



**ORES Case Number:**

 **Applicant Information:**

<b>Name of Applicant</b> (from Joint Application Form):			
Email:		Phone:	
Mailing Address: Street:	City:	State:	Zip:
<b>Project Location</b> (from Joint Application Form):			
Town (where property taxes paid):		County:	
Street Address:	City:	State: NY	Zip:

<b>To comply with federal requirements at 40 CFR §121.5(b) for New York State Section 401 Water Quality Certification, all items below must be completed and the applicant must sign page 2 of this form.</b>	
1.	By signing this form, the applicant affirms that the project proponent(s) and a point of contact were accurately identified in the Joint Application for Permit provided with this supplement.
2.	By signing this form, the applicant affirms that the proposed project is accurately and completely identified in the Joint Application for Permit provided with this supplement, and in any supporting plans, photos, reports or other project information.
3.	Identify here the applicable federal license or permit for this request:  If this request relates to a Section 404 Nationwide Permit administered by the US Army Corps of Engineers, please identify the appropriate Nationwide Permit number(s):
4.	Please identify the location and nature of any potential discharge that may result from the proposed project and the location of receiving waters (attached additional information as needed):
5.	Please provide a description of any methods and means proposed to monitor the discharge and the equipment or measures planned to treat, control, or manage the discharge (attach additional information as needed):

6.	Please provide a list of all other federal, interstate, tribal, state, territorial, or local agency authorizations required for the proposed project, including all approvals or denials already received:
7.	<p>Please indicate the date a Section 401 Water Quality Certification pre-filing meeting request was submitted to ORES and attach a copy of the request to this form. The pre-filing meeting request must have been made at least 30 days prior to submitting application for Section 401 Water Quality Certification.</p> <p>The pre-filing meeting request was initially provided to ORES on 10/19/21. No response was received from ORES until 3/16/23. The Applicant withdrew the 401 request at ORES's request and scheduled a pre-filing meeting with ORES prior to re-filing the 401 application. It is our understanding that the 30-day time period can be waived by ORES and that ORES anticipates a re-filing of the 401 prior to the 30 day period.</p>
8.	By signing below the applicant is providing the following statement: " <i>The project proponent hereby certifies that all information contained herein is true, accurate, and complete to the best of my knowledge and belief</i> "
9.	By signing below the applicant is providing the following statement: " <i>The project proponent hereby requests that the certifying authority review and take action on this CWA 401 certification request within the applicable reasonable period of time.</i> "

**Certification:**

In addition to the Joint Application Form provided with this supplement, I hereby submit this form and the attachments indicated to request a Section 401 Water Quality Certification from ORES. The project proponent hereby certifies that all information contained herein is true, accurate, and complete to the best of my knowledge and belief. The project proponent hereby requests that the certifying authority review and take action on this CWA 401 certification request within the applicable reasonable period of time.



*Handwritten signature*

Project Applicant/Proponent Signature

Date

# New York State Section 401 Water Quality Certification



Department of  
Environmental  
Conservation

## PRE-FILING MEETING REQUEST FORM

**94-c Matter No:** \_\_\_\_\_

**Prospective Applicant Information:**

**Name of Prospective Applicant:**  
Applicant must be  property owner,  lessee or  operator (check which applies).  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name of Property Owner (if different from prospective applicant):**  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Prospective Application Contact or Contractor (if applicable):**  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Project Location (where work will be done):**  
Town (where property taxes paid): \_\_\_\_\_ County: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

**Project Name and Description** (short description of proposed work, including acreage of US Waters):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_

**Attachments** (check each box to indicate that the attachment is provided with this form):

Project Location Map, **required** (with location marked)  Project Drawings & Site Plan, if available

Project Site Photos, if available  Project SEQR Documents, if available

**Certification:**  
I hereby submit this form and the attachments indicated to request a pre-filing meeting for a Section 401 Water Quality Certification pursuant to 40 CFR §121.4. It is my intent to apply for a Section 401 Water Quality Certification for the project described in these materials, and any other DEC permits that may be required for the project, no earlier than 30 days from the date this pre-filing meeting request has been submitted. I also understand and acknowledge that DEC is not obligated to grant or respond to this request for a pre-filing meeting.

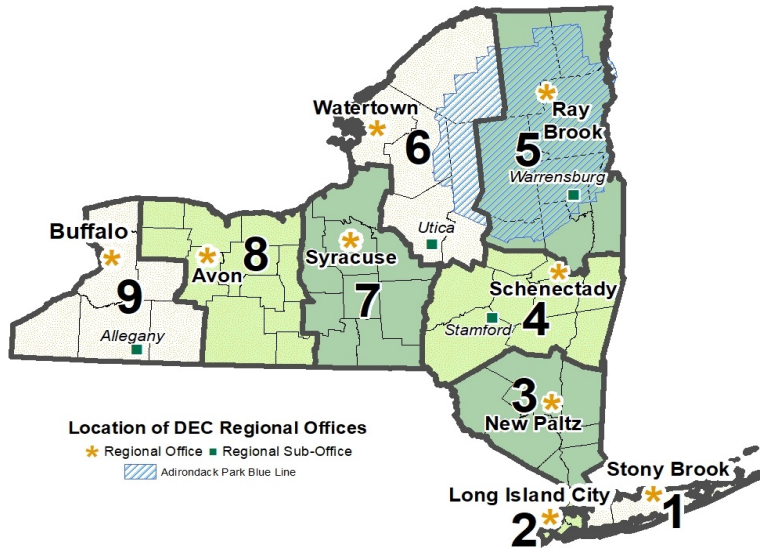
 \_\_\_\_\_  \_\_\_\_\_

Prospective Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if different than applicant)

## Section 401 Water Quality Certification Pre-filing Meeting Request Form Instructions

To comply with the requirements of US EPA rule on Section 401 Water Quality Certifications (40 CFR §121.4), a pre-filing meeting request must be submitted to the certifying agency at least 30 days before an application for Section 401 Water Quality Certification is submitted to DEC. Once the form on page 1 is completed and the available attachments are compiled, the pre-filing meeting request must be sent to the DEC **Regional Permit Administrator listed below** in the DEC region where the project is located.

<https://www.dec.ny.gov/about/39381.html>



### Location of DEC Regional Offices

- ★ Regional Office
- Regional Sub-Office
- ▨ Adirondack Park Blue Line

### NYS DEC REGION 6 Sub-Office

Regional Permit Administrator  
Utica State Office Building,  
207 Genesee Street, Room 1404  
Utica, NY 13501-2885  
phone: 315-793-2555  
fax: 315-793-2748  
email: [dep.r6@dec.ny.gov](mailto:dep.r6@dec.ny.gov)  
➤ For Herkimer and Oneida Counties

### NYS DEC REGION 7

Regional Permit Administrator  
615 Erie Blvd West, Room 206  
Syracuse, NY 13204-2400  
phone: 315-426-7438  
fax: 315-426-7425  
email: [dep.r7@dec.ny.gov](mailto:dep.r7@dec.ny.gov)  
➤ For Cayuga, Onondaga,  
Oswego, Broome, Chenango,  
Cortland, Madison, Tioga and  
Tompkins Counties

### NYS DEC REGION 8

Regional Permit  
Administrator 6274 East Avon  
- Lima Road Avon, NY  
14414-9519  
phone: 585-226-5400  
fax: 585-226-2830  
email: [dep.r8@dec.ny.gov](mailto:dep.r8@dec.ny.gov)  
➤ For Chemung, Genesee, Livingston,  
Monroe, Ontario, Orleans, Schuyler,  
Seneca, Steuben, Wayne and Yates  
Counties

### NYS DEC REGION 9

Regional Permit  
Administrator 270 Michigan  
Avenue Buffalo, NY  
14203-2915  
phone: 716-851-7165  
fax: 716-851-7168  
email: [dep.r9@dec.ny.gov](mailto:dep.r9@dec.ny.gov)  
➤ For Erie, Niagara and Wyoming  
Counties

### NYS DEC REGION 9 Sub-Office

Regional Permit Administrator  
182 East Union, Suite 3  
Allegany, NY 14706-1328  
phone 716-372-0645  
fax: 716-372-2113  
email: [dep.r9@dec.ny.gov](mailto:dep.r9@dec.ny.gov)  
➤ For Allegany, Cattaraugus and  
Chautauqua Counties



Department of  
Environmental  
Conservation

### NYS DEC REGION 1

Regional Permit Administrator  
SUNY @ Stony Brook  
50 Circle Road  
Stony Brook, NY 11790-3409  
phone: 631-444-0365  
fax: 631-444-0360  
email: [dep.r1@dec.ny.gov](mailto:dep.r1@dec.ny.gov)  
➤ For Nassau and Suffolk Counties

### NYS DEC REGION 2

Regional Permit Administrator  
1 Hunter's Point Plaza  
47-40 21st Street  
Long Island City, NY 11101-5407  
phone: 718-482-4997  
fax: 718-482-4975  
email: [dep.r2@dec.ny.gov](mailto:dep.r2@dec.ny.gov)  
➤ For Brooklyn, Bronx, Manhattan,  
Queens and Staten Island

### NYS DEC REGION 3

Regional Permit Administrator  
21 South Putt Corners Road  
New Paltz, NY 12561-1620  
phone: 845-256-3054  
fax: 845-255-4659  
email: [dep.r3@dec.ny.gov](mailto:dep.r3@dec.ny.gov)  
➤ For Dutchess, Orange, Putnam,  
Rockland, Sullivan, Ulster and  
Westchester Counties

### NYS DEC REGION 4

Regional Permit Administrator  
1130 North Westcott Road  
Schenectady, NY 12306-2014  
phone 518-357-2069  
fax: 518-357-2460  
email: [dep.r4@dec.ny.gov](mailto:dep.r4@dec.ny.gov)  
➤ For Albany, Columbia, Greene,  
Montgomery, Rensselaer, Schenectady  
and Schoharie Counties

### NYS DEC REGION 4 Sub-Office

Regional Permit Administrator  
65561 State Highway 10  
Stamford, NY 12167-9503  
phone: 607-652-7741  
fax: 607-652-3672  
email: [dep.r4@dec.ny.gov](mailto:dep.r4@dec.ny.gov)  
➤ For Delaware and Otsego  
Counties

### NYS DEC REGION 5

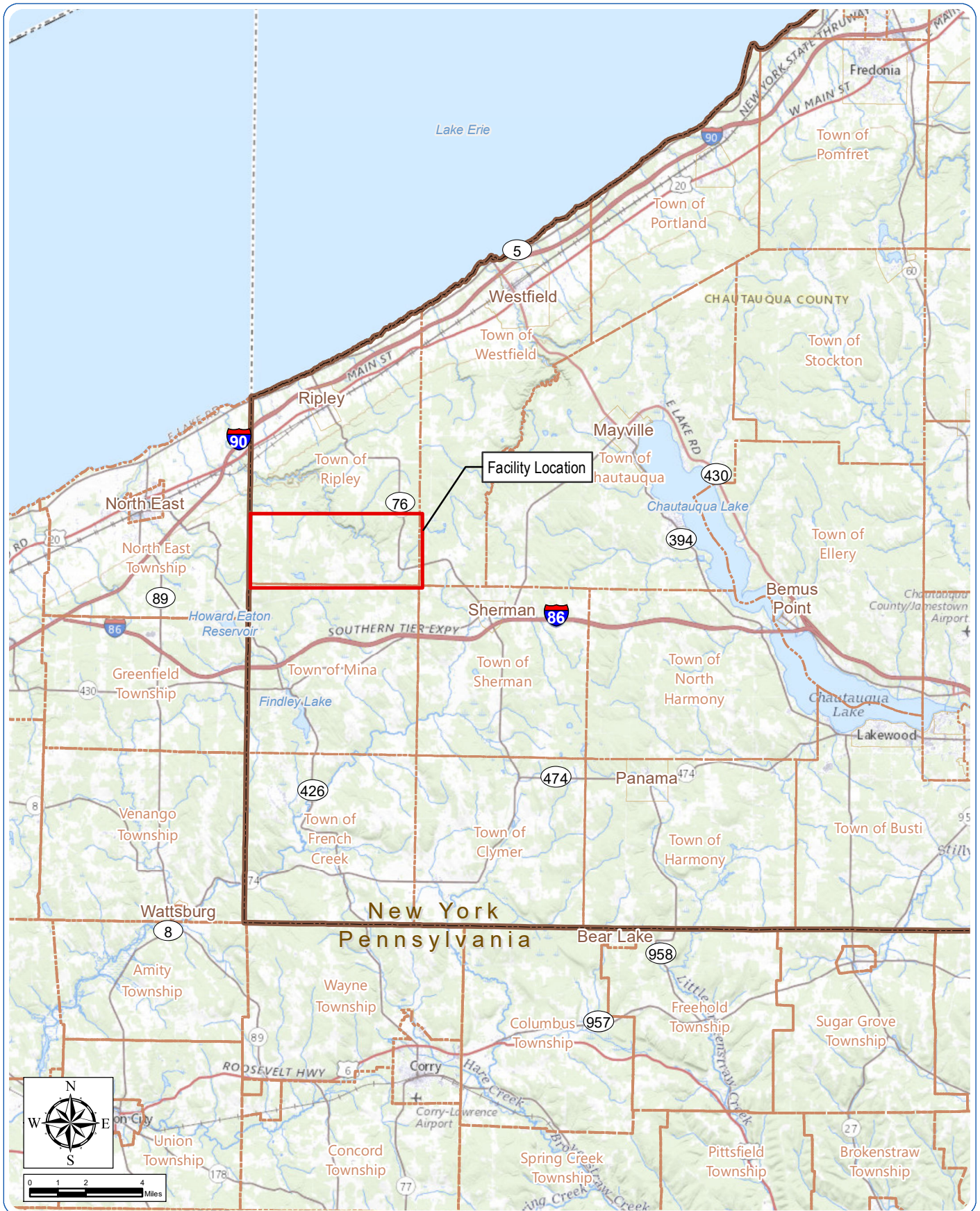
Regional Permit Administrator  
PO Box 296  
1115 NYS Route 86  
Ray Brook, NY 12977-0296  
phone: 518-897-1234;  
fax: 518-897-1394  
email: [dep.r5@dec.ny.gov](mailto:dep.r5@dec.ny.gov)  
➤ For Clinton, Essex, Franklin, and  
Hamilton Counties

### NYS DEC REGION 5 Sub-Office

Regional Permit Administrator  
232 Golf Course Rd  
Warrensburg, NY 12885-1172  
phone: 518-623-1282;  
fax: 518-623-3603  
email: [dep.r5@dec.ny.gov](mailto:dep.r5@dec.ny.gov)  
➤ For Fulton, Saratoga, Warren  
and Washington Counties

### NYS DEC REGION 6

Regional Permit Administrator  
Dulles State Office Building  
317 Washington Street  
Watertown, NY 13601-3787  
phone: 315-785-2245  
fax: 315-785-2242  
email: [dep.r6@dec.ny.gov](mailto:dep.r6@dec.ny.gov)  
➤ For Jefferson, Lewis and  
St. Lawrence Counties



### South Ripley Solar Project

Town of Ripley, Chautauqua County, New York

**Figure 1: Regional Facility Location**

**Notes:** 1. Basemap: ESRI ArcGIS Online "World Topographic Map" map service. 2. This map was generated in ArcMap on February 1, 2022. 3. This is a color graphic. Reproduction in grayscale may misrepresent the data.

 State Boundary

