Date received	

Suisun Marsh Exterior Levee Maintenance Dredging Permit Initial Application

Please note this is an application only. All project applications must be reviewed and approved before landowner is eligible to work under this program. Do not proceed unless you receive written notification from SRCD that your application has been approved and a California State Lands Commission (CSLC) lease subagreement has been executed.

Ownership Name	Ownership Number
Legal Owner or Representative of Property Authorized to Sign Formal Agreements	Contact Name (If other than owner)
Address	Contact Address
Phone Number	Contact Phone Number
Fax Number	Fax Number
E-Mail Address	E-Mail Address

Please read cover letter to determine project eligibility. All projects must be in compliance with Letter of Permission 2012-00259N, approved by SRCD, and a lease sub-agreement must be executed with CSLC.

This initial application package must include:

- 1. Site location map
- 2. A detailed site map showing each proposed dredging site and GPS coordinates
- 3. Levee dimensions (levee crown and back slope) for each proposed site
- 4. Proposed dredge volume (length X width X depth/27 = cubic yards) for each proposed site
- 5. Description of dredging source site conditions (waterway type and region) for each proposed site
- 6. Type of equipment proposed to conduct the work
- 7. Pre-project photos

				Date received		
Site Number						
	Ownership Name	;		Ownership	Number	
GPS locations: Start						
End						
Marsh Region:	Waterway	Type: Ma	ajor Slough	(1		
		Mi Dr	nor Slough edger Cut	,	ineal footag	- /
		Ba		(1	•	
Where will dredged mater	ial be placed? Ci	rcle one:	Crown	Backslope	Both	
Waterway Type:						
Levee Dimension for dred	dged material: Crown	n (length)	ft. X(width)	_ ft. X / 2'	7 =	yd²
	Back s	lope	ft. X (widt	ft. X/	27 =	_yd²
Total dredge volume for the	is Water Way type:		$_{\rm yd^2}$			
Emergent or submergent ve	egetation present? (Circle one	No	Yes- will be a	voided	
Waterway Type:						
Levee Dimension for dred	lged material: Crown	n <u>(length)</u> f	t. X	ft. $X_{(height)} / 27 =$	=	yd ²
	Back s	lope	ft. X(width	$\frac{1}{h}$ ft. $\frac{X}{(height)}$	27 =	yd
Total dredge volume for the	is Water Way type:		yd^2			
Emergent or submergent ve	egetation present? (Circle one:	No	Yes- will be a	voided	
Total dredge volume for th	nis Site:	yd²				
Proposed type of equip	ment:					

Attach Detailed Site Map

CONSOLIDATED DREDGING-DREDGED MATERIAL

REUSE/DISPOSAL APPLICATION

SECTION I - GENERAL INFORMATION

(Please completely follow instructions provided with application)

	Individual	Legal Entity	Government	Non-profit
Applicant Name	:		Title:	
Company Name):			
Mailing Address	:			
		State:		
Cell ())
E-mail				
Applicant Busin	ness Type - Check	One If Applicable (See	e Instructions)	
Sole Proprie	etorship Partn	ership Corporatio	n Government	t Agency Other Associati
Description				
		TION		
2 REPRESENT	ΙΔΙΙνΕΙΝΕΟΚΜΔ	LICIN		
2. REPRESEN				
		t of contact and/or repr	esentative	None
Applicant's auth	orized agent, point	t of contact and/or repr		
Applicant's auth	orized agent, poin	t of contact and/or repr	Title:	
Applicant's auth Name: Organization:	orized agent, poin	t of contact and/or repr	Title:	
Applicant's auth Name: Organization: Mailing Address	orized agent, point	t of contact and/or repr	Title:	
Applicant's auth Name: Organization: Mailing Address City:	orized agent, point	t of contact and/or representation	Title:	
Applicant's auth Name: Organization: Mailing Address City: Phone: Main (orized agent, point	t of contact and/or representation to the contact and contact a	Title:	
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Applicant's auth Name: Organization: Mailing Address City: Phone: Main (orized agent, point	t of contact and/or representation of contact and contact an	Title:	
Applicant's auth Name: Organization: Mailing Address City: Phone: Main (orized agent, point	state: Faxthis application.	Title:	act as my representative and
Applicant's auth Name: Organization: Mailing Address City: Phone: Main (orized agent, point	state: Faxthis application.	Title:	
Applicant's auth Name: Organization: Mailing Address City: Phone: Main (orized agent, point	state: Faxthis application.	Title:	act as my representative and
Applicant's auth Name: Organization: Mailing Address City: Phone: Main (orized agent, point	state: Fax Signature	Title:	act as my representative and Date
Applicant's auth Name: Organization: Mailing Address City: Phone: Main (orized agent, point	state: Faxthis application.	Title:	act as my representative and
Applicant's auth Name: Organization: Mailing Address City: Phone: Main (corized agent, point :	State: Fax Fax Title	Title:Zip:to	act as my representative and Date
Applicant's auth Name: Organization: _ Mailing Address City: Phone: Main (corized agent, point :	state: Fax Signature	Title:Zip:to	act as my representative and Date (if different then box 1)

[&]quot;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."