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| U.S. Army Corps of Engineers (USACE)  **APPLICATION FOR DEPARTMENT OF THE ARMY PERMIT**  For use of this form, see 33 CFR 325. The proponent agency is CECW-CO-R. | | | | | | | | ***Form Approved - OMB No. 0710-0003***  ***Expires: 08-31-2023*** | |
| The public reporting burden for this collection of information, OMB Control Number 0710-0003, is estimated to average 11 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil.](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil) Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR APPLICATION TO THE ABOVE EMAIL. | | | | | | | | | |
| PRIVACY ACT STATEMENT | | | | | | | | | |
| Authorities: Rivers and Harbors Act, Section 10, 33 USC 403; Clean Water Act, Section 404, 33 USC 1344; Marine Protection, Research, and Sanctuaries Act, Section 103, 33 USC 1413; Regulatory Programs of the Corps of Engineers; Final Rule 33 CFR 320-332. Principal Purpose: Information provided on this form will be used in evaluating the application for a permit. Routine Uses: This information may be shared with the Department of Justice and other federal, state, and local government agencies, and the public and may be made available as part of a public notice as required by Federal law. Submission of requested information is voluntary, however, if information is not provided the permit application cannot be evaluated nor can a permit be issued. One set of original drawings or good reproducible copies which show the location and character of the proposed activity must be attached to this application (see sample drawings and/or instructions) and be submitted to the District Engineer having jurisdiction over the location of the proposed activity. An application that is not completed in full will be returned. System of Record Notice (SORN). The information received is entered into our permit tracking database and a SORN has been completed (SORN #A1145b) and may be accessed at the following website: <http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570115/a1145b-ce.aspx> | | | | | | | | | |
| **(ITEMS 1 THRU 4 TO BE FILLED BY THE CORPS)** | | | | | | | | | |
| 1. APPLICATION NO. | | | 2. FIELD OFFICE CODE | | | 3. DATE RECEIVED | 4. DATE APPLICATION COMPLETE | | |
| ***(ITEMS BELOW TO BE FILLED BY APPLICANT)*** | | | | | | | | | |
| 5. APPLICANT'S NAME  First - | Middle - | Last - | |  | 8. AUTHORIZED AGENT'S NAME AND TITLE (agent is not required)  First - Middle - Last - | | | | |
| Company - | | | | | Company - | | | | |
| E-mail Address - | | | | | E-mail Address - | | | | |
| 6. APPLICANT'S ADDRESS: | | | | | 9. AGENT'S ADDRESS: | | | |  |
| Address- | | | | | Address- | | | |  |
| City - | State - | Zip - | | Country - | City - | State - | Zip - | | Country - |
| 7. APPLICANT'S PHONE NOs. w/AREA CODE  a. Residence b. Business c. Fax | | | | | 10. AGENTS PHONE NOs. w/AREA CODE  a. Residence b. Business | | | | c. Fax |
| **STATEMENT OF AUTHORIZATION**  11. I hereby authorize, to act in my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application.    SIGNATURE OF APPLICANT DATE | | | | | | | | | |
| **NAME, LOCATION, AND DESCRIPTION OF PROJECT OR ACTIVITY** | | | | | | | | | |
| 12. PROJECT NAME OR TITLE (see instructions) | | | | | | | | | |
| 13. NAME OF WATERBODY, IF KNOWN (if applicable) | | | | | 14. PROJECT STREET ADDRESS (if applicable) Address  City - State- | | | | Zip- |
| 15. LOCATION OF PROJECT  Latitude: ◦N Longitude: ◦W | | | | |
| 16. OTHER LOCATION DESCRIPTIONS, IF KNOWN (see instructions)  State Tax Parcel ID Municipality  Section - Township - | | | | | Range - | | | |  |

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| 17. DIRECTIONS TO THE SITE |
| 18. Nature of Activity (Description of project, include all features)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | **EXISTING** |  | **PROPOSED** | | | | Wash No. or Name | Sta No. | Drainage Structure Type height by width by length (ft) | Existing Structure Changes/New Structure INCLUDE DETAIL # | Drainage Structure Type height by width by length (ft) | Riprap/ Concrete Outlet Protection Length by depth | Riprap/ Concrete Inlet Protection Length by depth | |  |  | 2-barrel RCBC 10 x 5 x 62 | Remove headwall right; Extend RCBC 78’ right | 2 barrel RCBC 10x5x140 |  |  | |  |  | 2-barrel RCBC 10 x 5 x 62 | Replace with 4 barrel CBC 10x5x70 | 4 barrel CBC 10x5x70 |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   ***Describe any permanent loss that is not included in the table.***  ***Discuss temporary impacts to include access, dewatering, and temporary construction. EXAMPLE Construction vehicles and equipment may be required to temporarily enter and turn around within all of the project washes for construction of the drainage extensions. No fill material or dewatering efforts are anticipated to be required for construction access purposes. Due to the flat topography in the region, substantial grading is not anticipated to be required for construction access purposes. If there is a unique situation for a particular wash discuss here. EXAMPLE Cottonwood wash would require a cofferdam for dewatering or construction of a low flow channel or placement of fill for equipment access. Include discussion of vegetation impacts within OHWM and riparian or xero-riparian zone.*** |
| 19. Project Purpose (Describe the reason or purpose of the project, see instructions)  *Describe the purpose and need for the proposed project. What will it be used for and why? Also include a brief description of any related activities to be developed as the result of the proposed project. Give the approximate dates you plan to both begin and complete all work.* |
| **USE BLOCKS 20-23 IF DREDGED AND/OR FILL MATERIAL IS TO BE DISCHARGED** |
| 20. Reason(s) for Discharge |
| 21. Type(s) of Material Being Discharged and the Amount of Each Type in Cubic Yards:  Type Type Type  Amount in Cubic Yards Amount in Cubic Yards Amount in Cubic Yards   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Table 1. Summary of Material Discharged into Waters of the US.** | | | | | | | | **Drainage Name** | **Approximate MP** | **Drainage Excavation (cy)** | **Metal Pipe (ft)** | **Reinforcing Steel (lbs)** | **Concrete (cy)** | **Dirt Fill (cy)** | | **Fourmile Draw (8)** | **365.31** | **694** | **0** | **36685** | **289** | **534** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | **Totals** | |  |  |  |  |  | |
| 22. Surface Area in Acres of Wetlands or Other Waters Filled (see instructions)  ***Acres or Linear Feet. If there are different types of aquatic resources that will be impacted, identify the totals for each (Ephemeral, Wetland, Open Water, etc).***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Table 2. Summary of Impacts to Waters of the US.** | | | | | | **Drainage Name** | | **Amount of Waters (ac)** | **Permanent Impacts (ac)** | **Temporary Impacts (ac)** | | Fourmile Draw (8) | | 0.140 | 0.045 | 0.064 | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | | **Totals (Acre)** |  | |  |  | |
| 23. Description of Avoidance, Minimization, and Compensation (see instructions)  ***Provide a baseline description of the natural features such as biotic community, riparian vegetation, ephemeral sandy or cobbled, perennial, vegetation within the OHWM. The level of detail should be commensurate with the scope and impacts of the project.***  ***Provide a description of how impacts to waters of the United States are being avoided and minimized on the project site due to design or construction methods. Make statements specific to the project and not generic statements. Also provide a brief description of how impacts to waters of the United States will be compensated for, or a brief statement explaining why compensatory mitigation should not be required for those impacts. If this project requires an Individual Permit, A public notice cannot be issued by the Corps until this description is provided (33 CFR 332.4(b))***  ***If a mitigation bank or in-lieu fee program will be used, only the number and resource type of credits as well as the location need to be identified. This description must include a rationale for the mitigation proposal****. Do not state that the Corps will determine the mitigation needs for the project (The applicant must provide a proposal). Contact information and service areas for all of the mitigation programs in Arizona can be found at* [*https://ribits.usace.army.mil/*](https://ribits.usace.army.mil/)*.*  *Permittee-responsible mitigation has additional requirements. Please schedule a pre-application meeting with the Corps.* |

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| 24. Is Any Portion of the Work Already Complete? Yes No IF YES, DESCRIBE THE COMPLETED WORK |
| 1. Addresses of Adjoining Property Owners, Lessees, Etc., Whose Property Adjoins the Waterbody (if more than can be entered here, please attach a supplemental list).    1. Address-   City - State - Zip -   * 1. Address-   City - State - Zip -   * 1. Address-   City - State - Zip -   * 1. Address-   City - State - Zip -   * 1. Address-   City - State - Zip - |
| 1. List of Other Certificates or Approvals/Denials received from other Federal, State, or Local Agencies for Work Described in This Application.   AGENCY TYPE APPROVAL\* IDENTIFICATION DATE APPLIED DATE APPROVED DATE DENIED  NUMBER          \* Would include but is not restricted to zoning, building, and flood plain permits |
| 27. Application is hereby made for permit or permits to authorize the work described in this application. I certify that this information in this application is complete and accurate. I further certify that I possess the authority to undertake the work described herein or am acting as the duly authorized agent of the applicant.    SIGNATURE OF APPLICANT DATE SIGNATURE OF AGENT DATE  The Application must be signed by the person who desires to undertake the proposed activity (applicant) or it may be signed by a duly authorized agent if the statement in block 11 has been filled out and signed.  18 U.S.C. Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or disguises a material fact or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than $10,000 or imprisoned not more than five years or both |