



Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality

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Administrator

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Director, DEQ

SECTION 401 WATER QUALITY CERTIFICATION APPLICATION FORM

Application Fees: Applicant shall pay a filing fee prior to issuance of a public notification. Filing fees shall be based on the current fee schedule in accordance with §65-130-605(e)(1).

In order to process the application, please make payments to CNMI Department of Treasury and attach a copy of receipt. If applicable, attach your Army Corps of Engineers 404 application with this completed and signed application. Attach additional sheets as necessary. If any information is not applicable to the proposed project please indicate as N/A.

1. APPLICANT INFORMATION

2. AGENT INFORMATION*

Applicant:	Agent:
Contact Name:	Contact Name:
Address:	Address:
Phone No:	Phone No:
Fax No:	Fax No:
Email:	Email:

*Complete only if applicable

3. PROJECT DESCRIPTION

a) Project Title:
b) Project Location: _____ Village: _____ Latitude: _____ Longitude: _____ *Attach site map with "waters" clearly indicated
c) Project Description §65-130-605(a)(2): (Please provide a detailed explanation of facilities, project activities, construction or operation. Include avoidance and minimization measures and alternatives analysis. Attach additional pages as necessary) <input type="checkbox"/> Check box if attached
d) Description of Discharge Control §65-130-605(a)(3): (Describe function/ operation of equipment or facilities to control discharge, including the methods of control to be used, and any additional protective measures): <input type="checkbox"/> Check box if attached

f) Description of discharge water quality monitoring plan §65-130-605(a)(5):

Check box if attached

e) Proposed Schedule (start date, and completion date):

4. IMPACTED WATER BODIES

a) Location(s) at which discharge may enter CNMI waters:

b) Characteristics of the discharge §65-130-530: (including the operation of equipment or facilities employed in the control of the proposed discharge):

Check box if attached

c) Describe potential impacts to water bodies and/or water quality:

Check box if attached

5. CERTIFICATION

“I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.”

Print Name: _____ Title: _____

Signature: _____ Date: _____

STATEMENT OF AUTHORIZATION (if designating a specific agent)

I hereby authorize _____ to act on my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application.

X _____
APPLICANT’S SIGNATURE (not the authorized agent) DATE

All information on this application becomes part of the public record, and as such is subject to public records requests disclosure.