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| Notification of Work in Trout Watersheds Form | | | | | | | |
| A. Applicant Information | | | | | | | |
| 1. **Processing** | | | | | | | |
| 1a. Specify Nationwide Permit (NWP) number:       or General Permit (GP) number: | | | | | | | |
| 1b. Has the NWP or GP number been verified by the Corps? | | | | | | Yes  No | |
| 1c. Does the project meet all the Conditions of the applicable Water Quality Certification | | | | | | Yes  No | |
| **Please note that your project may be subject to the Sediment and Erosion Control Program and/or Trout Buffers implemented by the Division of Energy, Mineral, and Land Resources. Find more info at: https://deq.nc.gov/about/divisions/energy-mineral-land-resources/erosion-sediment-control** | | | | | | | |
| 1. **Project Information** | | | | | | | |
| 2a. Name of project: | |  | | | | | |
| 2b. County: | |  | | | | | |
| 2c. Nearest municipality / town: | |  | | | | | |
| 1. **Owner Information** | | | | | | | |
| 3a. Name(s) on Recorded Deed: | |  | | | | | |
| 3b. Responsible Party (for LLC if applicable): | |  | | | | | |
| 3c. Street address: | |  | | | | | |
| 3d. City, state, zip: | |  | | | | | |
| 3e. Telephone no.: | |  | | | | | |
| 3f. Email address: | |  | | | | | |
| **4. Agent/Consultant Information (if applicable)** | | | | | | | |
| 4a. Name: |  | | | | | | |
| 4b. Business name (if applicable): |  | | | | | | |
| 4c. Telephone no.: |  | | | | | | |
| 4d. Email address: |  | | | | | | |
| **B. Project Information** | | | | | | | |
| 1. **Property Identification** | | | | | | | |
| 1a. Property identification no. (tax PIN or parcel ID): | | | |  | | | |
| 1b. Site coordinates (in decimal degrees): | | | | Latitude:       Longitude: -  (DD.DDDDDD) (-DD.DDDDDD) | | | |
| 1. **Project Description** | | | | | | | |
| 2a. Explain the purpose of the proposed project *(continue on back)*: | | | | | | | |
| 2b. Describe the overall project in detail, including the type of equipment to be used: | | | | | | | |
| C. Stream Impacts: Please list all proposed impacts to the stream | | | | | | | | |
| 1a. Stream Name: | | | | | | | | |
| 1b.  Type of impact | | | | | Average stream width (linear feet) | | Impact length  (linear feet) | |
| Bank Stabilization - Sloping and Revegetating | | | | |  | |  | |
| Bank Stabilization - Sloping and Riprap/Armoring | | | | |  | |  | |
| Bank Stabilization - Gabion Baskets / Retaining Wall | | | | |  | |  | |
| Culvert Installation | | | Culvert Diameter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |
| Temporary Impacts for required dewatering activities | | | | |  | |  | |
| Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | |  | |
| 1c. Comments: | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Owner/Agent's Printed Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner/Agent's Signature  (Agent's signature is valid only if an authorization letter from the owner is provided.) | Date | | | | | | | | | |

For non-transportation projects send one (1) copy of the completed application to DWR:

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| --- | --- |
| *If sending via US Postal Service:* | *If sending via delivery service (UPS, FedEx, etc.):* |
| NC DWR - 401 & Buffer Permitting Branch  1617 Mail Service Center  Raleigh, NC 27699-1617 | NC DWR - 401 & Buffer Permitting Branch  512 N. Salisbury Street  Raleigh, NC 27604 |

For transportation projects send one (1) copy of the completed application to DWR:

|  |  |
| --- | --- |
| *If sending via US Postal Service:* | *If sending via delivery service (UPS, FedEx, etc.):* |
| DWR - Transportation Permitting Branch  1617 Mail Service Center  Raleigh, NC 27699-1617 | DWR - Transportation Permitting Branch  512 N. Salisbury Street  Raleigh, NC 27604 |