

Discharge Certification Form

Applicant Information

Agency/Firm: _____	Date: _____
Submitted By: _____	Phone: _____
Address: _____	
Applicant/Property Owner: _____	

Hydrologic Information

Community or Communities Affected: _____	
County: _____	Quadrangle Name(s): _____
Stream Name: _____	
Flood Insurance Study and Map Panel: _____	
Model Calibration? Yes___ No___ Study Models: _____	

Discharge Certification Locations

SECTION NAME	IDENTIFYING LANDMARK*	LEGAL DESCRIPTION (SEC., TWP., RANGE)	DRAINAGE AREA (SQ. MI.)	CERTIFIED DISCHARGES		OTHER FREQUENCIES	
				100-YEAR (CFS)	10-YEAR (CFS)	FREQUENCY (YEARS)	FLOW (CFS)

*Locations should be based on physical landmarks, such as "1000 ft. upstream Main St." Please attach a map showing the locations with identifiers.