

APPLICATION FOR OPEN WATER DISPOSAL SITE AUTHORIZATION

Application for use of an established site must be for dredged material that meets the approval of federal and state agencies. For additional information and instructions for submitting your application go to:

https://www.dnr.wa.gov/programs-and-services/aquatics/aquatics-leasing-and-licensing/dredging

1. Name of Business (Grantee): (e.g. Port / Company / Person authorized)

2. Uniform Business Identifier (UBI #):			
3. If Port District – Are you the Local Sponsor per WAC 332-30-166?	Yes	No	
4. Address, City, State, Zip:			
5. Business Phone:			
6. Name of Signatory (person with signature authority):			
7. Title of Signatory:			
8. Signatory Email:			
9. Signatory Cell Phone (must be capable to receive test messages for multi-fa	actor authent	ication for I	DocuSign):
10. Does Signatory approve of receiving authorization through DocuSign?	Yes	No	
11. Name of Agent or Contact Person:			
12. Agent / Contact Email:			
13. Agent / Contact Phone:			
14. Disposal Site Requested:			
15. Proposed Disposal Dates:			
16. Proposed Disposal Times (Night disposal requires tribal approval):			
17. Will this be a phased project lasting over more than one dredge year? (Jul	ly 16-Feb 15)	Yes	No
18. If yes, total project volume and estimated time frame until completion of	the project:		

19. Disposal volume requested this dredge year (July 16-Feb 15):					
Same volume as reflected in the US Army Corp. of Engineers (USACOE) permi	t? ¹⁰³	NO			
If not, why?					
0. Do you have a DMMP Suitability Determination Memo? Yes	No				
1. Origin of material being disposed (Site Name):					
Body of Water:					
22. Is there any part of this project that will be using beneficial use or upland dispose	al? Yes	No			
Explain: 23. Is the dredged area within or associated with any type of DNR lease authorizatio Material Sales Agreement, Easement, License, Etc) If yes, provide authorization nu 24. Before this authorization is executed, the applicant agrees to furnish an electron	n? (PMA, Comı mber:				
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I HEREBY CERTIFY THAT I have prepared this application, and to the best of my knowledge, the information provided is an accurate and true representation of the facts. I further attest that I have the authority to submit this application:

Dated at	, Washington, thi	sday of	_20
Signed:			
FOR OFFICIAL USE ONLY			
Aquatic Resources Division			
SUA Application No.	Initials:	Date:	