

## **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 sub-agreement 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: Major Slough \_\_\_\_\_ (lineal footage)  
Minor Slough \_\_\_\_\_ (lineal footage)  
Dredger Cut \_\_\_\_\_ (lineal footage)  
Bay \_\_\_\_\_ (lineal footage)

Where will dredged material be placed? Circle one: Crown Backslope Both

Waterway Type: \_\_\_\_\_

Levee Dimension for dredged material: Crown \_\_\_\_\_ ft. X \_\_\_\_\_ ft. X \_\_\_\_\_ / 27 = \_\_\_\_\_ yd<sup>2</sup>  
(length) (width) (height)

Back slope \_\_\_\_\_ ft. X \_\_\_\_\_ ft. X \_\_\_\_\_ / 27 = \_\_\_\_\_ yd<sup>2</sup>  
(length) (width) (height)

Total dredge volume for this Water Way type: \_\_\_\_\_ yd<sup>2</sup>

Emergent or submergent vegetation present? Circle one No Yes- will be avoided

Waterway Type: \_\_\_\_\_

Levee Dimension for dredged material: Crown \_\_\_\_\_ ft. X \_\_\_\_\_ ft. X \_\_\_\_\_ / 27 = \_\_\_\_\_ yd<sup>2</sup>  
(length) (width) (height)

Back slope \_\_\_\_\_ ft. X \_\_\_\_\_ ft. X \_\_\_\_\_ / 27 = \_\_\_\_\_ yd<sup>2</sup>  
(length) (width) (height)

Total dredge volume for this Water Way type: \_\_\_\_\_ yd<sup>2</sup>

Emergent or submergent vegetation present? Circle one: No Yes- will be avoided

Total dredge volume for this Site: \_\_\_\_\_ yd<sup>2</sup>

Proposed type of equipment: \_\_\_\_\_

**\*Attach Detailed Site Map\***

**CONSOLIDATED DREDGING-DREDGED MATERIAL  
REUSE/DISPOSAL APPLICATION**

(Please completely follow instructions provided with application)

**SECTION I - GENERAL INFORMATION**

\* **1. APPLICANT INFORMATION**

Individual                      Legal Entity                      Government                      Non-profit

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Main (    ) \_\_\_\_\_ - \_\_\_\_\_                      Fax (    ) \_\_\_\_\_ - \_\_\_\_\_

                    Cell (    ) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

Applicant Business Type - Check One If Applicable (See Instructions)

Sole Proprietorship      Partnership      Corporation      Government Agency      Other Association

Description

\_\_\_\_\_

**2. REPRESENTATIVE INFORMATION**

Applicant's authorized agent, point of contact and/or representative                      None

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Main (    ) \_\_\_\_\_ - \_\_\_\_\_                      Fax (    ) \_\_\_\_\_ - \_\_\_\_\_

                    Cell (    ) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to act as my representative and bind me in all matters concerning this application.

\_\_\_\_\_

\* Signature of Applicant                      Signature of Representative                      Date

\_\_\_\_\_

Name                      Title                      (if different then box 1)

Who should receive correspondence relevant to this application?

Applicant                      Representative                      Both

"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."