

Section 401 Water Quality Certification

Part 1. Pre-Filing Meeting Request (Pre-Application)



Please complete and submit this section when requesting a pre-filing meeting. The pre-filing meeting must be requested at least 30 days prior to submitting a certification request.

For DEC Staff Use Only		
Date of Receipt: _____ File Number: _____		
A. Applicant		
1. Name:		
2. Mailing Address:		
3. Town:	4. State:	5. Zip:
6. Phone:	7. Email:	
B. Representative Consultant, engineer, or other representative completing this application on behalf of the applicant.		
1. Name:		
2. Mailing Address:		
3. Town:	4. State:	5. Zip:
6. Phone:	7. Email:	
C. Landowner If the applicant is not the landowner, please list all landowners for the project site.		
1. Name:		
2. Mailing Address:		
3. Town:	4. State:	5. Zip:
6. Phone:	7. Email:	
D.1. Resource(s) Proposed for Alteration	D.2. Proposed Alteration(s)	
<input type="checkbox"/> Wetlands <input type="checkbox"/> Stream/River <input type="checkbox"/> Lake/Pond/Reservoir Attach a table that lists all surface waters that drain from the project, including the name and Waterbody Identification number. For unnamed resources, please use a descriptive name (e.g., unnamed tributary of the Mad River). <input type="checkbox"/> Check if table of surface waters is attached.	<input type="checkbox"/> Stream/River Crossing <input type="checkbox"/> Stream or Wetland Restoration <input type="checkbox"/> Intake/Outfall Structure <input type="checkbox"/> Dredging <input type="checkbox"/> Wetland Fill/Excavation <input type="checkbox"/> Bank Stabilization <input type="checkbox"/> Impoundment <input type="checkbox"/> Other: _____ _____	

E. Proposed Project Summary

1. Project/Site Name:

2. Physical Address:

3. Project Location Map: Check if map is attached.

4. Town/County:

5. Project Description:

6. Project Purpose:

F. Proposed Resource Impacts

Summarize proposed temporary and permanent impacts to surface waters, wetlands, and wetland buffers, including square feet or acres impacted as well as proposed impacts to their biological, chemical, and physical condition.

G. Presence of Rare, Threatened and Endangered Species: Yes No Unknown

If yes, please describe.

H. Applicable State and Federal Authorizations

Please list anticipated required state and federal permits. For more information, visit the [Permit Navigator](#).

I. Supporting Documents Please list all supporting documents included with the Pre-Application.

Appendices	Document Title	Prepared By	Last Revised Date	Brief Description
Appendix A				
Appendix B				
Appendix C				
Appendix D				

I. Signature

I certify under penalty of law that this document and all attachments were prepared at my request or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or 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 for knowing violations. I recognize that by signing this pre-application, I am giving consent for the Commissioner of the Department, or a duly authorized representative, at reasonable times and upon presentation of credentials, to enter upon and inspect the subject property to verify information in and process the Section 401 pre-application.

Signature: _____ Date: _____

Print Name: _____

Phone: _____ Email: _____

Submit this form to: ANR.WSMD401@vermont.gov

Vermont Department of Environmental Conservation
Watershed Management Division
1 National Life Drive, Davis 3
Montpelier, VT 05620-3522

Direct all correspondence or questions to ANR.WSMD401@vermont.gov.

For more information, visit the Watershed Management Division's [Section 401 Water Quality Certification webpage](#).