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|  | *Office Use Only*  Corps Action ID no. [Click to enter.] Date received: [Click to enter.]  DWR project no. [Click enter.] Date received: [Click to enter.]  Site Coordinates:  Latitude (DD.DDDDDD): [Click to enter.]  Longitude (DD.DDDDDD): [Click to enter.]  *Form Version 4.3, April 20, 2022* |
|  | |
| Pre-Construction Notification (PCN) Form*(Ver. 4.2, January 31, 2022))* | |
| For Nationwide Permits and Regional General Permits and corresponding Water Quality Certifications  Please note: fields marked with a red asterisk \* are required. The form is not considered complete until all mandatory questions are answered.  The PCN help document may be found at this link:  <https://edocs.deq.nc.gov/WaterResources/DocView.aspx?dbid=0&id=2196924&cr=1>  Please ensure you have submitted a pre-filing meeting request at least 30 days prior to submitting this form, as DWR will not be able to accept your application without documentation of this important first step. The Division has developed a Pre-filing Meeting Request email address [401PreFile@ncdenr.gov](mailto:401PreFile@ncdenr.gov) to accept the federally required pre-filing meeting request and provide confirmation receipt of submittal . This receipt or similar documentation will satisfy 40 C.F.R. Section 121.4(a) which states “At least 30 days prior to submitting a certification request, the project proponent shall request a pre-filing meeting with the certifying agency.” In accordance with 40 C.F.R. Section 121.5(b)(7), and (c)(5), all certification requests must include documentation that a pre-filing meeting request was submitted to the certifying authority at least 30 days prior to submitting the certification request.  Attach documentation of Pre-Filing Meeting Request to this Application.  Date of Pre-filing Meeting Request (MM/DD/YYYY) \*: Click to enter. | |

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| A. Processing Information | | | |
| County (counties) where project is located: \* | Choose one. Additional (if needed). | | |
| Is this an ARPA project? \* | Yes  No | | |
| If yes, ARPA project number:  *\* The project number can be found on the “Letter of Intent to Fund” (LOIF) or “Offer and Acceptance Letter”.  If you are unable to locate your DWI ARPA Funding Project Number, please contact Corey Basinger at* [*corey.basinger@ncdenr.gov*](mailto:corey.basinger@ncdenr.gov) *for further assistance.* | Click or tap here to enter text. | | |
| Is this a NCDMS project? \*  (Click yes only if NCDMS is the applicant or co-applicant) | Yes  No | | |
| Is this a public transportation project? \*  (Publicly funded municipal, state, or federal road, rail, or airport project) | Yes  No | | |
| Is this a NCDOT project? \* | Yes  No | | |
| If yes, NCDOT TIP or state project number: | Click to enter. | | |
| If yes, NCDOT WBS number: \* | Click to enter. | | |
| 1a. Type(s) of approval sought from the Corps: \* | Section 404 Permit (wetlands, streams, waters, Clean Water Act)  Section 10 Permit (navigable waters, tidal waters, Rivers and Harbors Act) | | |
| Has this PCN previously been submitted? \* | Yes  No | | |
| Please provide the date of the previous submission. \* | Click to enter a date. | | |
| 1b. What type(s) of permit(s) do you wish to seek authorization? \* | Nationwide Permit (NWP)  Regional General Permit (RGP)  Standard (IP) | | |
| This form may be used to initiate the standard/ individual permit process with the USACE. Please contact your Corps representative concerning submittals for standard permits. All required items can be included as attachments and submitted with this form. | | | |
| 1c. Has the NWP or GP number been verified by the Corps? \* | | | Yes  No |
| NWP number(s) (list all numbers ): | | | Click to enter. |
| RGP number(s) (list all numbers ): | | | Click to enter. |
| Are you a federal applicant? | | | Yes  No |
| If yes, please provide a statement concerning compliance with the Coastal Zone Management Act \*  Click to enter text. | | | |
| 1d. Type(s) of approval sought from DWR (check all that apply): \*  401 Water Quality Certification – Regular  401 Water Quality Certification– Express  Non-404 Jurisdictional General Permit  Riparian Buffer Authorization  Individual 401 Water Quality Certification | | | |
| Is this a courtesy copy notification | | Yes  No | |
| 1e. Is this notification solely for the record because written approval is not required? \* | | | |
| For the record only for DWR 401 Certification: \* | | | Yes  No |
| For the record only for Corps Permit: \* | | | Yes  No |
| 1f. Is this an after-the-fact permit/certification application? \* | | | Yes  No |
| 1g. Is payment into a mitigation bank or in-lieu fee program proposed for mitigation of impacts? | | | Yes  No |
| If yes, attach the acceptance letter from mitigation bank or in-lieu fee program. | | | |
| 1h. Is the project located in any of NC’s twenty coastal counties? \* | | | Yes  No |
| 1i. Is the project located within an NC DCM Area of Environmental Concern (AEC)? \* | | | Yes  No  Unknown |
| 1j. Is the project located in a designated trout watershed? \* | | | Yes  No |
| If yes, you must attach a copy of the approval letter from the appropriate Wildlife Resource Commission Office.  Trout information may be found at this link: <http://www.saw.usace.army.mil/Missions/Regulatory-Permit-Program/Agency-Coordination/Trout.aspx> | | | |

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| B. Applicant Information | |
| 1a. Who is the primary contact? \* | Click to enter. |
| 1b. Primary Contact Email: \* | Click to enter. |
| 1c. Primary Contact Phone: \* (###)###-#### | Click to enter. |
| 1d. Who is applying for the permit/certification? \* (check all that apply) | Owner  Applicant (other than owner) |
| 1e. Is there an agent/consultant for this project?\* | Yes  No |

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| **2. Landowner Information** | |
| 2a. Name(s) on Recorded Deed: \* | Click to enter. |
| 2b. Deed Book and Page No.: | Click to enter. |
| 2c. Contact Person (for corporations): | Click to enter. |
| 2d. Address \* | |
| Street Address: | Click to enter. |
| Address line 2: | Click to enter. |
| City: | Click to enter. |
| State/ Province/ Region: | Click to enter. |
| Postal/ Zip Code: | Click to enter. |
| Country: | Click to enter. |
| 2e. Telephone Number: \* (###)###-#### | Click to enter. |
| 2f. Fax Number: (###)###-#### | Click to enter. |
| 2g. Email Address: \* | Click to enter. |

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| **3. Applicant Information (if different from owner)** | |
| 3a. Name: \* | Click to enter. |
| 3b. Business Name (if applicable): | Click to enter. |
| 3c. Address: \* | |
| Street Address: | Click to enter. |
| Address line 2: | Click to enter. |
| City: | Click to enter. |
| State/ Province/ Region: | Click to enter. |
| Postal/ Zip Code: | Click to enter. |
| Country | Click to enter. |
| 3d. Telephone Number: \* (###)###-#### | Click to enter. |
| 3e Fax Number: (###)###-#### | Click to enter. |
| 3f. Email Address: \* | Click to enter. |

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| **4. Agent/ Consultant (if applicable)** | |
| 4a. Name: \* | Click to enter. |
| 4b. Business Name: | Click to enter. |
| 4c. Address: \* | |
| Street Address: | Click to enter. |
| Address line 2: | Click to enter. |
| City: | Click to enter. |
| State/ Province/ Region: | Click to enter. |
| Postal/ Zip Code: | Click to enter. |
| Country: | Click to enter. |
| 4d. Telephone Number: \* (###)###-#### | Click to enter. |
| 4e Fax Number: (###)###-#### | Click to enter. |
| 4f. Email Address: \* | Click to enter. |
| Agent Authorization Letter:\*  Attach a completed/signed agent authorization form or letter. A sample form may be found at this link: <https://www.saw.usace.army.mil/Missions/Regulatory-Permit-Program/Permits/2017-Nationwide-Permits/Pre-construction-Notification/> | |

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| C. Project Information and Prior Project History | |
| **1. Project Information** | |
| 1a. Name of project: \* | Click to enter. |
| 1b. Subdivision name (if appropriate): | Click to enter. |
| 1c. Nearest municipality/town: \* | Click to enter. |

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| **2. Project Identification** | |
| 2a. Property identification number (tax PIN or parcel ID): | Click to enter. |
| 2b. Property size (in acres): | Click to enter |
| 2c. Project Address: | |
| Street Address: | Click to enter. |
| Address line 2: | Click to enter. |
| City: | Click to enter. |
| State/ Province/ Region: | Click to enter. |
| Postal/ Zip Code: | Click to enter. |
| Country: | Click to enter. |
| 2d. Site coordinates in decimal degrees (using 4-6 digits after the decimal point): \* | Latitude (DD.DDDDDD): \* [Click to enter.] |
| Longitude (-DD.DDDDDD): \* -[Click to enter.] |

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| **3. Surface Waters** | |
| 3a. Name of nearest body of water to proposed project: \* | Click to enter. |
| 3b. Water Resources Classification of nearest receiving water: \* | Click to enter. |
| The Surface Water Classification map may be found at this link:  <https://ncdenr.maps.arcgis.com/apps/webappviewer/index.html?id=6e125ad7628f494694e259c80dd64265> | |
| 3c. In what river basin(s) is your project located? \* | Choose one  Choose additional (if needed) |
| 3d. Please provide the 12-digit HUC in which the project is located: \* | Click to enter. |
| The Find Your HUC map may be found at this link: <https://ncdenr.maps.arcgis.com/apps/PublicInformation/index.html?appid=ad3a85a0c6d644a0b97cd069db238ac3> | |

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| **4. Project Description and History** | |
| 4a. Describe the existing conditions on the site and the general land use in the vicinity of the project at the time of this application: \*  Click to enter. | |
| 4b. Have Corps permits or DWR certifications been obtained for this project (including all prior phases) in the past? \* | Yes  No  Unknown |
| If yes, please give the DWR Certification number and/or Corps Action ID (ex. SAW-0000-00000): | [Click to enter.]  [Click to enter.] |
| Attach any pertinent project history documentation | |
| 4b2. Is any portion of the work already complete? \* | Yes  No |
| If yes, describe the completed work.  Click to enter text. | |
| 4c. List of other certifications or approvals/denials received from other federal, state or local agencies for work described in this application not related to the 404 or 401.  Click to enter text. | |
| 4d. Attach an 8½ x 11” excerpt from the most recent version of the USGS topographic map indicating the location of the project site. | |
| 4e. Attach an 8½ x 11” excerpt from the most recent version of the published County NRCS Soil Survey map depicting the project site. | |
| 4f. List the total estimated acreage of all existing wetlands on the property: | Click to enter. acres |
| 4g. List the total estimated linear feet of all existing streams (intermittent and perennial) on the property: | Click to enter. linear feet |
| 4g1. List the total estimated acreage of all existing open waters on the property: | Click to enter. acres |
| 4h. Explain the purpose of the proposed project: \*  Click to enter text. | |
| 4i. Describe the overall project in detail, including the type of equipment to be used: \*  Click to enter text. | |
| 4j. Attach project drawings/site diagrams/depictions of impact areas for the proposed project. | |
| 4k. Will this activity involve dredging in wetlands or waters? \* | Yes  No |
| If yes, describe the type of dredging, the composition of the dredged material, and the locations of disposal area.  Click to enter text. | |

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| **5. Jurisdictional Determinations** | | |
| 5a. Have the wetlands or streams been delineated on the property or in proposed impact areas? \* | | Yes  No  Unknown |
| Comments:  Click to enter text. | | |
| 5b. If the Corps made a jurisdictional determination, what type of determination was made? \* | Preliminary  Approved  Emailed concurrence  Not Verified  Unknown  n/a | |
| Corps AID number (ex. SAW-0000-00000): | Click to enter. | |
| 5c. If 5a is yes, who delineated the jurisdictional areas? | Name (if known): Click to enter.  Agency/Consultant Company: Click to enter.  Other: Click to enter. | |
| 5d. List the dates of the Corps jurisdictional determination or State determination if a determination was made by either agency.  Click to enter. | | |
| 5d1. Attach jurisdictional determinations. | | |

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| **6. Future Project Plans** | |
| 6a. Is this a phased project? | Yes  No |
| 6b. If yes, explain.  Click to enter. | |
| Are any other NWP(s), regional general permit(s), or individual permit(s) used, or intended to be used, to authorize any part of the proposed project or related activity? This includes other separate and distant crossings for linear projects that require Department of the Army authorization but don’t require pre-construction notification.  Click to enter. | |

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| 7. Addresses of adjoining property owners, lessees, etc. whose property adjoins the waterbody (if more than can be entered here, please attach a supplemental list)  Click to enter. |

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| 8. Scheduling of activity:  Click to enter. |

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| D. Proposed Impacts Inventory | |
| **1. Impacts Summary** | |
| 1a. Where are the impacts associated with your project (check all that apply): | Wetlands  Streams - tributaries  Buffers  Open Waters  Pond Construction |

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| **2. Wetland Impacts**  If there are wetland impacts proposed on the site, complete this table for each wetland area impacted. | | | | | | | |
| 2a.  Site #\* | 2a1.  Impact Reason/Type\* | 2b.  Impact Duration\* | 2c.  Wetland Type\* | 2d.  Wetland Name\* | 2e.  Forested?\* | 2f.  Jurisdiction Type\* | 2g.  Impact Area (ac)\* |
| W1 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W2 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W3 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W4 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W5 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W6 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W7 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W8 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W9 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W10 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W11 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W12 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W13 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W14 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| W15 | Choose one | Temp/ Perm | Choose one | Click to enter | Y/N | Choose one | Click to enter |
| 2g1. Total temporary wetland impacts | | | | | Click to enter. ac | | |
| 2g2. Total permanent wetland impacts | | | | | Click to enter. ac | | |
| 2g3. Total wetland impacts | | | | | Click to enter. ac | | |
| 2h. Type(s) of material being discharged and the amount of each type in cubic yards:  Click to enter text. | | | | | | | |
| 2i. Comments:  Click to enter text. | | | | | | | |

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| **3. Stream Impacts**  If there are perennial or intermittent stream/ tributary impacts (including temporary impacts) proposed on the site, complete this table for all stream/ tributary sites impacted.  \*\* All Perennial or Intermittent streams must be verified by DWR or delegated local government | | | | | | | | |
| Site #\* | 3a  Impact Reason\* | 3b.  Impact Duration\* | 3c.  Impact Type\* | 3d.  Stream Name\* | 3e.  Stream Type\* | 3f.  Jurisdiction Type\* | 3g.  Stream Width (avg ft) \* | 3h.  Impact length (linear ft) \* |
| S1 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S2 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S3 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S4 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S5 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S6 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S7 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S8 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S9 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S10 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S11 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S12 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S13 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S14 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S15 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S16 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S17 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S18 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S19 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| S20 | Click to enter | Temp/ Perm | Choose one | Click to enter | Per/Int | Choose one | Click to enter | Click to enter |
| 3i1. Total jurisdictional ditch impact: | | | Click to enter. linear ft | | | | | |
| 3i2. Total permanent stream impacts: | | | Click to enter. linear ft | | | | | |
| 3i3. Total temporary stream impacts: | | | Click to enter. linear ft | | | | | |
| 3i4. Total stream and ditch impacts: | | | Click to enter. linear ft | | | | | |
| 3j. Comments:  Click to enter. | | | | | | | | |

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| **4. Open Water Impacts**  If there are proposed impacts to lakes, ponds, estuaries, tributaries, sounds, the Atlantic Ocean, or any other open water of the U.S., individually list all open water impacts in the table below. | | | | | | | |
| 4a.  Site #\* | 4a1.  Impact Reason | 4b.  Impact Duration\* | 4c.  Waterbody Name\* | 4d.  Activity Type\* | | 4e.  Waterbody Type\* | 4f.  Impact area (ac)\* |
| O1 | Click to enter. | Temp/ Perm | Click to enter. | Choose one | | Choose one | Click to enter. |
| O2 | Click to enter. | Temp/ Perm | Click to enter. | Choose one | | Choose one | Click to enter. |
| O3 | Click to enter. | Temp/ Perm | Click to enter. | Choose one | | Choose one | Click to enter. |
| O4 | Click to enter. | Temp/ Perm | Click to enter. | Choose one | | Choose one | Click to enter. |
| O5 | Click to enter. | Temp/ Perm | Click to enter. | Choose one | | Choose one | Click to enter. |
| 4g. Total temporary open water impacts | | | | | Click to enter. ac | | |
| 4g. Total permanent open water impacts | | | | | Click to enter. ac | | |
| 4g. Total open water impacts | | | | | Click to enter. ac | | |
| 4h. Comments:  Click to enter. | | | | | | | |

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| **5. Pond or Lake Construction**  If pond or lake construction is proposed, complete the table below. (\*This does NOT include offline stormwater management ponds.) | | | | | | | | | |
| 5a.  Pond ID # | 5b.  Proposed use or purpose of pond | 5c.  Wetland Impacts (ac) | | | 5d.  Stream Impacts (ft) | | | | 5e.  Upland Impacts (ac) |
| Flooded | Filled | Excavated | Flooded | | Filled | Excavated |
| P1 | Choose one | Click to enter. | Click to enter. | Click to enter. | Click to enter. | | Click to enter. | Click to enter. | Click to enter. |
| P2 | Choose one | Click to enter. | Click to enter. | Click to enter. | Click to enter. | | Click to enter. | Click to enter. | Click to enter. |
| P3 | Choose one | Click to enter. | Click to enter. | Click to enter. | Click to enter. | | Click to enter. | Click to enter. | Click to enter. |
| 5f. Total | | Click to enter. | Click to enter. | Click to enter. | Click to enter. | | Click to enter. | Click to enter. | Click to enter. |
| 5g. Comments:  Click to enter. | | | | | | | | | |
| 5h. Is a dam high hazard permit required? | | | | | | Yes  No | | | |
| If yes, permit ID no.: | | | | | | Click to enter. | | | |
| 5i. Expected pond surface area (acres): | | | | | | Click to enter. | | | |
| 5j. Size of pond watershed (acres): | | | | | | Click to enter. | | | |
| 5k. Method of construction:  Click to enter. | | | | | | | | | |

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| **6. Buffer Impacts (DWR requirement)**  If project will impact a protected riparian buffer, then complete the chart below. Individually list all buffer impacts. | | | | | | |
| 6a. Project is in which protected basin(s)? \* (Check all that apply.) | | | Neuse  Tar-Pamlico  Catawba  Jordan  Goose Creek  Randleman  Other: Click to enter. | | | |
| Site #\* | 6b.  Impact Type\* | 6c.  Impact Duration\* | 6d.  Stream Name\* | 6e.  Buffer Mitigation Required?\* | 6f.  Zone 1 Impact\* (sq ft) | 6g.  Zone 2 Impact\* (sq ft) |
| B1 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B2 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B3 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B4 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B5 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B6 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B7 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B8 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B9 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B10 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B11 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B12 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B13 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B14 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B15 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B16 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B17 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B18 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B19 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| B20 | Choose one | Temp/ Perm | Click to enter. | Y/N | Click to enter. | Click to enter. |
| 6h. Total temporary impacts: | | | Zone 1: Click to enter. sq ft | | Zone 2: Click to enter. sq ft | |
| 6h. Total permanent impacts: | | | Zone 1: Click to enter. sq ft | | Zone 2: Click to enter. sq ft | |
| 6h. Total combined buffer impacts: | | | Zone 1: Click to enter. sq ft | | Zone 2: Click to enter. sq ft | |
| 6i. Comments:  Click to enter. | | | | | | |
| Please attach supporting documentation (impact maps, plan sheets, etc.) for the proposed project. | | | | | | |

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| E. Impact Justification and Mitigation |
| **1. Avoidance and Minimization** |
| 1a. Specifically describe measures taken to avoid or minimize the proposed impacts through project design: \*  Click to enter. |
| 1b. Specifically describe measures taken to avoid or minimize proposed impacts through construction techniques: \*  Click to enter. |

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| **2. Compensatory Mitigation for Impacts to Waters of the U.S., Waters of the State, or Riparian Buffers** | | |
| 2a. If compensatory mitigation is required, by whom is it required? \* (check all that apply) | | DWR  Corps |
| 2b. If yes, which mitigation option(s) will be used for this project? \* (check all that apply) | Mitigation Bank  In Lieu Fee Program  Permittee Responsible Mitigation | |

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| **3. Complete if using a Mitigation Bank** (Must satisfy NC General Statute143-214.11 (d1).) | | |
| 3a. Name of mitigation bank: | Click to enter. | |
| 3b. Credits purchased/requested: | Type: Choose one | Quantity Click to enter. |
| Type: Choose one | Quantity Click to enter. |
| Type: Choose one | Quantity Click to enter. |
| Attach receipt and/or approval letter. | | |
| 3c. Comments:  Click to enter. | | |

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| **4. Complete if Using an In Lieu Fee Program** | |
| 4a. Attach approval letter from in lieu fee program. | |
| 4b. Stream mitigation requested: | Click to enter. linear feet |
| 4c. If using stream mitigation, what is the stream temperature: | Choose one |
| NC Stream Temperature Classification Maps can be found under the Mitigation Concepts tab on the Wilmington District’s RIBITS website: (Please use the filter and select Wilmington district) <https://ribits.usace.army.mil/ribits_apex/f?p=107:27:2734709611497::NO:RP:P27_BUTTON_KEY:0> | |
| 4d. Buffer mitigation requested (DWR only): | Click to enter. square feet |
| 4e. Riparian wetland mitigation requested: | Click to enter. acres |
| 4f. Non-riparian wetland mitigation requested: | Click to enter. acres |
| 4g. Coastal (tidal) wetland mitigation requested: | Click to enter. acres |
| 4h. Comments:  Click to enter. | |

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| **5. Complete if Providing a Permittee Responsible Mitigation Plan** |
| 5a. If proposing a permittee responsible mitigation plan, provide a description of the proposed mitigation plan, including mitigation credits generated.  Click to enter. |
| 5b. Attach mitigation plan/documentation. |

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| **6. Buffer Mitigation (State Regulated Riparian Buffer Rules) – DWR requirement** | | | | | |
| 6a. Will the project result in an impact within a protected riparian buffer that requires buffer mitigation? | | | | Yes  No | |
| If yes, please complete this entire section – please contact DWR for more information. | | | | | |
| 6b. If yes, identify the square feet of impact to each zone of the riparian buffer that requires mitigation. Calculate the amount of mitigation required in the table below. | | | | | |
| Zone | 6c.  Reason for impact | 6d.  Total impact  (square feet) | Multiplier | | 6e.  Required mitigation (square feet) |
| Zone 1 | Click to enter. | Click to enter. | Choose one | | Click to enter. |
| Zone 2 | Click to enter. | Click to enter. | Choose one | | Click to enter. |
| 6f. Total buffer mitigation required | | | | | Click to enter. |
| 6g. If buffer mitigation is required, is payment to a mitigation bank or NC Division of Mitigation Services proposed? | | | | Yes  No | |
| 6h. If yes, attach the acceptance letter from the mitigation bank or NC Division of Mitigation Services. | | | | | |
| 6i. Comments:  Click to enter. | | | | | |

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| F. Stormwater Management and Diffuse Flow Plan (DWR requirement) | | |
| **1. Diffuse Flow Plan** | | |
| 1a. Does the projectinclude or is it adjacent to protected riparian buffers identified within one of the NC Riparian Buffer Protection Rules? | | Yes  No |
| 1b. All buffer impacts and high ground impacts require diffuse flow or other form of stormwater treatment. If the project is subject to a state implemented riparian buffer protection program, include a plan that fully documents how diffuse/dispersed flow will be maintained. | | |
| All Stormwater Control Measures (SCM) must be designed in accordance with the NC Stormwater Design Manual (<https://deq.nc.gov/about/divisions/energy-mineral-land-resources/energy-mineral-land-permit-guidance/stormwater-bmp-manual>).  Associated supplement forms and other documentation must be provided. | | |
| What Type of SCM are you providing?  (Check all that apply) | Level Spreader  Vegetated Conveyance (lower seasonal high water table- SHWT)  Wetland Swale (higher SHWT)  Other SCM that removes minimum 30% nitrogen  Proposed project will not create concentrated stormwater flow through the buffer | |
| For a list of options to meet the diffuse flow requirements, click [here](https://files.nc.gov/ncdeq/Water%20Quality/Surface%20Water%20Protection/401/Buffer%20Clarification%20Memos/Options%20for%20Meeting%20Diffuse%20Flow%20Provisions%20of%20the%20Storwmater%20and%20Riparian%20Buffer%20Protection%20Programs.pdf). | | |
| Attach diffuse flow documentation. | | |

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| **2. Stormwater Management Plan** | | |
| 2a. Is this an NCDOT project subject to compliance with NCDOT’s Individual NPDES permit NCS000250? \* | | Yes  No |
| 2b. Does this project meet the requirements for low density projects as defined in 15A NCAC 02H .1003(2)? \* | | Yes  No |
| To look up low density requirements, click here:  <http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environmental%20quality/chapter%2002%20-%20environmental%20management/subchapter%20h/15a%20ncac%2002h%20.1003.pdf> | | |
| 2c. Does this project have a stormwater management plan (SMP) reviewed and approved under a state stormwater program or state-approved local government stormwater program? \* | | Yes  No  n/a – project disturbs < 1 acre |
| Note: Projects that have vested rights, exemptions, or grandfathering from state or locally implemented stormwater programs or projects that satisfy state or locally-implemented stormwater programs through use of community in-lieu programs should answer “no” to this question. | | |
| 2d. Which of the following stormwater management program(s) apply? (Check all that apply.)\* | | Local Government  State |
| If you have local government approval, please include the SMP on their overall impact map. | | |
| Local Government Stormwater Programs \* | Phase II  USMP  NSW  Water Supply | |
| Please identify which local government stormwater program you are using. \*  Click to enter. | | |
| State Stormwater Programs \* | Phase II  HQW or ORW  Coastal Counties  Other | |
| Comments:  Click to enter. | | |

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| G. Supplementary Information | |
| **1. Environmental Documentation** | |
| 1a. Does the project involve an expenditure of public (federal/state/local) funds or the use of public (federal/state) land? \* | Yes  No |
| 1b. If you answered “yes” to the above, does the project require preparation of an environmental document pursuant to the requirements of the National or State (North Carolina) Environmental Policy Act (NEPA/SEPA)? \* | Yes  No |
| 1c. If you answered “yes” to the above, has the document review been finalized by the State Clearing House? (If so, attach a copy of the NEPA or SEPA final approval letter.) \* | Yes  No |
| Comments:  Click to enter. | |

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| **2. Violations (DWR Requirement)** | |
| 2a. Is the site in violation of DWR Water Quality Certification Rules (15A NCAC 2H .0500), Isolated Wetland Rules (15A NCAC 2H .1300), Federally Non-Jurisdictional Wetlands /Classified Surface Waters (15A NCAC 2H. 1400) DWR Surface Water or Wetland Standards or Riparian Buffer Rules (15A NCAC 2B .0200)? \* | Yes  No |
| 2b. If you answered “yes” to the above question, provide an explanation of the violation(s):  Click to enter. | |

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| **3. Cumulative Impacts (DWR Requirement)** | |
| 3a. Will this project (based on past and reasonably anticipated future impacts) result in additional development, which could impact nearby downstream water quality? \* | Yes  No |
| 3b. If you answered “no”, provide a short narrative description:  Click to enter. | |
| 3c. If yes, provide a qualitative or quantitative cumulative impact analysis in accordance with the most recent DWR policy. (Attach .pdf) | |

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| **4. Sewage Disposal (DWR Requirement)** | |
| 4a. Is sewage disposal required by DWR for this project? \* | Yes  No  N/A |
| 4b. If yes, describe in detail the treatment methods and dispositions (non-discharge or discharge) of wastewater generated from the proposed project. If the wastewater will be treated at a treatment plant, list the capacity available at that plant.  Click to enter. | |

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| **5. Endangered Species and Designated Critical Habitat (Corps Requirement)** | |
| 5a. Will this project occur in or near an area with federally protected species or habitat? (IPAC weblink: [https://www.fws.gov/ipac/ [fws.gov]](https://urldefense.com/v3/__https:/www.fws.gov/ipac/__;!!HYmSToo!OstUj8BC7lEJaujeB-yGUifOGoZXQIiAJNdCZTkaDbAVEk4abEXDIJX8Ssk1UA4yX5lDQWI$)) \* | Yes  No |
| 5b. Have you checked with the USFWS concerning Endangered Species Act impacts? \* | Yes  No |
| 5c. If yes, indicate the USFWS Field Office you have contacted. | Choose one |
| 5d. Is another federal agency involved? \* | Yes  No  Unknown |
| If yes, which federal agency? | Click to enter. |
| 5e. Is this a DOT project located within Divisions 1-8? \* | Yes  No |
| 5f. Will you cut any trees in order to conduct the work in waters of the U.S.? \* | Yes  No |
| 5g. Does this project involve bridge maintenance or removal? \* | Yes  No |
| 5g1. If yes, have you inspected the bridge for signs of bat use such as staining, guano, bats, etc.? Representative photos of signs of bat use can be found in the NLEB SLOPES, Appendix F, pages 3-7. | Yes  No |
| Representative photos of signs of bat use can be found in the NLEB SLOPES, Appendix F, pages 3-7. Link to NLEB SLOPES document: <http://saw-reg.usace.army.mil/NLEB/1-30-17-signed_NLEB-SLOPES&apps.pdf> | |
| If you answered yes to 5g1, did you discover any signs of bat use? \* | Yes  No  Unknown |
| If yes, please show the location of the bridge on the permit drawings/ project plans | |
| 5h. Does this project involve the construction/ installation of a wind turbine(s)? \* | Yes  No |
| If yes, please show the location of the wind turbine(s) on the permit drawings/ project plans (attach .pdf) | |
| 5i. Does this project involve blasting and /or other percussive activities that will be conducted by machines, such as jackhammers, mechanized pile drivers, etc.? \* | Yes  No |
| If yes, please provide details to include type of percussive activity, purpose, duration, and specific location of this activity on the property (attach .pdf) | |
| 5j. What data sources did you use to determine whether your site would impact Endangered Species or Designated Critical Habitat? \*  Click to enter. | |
| Attach consultation documentation. | |

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| **6. Essential Fish Habitat (Corps Requirement)** | |
| 6a. Will this project occur in or near an area designated as an Essential Fish Habitat? \* | Yes  No |
| Is there submerged aquatic vegetation (SAV) around the project vicinity? \* | Yes  No  Unknown |
| Will this project affect submerged aquatic vegetation? \* | Yes  No  Unknown |
| Explain: Click to enter. |  |
| 6b. What data source(s) did you use to determine whether your site would impact Essential Fish Habitat? \*  Click to enter. | |

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| **7. Historic or Prehistoric Cultural Resources (Corps Requirement)** | |
| Link to the State Historic Preservation Office Historic Properties Map (does not include archaeological data): <http://gis.ncdcr.gov/hpoweb/> | |
| 7a. Will this project occur in or near an area that the state, federal or tribal governments have designated as having historic or cultural preservation status (e.g., National Historic Trust designation or properties significant in North Carolina history and archaeology)? \* | Yes  No |
| 7b. What data source(s) did you use to determine whether your site would impact historic or archeological resources? \*  Click to enter. | |
| 7c. Attach historic or prehistoric documentation. | |

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| **8. Flood Zone Designation (Corps Requirement)** | |
| Link to the FEMA Floodplain Maps: <https://msc.fema.gov/portal/search> | |
| 8a. Will this project occur in a FEMA-designated 100-year floodplain? \* | Yes  No |
| 8b. If yes, explain how the project meets FEMA requirements.  Click to enter. | |
| 8c. What source(s) did you use to make the floodplain determination?  Click to enter. | |

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| H. Miscellaneous |
| Comments:  Click to enter. |
| Attach pertinent documentation or attachments not previously requested |

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| I. Signature \* |
| By checking the box and signing below, I, as the project proponent, certify to the following:   * The project proponent hereby certifies that all information contained herein is true, accurate, and complete, to the best of my knowledge and belief; * 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 agrees that submission of this PCN form is a “transaction” subject to Chapter 66, Article 40 of the NC General Statutes (the “Uniform Electronic Transactions Act”); * The project proponent hereby agrees to conduct this transaction by electronic means pursuant to Chapter 66, Article 40 of the NC General Statutes (the “Uniform Electronic Transactions Act”); * The project proponent hereby understands that an electronic signature has the same legal effect and can be enforced in the same way as a written signature; AND * As the project proponent, I intend to electronically sign and submit the PCN/online form. |
| **Full Name: \*** Click to enter. |
| **Signature: \*** Click to enter. |
| **Date: \*** Click to enter. |