Name: \_\_\_\_\_  
Owner Organization: \_\_\_\_\_  
Owner Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

2. Applicant/Authorized Agent Name: \_\_\_\_\_  
Applicant/Authorized Agent Organization: \_\_\_\_\_  
Applicant/Authorized Agent Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

3. Contractor (Company): \_\_\_\_\_ Contact: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_  
Contractor Registration No. \_\_\_\_\_ Expires: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

4. Site Address: \_\_\_\_\_  
Allotment # (Trust Land Only): \_\_\_\_\_ (Tax) Parcel #: \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

5. Application/Owner interest in property:  Owner  Purchaser  Lessee  Other:  
List of Other: \_\_\_\_\_

## SECTION 2 – PROJECT INFORMATION

(an attached completed and signed ACOE/JARPA may substitute for answers to this section)

6. Contact information for all adjoining property owners, lessees, etc.

see attached ACOE application  explained below (attach additional sheets as need):

Name	Mailing Address	City, ST, Zip	Tax Parcel
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#

A.

B.

C.

D.

7. Describe the property's (a) the vegetation & habitat conditions; (b) adjacent property's use; (c) current use; (d) existing structures & their purpose.

see attached ACOE application  explained below:

8. Summarize the overall project; indicate the project's major elements; and describe how you plan to construct each project element including construction methods and equipment to be used.

see attached ACOE application  explained below:

9. Describe the purpose of the proposed work and why you want to perform it at the site.

see attached ACOE application  explained below:

## SECTION 3 – DISCHARGE INFORMATION

(this section must be completed, ACOE/JARPA application may NOT substitute for answers to this section)

10. A description of any discharge into Regulated Surface Waters which will or may result from the conduct of the activity, including the biological, chemical, thermal, and other characteristics of the discharge, and the location or locations at which such discharge may enter Regulated Surface Waters.

**11. A description of the function and operation of equipment or facilities to treat pollutants which will or may be discharged as a result of the activity, including specification of the degree of treatment expected to be attained.**

**12. The date or dates on which the activity will begin and end, if known, and the date or dates on which a discharge will or may take place.**

**13. A description of the methods and means being used or proposed to monitor the quality and characteristics of the discharge and the operation of equipment or facilities employed in the treatment or control of pollutants.**

**SECTION 4 – OTHER PERMITS AND APPROVALS**

**14. List other applications, approvals, or certifications required from this or other agencies for any structures, construction, discharges, or other activities described in the application (i.e. preliminary plat approval, health district approval, building permit, TEPA review, etc.) Also indicated whether work has been completed and indicate all existing work on drawings.**

<u>Type of Approval</u>	<u>Issuing Agency</u>	<u>I.D. No.</u>	<u>Date of Application</u>	<u>Date Approved</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Application is hereby made for a permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the officials of the Swinomish Indian Tribal Community the right to enter the above-described location to inspect the proposed or completed work.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent (REQUIRED)

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

**Fees Paid? YES / NO**

Received By: \_\_\_\_\_ Date \_\_\_\_\_

Receipt No. \_\_\_\_\_

Application Reviewed By: \_\_\_\_\_

Required Attachments Received? YES / NO

Re-submittal Checklist given to applicant? YES / NO