# Emergency Permit Pre-Construction Notification (PCN) Form NM-12-01, Repair and Protection Activities in Emergency Situations in New Mexico.

## **U.S. Army Corps of Engineers**





Project Name:								
Box 1 Applicant's Contact Information, Name:								
Mailing Address:								
E-mail Address:								
Home Phone #:	Work Phone #:	Cell Phone #:	Fax #:					
Identify Relationship of Applicant to Property: Owner / Renter / Lessee / Other:								
authorization under a U.S. A am familiar with the informat information is true, complete activities. I hereby grant to location to inspect the prop	Army Corps of Engineers Region contained in this application, and accurate. I further certion the agency to which this applosed, in-progress or complement to comply with all terms	julated activities associated wi gional General Permit as desc on and, that to the best of my fy that I possess the authority plication is made the right to ted work. I agree to start wo and conditions of the authoric	cribed herein. I certify that I knowledge and belief, such to undertake the proposed enter the above-described ork only after all necessary					
Signature of Applica	•	Date:						
Box 2 Authorized Agent: (If anyone other than the person named as the Applicant will be in contact with the U.S. Army Corps of Engineers representing the Applicant regarding this project during the permit process, Box 2 MUST be completed, otherwise skip Box 2)  Name:								
Mailing Address:								
E-mail Address:								
Home Phone #:	Work Phone #:	Cell Phone #:	Fax #:					
I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete, and accurate.								
Signature of Authorized Agent:		Date:						
I agree to abide by the terms and conditions of the permit. I hereby authorize the above named authorized agent to act in my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application. I understand that I am bound by the actions of (state agents name):								
Applicant's Authorization Signature:		Date:						

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<b>Box 3 Property Owner(s), if other than Applicant:</b> (If the applicant is not the property owner, Box 3 MUST be completed, otherwise skip Box 3)							
Name:							
Mailing Address of Property Owner:							
Property Owner E-mail Address:							
Home Phone #:	Work Phone #:	Cell Phone #:	Fax #:				
Box 4 Project Site In	formation						
Site Number of							
Project location(s): (street address, city, county, state, zip code where proposed activity will occur):							
(Add additional pages as nee  Name of Waterbody(		e enter "unnamed")	_				
Tributary to what named, downstream waterbody:							
Latitude & Longitude (DD, D/M/S, or UTM with Zone Designation:		Or Section/Township/Range/1/4 corner:					
Watershed (HUC # and Watershed Name, if known):		Size of the permit area or project boundary:					
Driving directions to	the project: (Attach r	Acres: naps or detailed directions, if ne	Linear Feet:				
Driving unconons to	The project (Allacini	laps or detailed directions, if he	;cessary)				
Box 5 Project Purpo the project and the nature of		e Emergency: (Descriptio end date)	n of the reason or purpose of				

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**Box 6 Amount and Type of dredge and/or fill material.** Indicate total surface area in acres and linear feet (where appropriate) of the proposed impacts to Waters of the United States, indicate water body type (riparian wetland, ephemeral stream/river, intermittent stream/river, perennial stream/river, pond/lake, vegetated shallows etc.), and identify the impact(s) as permanent and/or temporary for each requested permit: See Regional General Permit NM-12-01for qualification information: http://www.usace.army.mil/Missions/CivilWorks/RegulatoryProgramandPermits/RGP.aspx

	Perman	Permanent Impacts Temporary Impacts						
Water Body Type	Area	Length	Area	Length	Composition & Quantity of Material			
Total:								
Location of the disposal site for excavated material: (Attach maps or drawings as appropriate)								
Equipment that will be used:								

**Box 7 Impacts to waters of the United States:** (Describe the direct and indirect adverse environmental effects caused by the activity, if known, and measures taken to avoid and minimize impacts)

**Box 8 Proposed Compensatory Mitigation**. For permanent impacts greater than 0.1 acre: indicate in acres and linear feet the total quantity of Waters of the United States proposed to be created, restored, enhanced and/or preserved for purposes of providing compensatory mitigation. Indicate the water body type, e.g. riparian wetland, ephemeral stream/river, intermittent stream/river, perennial stream/river, pond/lake, vegetated shallows, or non-jurisdictional uplands. If permanent impacts exceed 0.1 acres and no mitigation is proposed, provide an explanation of why no mitigation is necessary. The District Engineer may defer submittal of a detailed compensatory mitigation plan based on urgency of the proposed project.

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#### **Box 9 Section 401 Water Quality Certification:**

I have read and will comply with applicable conditions of state or tribal water quality certifications. **Yes or No** 

(ftp://ftp.nmenv.state.nm.us/www/swqb/WPS/401-404/NWPCertificationNotice04-13-2012.pdf)

#### **Box 10 Additional Information:**

Was the project area reviewed for impacts to Threatened or Endangered Species and Essential Fish Habitat? **Yes or No** 

If yes, please list any federally-listed or proposed threatened or endangered species or critical habitat identified within the project area:

Was the project area reviewed for impacts to Historic Properties and Cultural Resources? **Yes or No** If yes, please identify any cultural resources known to exist on-site and clarify if they are listed historic properties, or eligible for listing on the National Register of Historic Places:

Does the project involve bank stabilization? Yes or No

If yes, will the bank stabilization exceed 500 feet in length or an average of one cubic yard per running foot? If so, describe measures to be taken to ensure the project will result in no more than minimal adverse effects:

Were wetlands identified within the project area? **Yes or No** If yes, were the wetlands delineated? (Attach wetland delineation report)

Is any portion of the work already complete? **Yes or No**If yes, describe the work and when it was completed:

### **Required Attachments:**

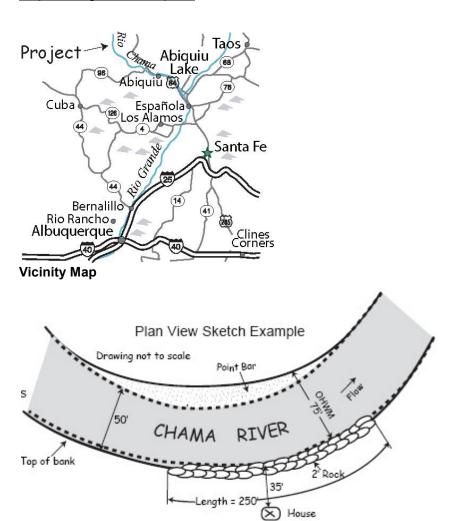
Location map

Project drawings: (8.5 by 11 inch drawings showing the details of the proposed work , e.g. plan and cross-sectional views showing elevations and dimensions)

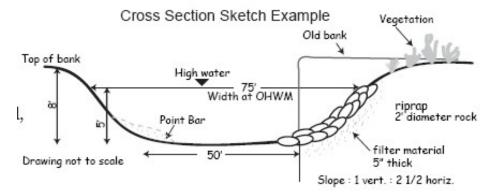
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#### Map and Figures Examples:



**Plan View Sketch** "Bird's-eye view"; include all features, distances, length and width dimensions of features and waterbody/wetland, Ordinary High Water Mark (OHWM), wetland boundary, North arrow



**Cross Section Sketch** "Cut away view"; include heights, widths of structures, channel, wetland, bank slopes, OHWM, wetland boundary, etc.