



**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
Office Of Water Resources**

235 Promenade Street, Providence, RI 02908-5767

Telephone: 401-222-6820, Telecommunication Device for the Deaf: 401-831-5508, FAX: 401-222-6177

**WATER QUALITY CERTIFICATION PROGRAM APPLICATION**

This form is to be completed for all applications to the Department of Environmental Management (DEM), Office of Water Resources, for Water Quality Certification as specified in Rule 13 of the DEM "Water Quality Regulations." Reference the "Rules and Regulations Governing the Establishment of Various Fees" for fees listed below. Attach a non-refundable check payable to "General Treasurer, State of RI."

<b>FOR DEM USE ONLY</b> Date Received _____
Amount Paid: _____ Check #: _____ File #: _____

**PURPOSE OF APPLICATION (Check only one) AND FEES:**

- Application for Water Quality Certification:  
 Submit required documentation for Estimated Construction Costs (See Note 1)  
 Fee:  \$200. for estimated construction costs < \$250,000.  
        \$400. for estimated construction costs ≥ \$250,000.
- Request Renewal of Water Quality Certification: File # \_\_\_\_\_  
 Fee: No fee
- Request Modification of Water Quality Certification: File # \_\_\_\_\_  
 Fee: One-half of original fee noted above

**(A.) PROJECT NAME AND LOCATION:**

\_\_\_\_\_  
 (Project Name) (Tax Assessor's Plat(s) and Lot No.(s))

\_\_\_\_\_  
 (Project Location) (Street Address) (City/Town) (ZIP)

**(B.) APPLICANT: (Note: Applicant must be the owner of the property on which the activity is proposed.)**

\_\_\_\_\_  
 (Name) (Mailing Address) (City/Town) (State) (ZIP)

\_\_\_\_\_  
 (Company/Organization) (Area Code & Telephone Number)

**(C.) CONTACT TO ANSWER QUESTIONS REGARDING APPLICATION (If different than Section B):**

\_\_\_\_\_  
 (Name) (Mailing Address) (City/Town) (State) (ZIP)

\_\_\_\_\_  
 (Company/Organization) (Title) (Area Code & Telephone Number)

**(D.) PROJECT TYPE/ACTIVITY (Check All That Apply):**

- |                                                                                 |                                                                             |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Filling of Waters of the State                         | <input type="checkbox"/> Marinas – New construction or expansion            |
| <input type="checkbox"/> Any project $\geq$ five (5) acres disturbance          | <input type="checkbox"/> Residential Development: six (6) or more dwellings |
| <input type="checkbox"/> Commercial, Industrial, State or Municipal Development | <input type="checkbox"/> Site Disturbances                                  |
| <input type="checkbox"/> Flow Alterations                                       |                                                                             |
| <input type="checkbox"/> Harbor Management Plan                                 | <input type="checkbox"/> Other _____                                        |

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**(E.) GENERAL INFORMATION: Check program and list number(s) of other applications associated with this project.**

- Coastal Resources Management Council \_\_\_\_\_
- US Army Corps of Engineers \_\_\_\_\_
- Other \_\_\_\_\_

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**(F.) CERTIFICATION OF APPLICANT:**

I hereby certify that I have requested and authorized the investigation, compilation, and submission of all the information, in whatever form, contained in this Application; that I have personally examined and am familiar with the information submitted herein; and that such information is true, accurate and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please return completed form to: Rhode Island Department of Environmental Management  
Office of Water Resources, Water Quality Certification Program  
235 Promenade Street, Suite 260  
Providence, RI 02908-5767

Office Use Only:

Suitable for Public Notice      Date: \_\_\_\_\_

Certification Determination:       Approved  
Date: \_\_\_\_\_                       Denied  
                                                  Withdrawn  
                                                  Closed

\_\_\_\_\_ Project Reviewer:

**Note 1:** Documentation of Estimated Construction Costs (ECC) will be required unless the ECC is  $\geq$  \$250,000. ECCs include all costs of construction activities such as materials, labor, and equipment. ECC shall not include the cost of land acquisition and consultant fees for planning, design, and construction supervision. The ECC for proposed projects must be documented and prepared by an appraiser, general contractor, engineer, land surveyor, architect, landscape architect, or another appropriate qualified professional. Such documentation must be submitted by the applicant with the application. All ECCs are subject to the review and acceptance by the Department.