

Commonwealth of the Northern Mariana Islands OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality

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Zabrina S. Cruz Director, DEQ

Eli D. Cabrera Administrator

SECTION 401 WATER QUALITY CERTIFICATION REQUEST FORM

This request form is intended for use by project proponents requiring water quality certification under Section 401 of the Clean Water Act. A water quality certification is required for a federal license or permit that authorizes an activity that may result in a discharge to Waters of the United States within the CNMI. A water quality certification ensures that a discharge from a federally licensed or permitted activity will comply with CNMI Water Quality Standards (NMIAC Title 65, Chapter 130).

<u>Filing Instructions:</u> The certification request must be submitted to BECQ. If applicable, attach your complete US Army Corps of Engineers ENG Form 6082 Pre-Construction Notification (PCN) with this completed and signed certification request. Attach additional sheets as necessary.

<u>Certification Request Fees:</u> Applicant shall pay a filing fee prior to issuance of a water quality certification, waiver, or denial. Filing fees are dependent on the type of federal permit or license, the scale of the propose activity, and its potential to affect water quality. Filing fees shall be based on the current fee schedule in accordance with §65-130-605(e)(1) and are non-refundable if the certification is denied.

In order to process the certification request, please make payment by cash or check to **CNMI Treasury** and attach a copy of receipt to this request. Any information that is not applicable to the proposed project please indicate as N/A.

1. APPLICANT INFORMATION

2. AGENT INFORMATION*

Applicant:	Agent:
Contact Name:	Contact Name:
Address:	Address:
Phone No:	Phone No:
Email:	Email:

^{*}Complete only if applicable

3. PROJECT DESCRIPTION

a) Project Title:		
b) Project Location:		
Village:		
Latitude: Longitude:		
*Attach site map with "waters" clearly indicated		
c) Project Description §65-130-605(a)(2): (Please provide a detailed explanation of facilities, project activities, construction or operation. Include a description of the characteristic of the discharge. Include avoidance and minimization measures and alternatives analysis. Attach additional pages as necessary.)		
Check box if attached		
d) Description of Discharge Control §65-130-605(a)(4): (Describe function/ operation of equipment or facilities to control discharge, including the methods of control to be used, and any additional protective measures.) Check box if attached		
a) Description of discharge water quality manitoring plan ect 120 cet ()(A) (Provide a description of		
e) Description of discharge water quality monitoring plan §65-130-605(a)(4): (Provide 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 control of the proposed discharge.) Check box if attached		
f) Proposed Construction Schedule §65-130-605(a)(3): (start date, and completion date)		
h) Applicable federal license or permit §65-130-605(a)(5): (eg. Expected Nationwide Permit number or individual permit type)		
i) Other authorizations required §65-130-605(a)(5): (If applicable, provide a list of all other federal or territorial authorizations (including permits) required for the proposed project, including all approvals or denials already received) Check box if attached		

4. IMPACTED WATER BODIES

a) Location(s) at which discharge may enter CNMI waters §65-130-605(a)(2): (attach site map with "waters" clearly indicated)		
b) Describe potential impacts to water bodies and/or water quality:		
Check box if attached		
c) Identify the estimated date or dates on which the discharge(s) will take place §65-130-605(a)(3):		
5. APPLICANT'S SIGNATURE		
"I hereby request that CNMI Division of Environmental Quality review and take action on this CWA 401 certification request within a reasonable period of time. I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel property gathered and evaluated the information submitted. I hereby certify that all information contained herein is true, accurate, and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."		
Print Name:	Title:	
Signature:	Date:	
STATEMENT OF AUTHORIZATION (if designating a specific authorized agent)		
I hereby authorize the processing of this application and to furnish, upo this permit application.	to act on my behalf as my agent in on request, supplemental information in support of	
XAPPLICANT'S SIGNATURE (not the authorized as	gent) DATE	

All information on this application becomes part of the public record, and as such is subject to public records requests disclosure.