



**Swinomish Indian Tribal Community
Department of Environmental Protection**
11430 Moorage Way - LaConner, WA 98257 - 360.466.7280 - 360.466.1615 fax

CWA SECTION 401 WATER QUALITY CERTIFICATION APPLICATION

Applicants shall be charged a **\$250.00** 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.

I have attached documentation of a pre-filing meeting request submitted at least 30 days prior to this submittal. For more details, see <https://swinomish-nsn.gov/resources/environmental-protection/dep-services/environmental-permits.aspx>

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

1. Owner Name: Michael Palasz
Owner Organization: _____
Owner Mailing Address: 862 KALISPELL DR
City/State/Zip: LA CONNER WA 98257 **Email:** mikepalasz@icloud.com
Telephone: (717)615-1029 **Cell Phone:** () _____ **Fax:** () _____

2. Applicant/Authorized Agent Name: ASHLEY CARLSON
Applicant/Authorized Agent Organization: NORTHWEST PERMIT SPECIALISTS
Applicant/Authorized Agent Mailing Address: 1815 E SECTION ST
ASHLEYCARLSON@NORTHWESTPERMIT
City/State/Zip: MOUNT VERNON WA 98274 **Email:** SPECIALISTS.COM
Telephone: (360)420-7691 **Cell Phone:** () _____ **Fax:** () _____

3. Contractor (Company): CARLSON CONSTRUCTION INC **Contact:** JOHN CARLSON
Contractor Address: 15768 POLSON RD MOUNT VERNON WA 98273
Contractor Registration No. carlsci94803 **Expires:** 06/26
Telephone: (360)202-7798 **Cell Phone:** () _____ **Fax:** () _____

4. Site Address: 862 KALISPELL DR
Allotment # (Trust Land Only): _____ **(Tax) Parcel #:** P129508
Section: 02 **Township:** 33 **Range:** 02

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**

#

A. Joseph Gogal 861 Kalispell Dr La Conner WA 98257 P129511

B. Roger Meuter 863 Kalispell Dr La Conner WA 98257 P129513

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:

Upland there is primarily grass with several ornamental plantings. Shoreline substrate consists of clay and mud. Below the water there is mud, with little to no natural vegetation as Shelter Bay is a dredged marina. Water depth ranges from approximately 8 to 16 feet. Surrounding properties are residences with houses, structures on the property are a primary residence and a pier/ dock/ ramp set up.

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:

This project involves pulling the existing 16' galvanized pipe pile, then extending the existing 44'

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

see attached ACOE application explained below:

Projects purpose is to upgrade the existing facilities and allow use on both sides of the existir

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.

No discharge is expected to occur however dredging will cause substrate to be temporarily di:

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.

A staging area will be established in a location and manner that will prevent contaminants and harm

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.

Project beginning and end dates are subject to permit issuance and applicable in water work

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.

A staging area will be established in a location and manner that will prevent contaminants and

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 including all approvals or denials already received (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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The project proponent hereby requests that the certifying authority review and take action on this CWA 401 certification request within the applicable reasonable period of time. The project proponent hereby certifies that all information contained herein is true, accurate, and complete, to the best of my knowledge and belief. 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

Please submit this request to Nicole Casper, Water Resources Manager at ncasper@swinomish.nsn.us.

FOR OFFICIAL USE ONLY

Fees Paid?	YES / NO	
Received By: _____	Date _____	Application Reviewed By: _____

