

Town of Colchester Stormwater Utility

STP Credit Application

Form 1



How many Stormwater Treatment Practices are submitted for review? _____

Property Information

Name of Business/Entity/Home Owners Association:

Name of Property Owner:

Address of Property Owner:

Property Owner Contact Numbers Day: Cell: Fax:

Property Address:

E-mail Address:

Property Tax Map Number:

Parcel Identification Number (if known):

Account Number:

Applicant Information (if different from property owner)

Name:

Address:

E-mail Address:

Applicant Contact Numbers Day: Cell: Fax:

I hereby request that the Department of Public Works review this application for a stormwater user fee credit. I further authorize the Department of Public Works to inspect the STP(s) identified in this application for the purpose of assessment for a stormwater fee credit. I certify that I have authority to make such a request and grant such authority for this property. The attached information is true and correct to the best of my knowledge and belief. I agree to provide corrected information to the Department of Public Works should there be any change in the information provided herein.

Signature:

Name:

Title:

Date:

Town of Colchester Stormwater Utility

STP Credit Application

Form 2



(Attach a separate sheet for each STP with a site plan or sketch if available)

STP Number (e.g., 1, 2, 3...): _____

In which attachment is the STP shown? _____

Closest Cross Street: _____

STP Distance and Direction from Cross Street: _____

STP is located in which side of the street (North, South, etc.): _____

Landmarks(s) (if any): _____

Describe where on the site is the STP located: _____

Description of the STP (fill in chart on page 3): _____

Does the STP provide treatment for stormwater runoff from other private properties (in addition to the property the STP is located on)? Yes No

If Yes, please make sure that submitted figures adequately depict the off-site area which drain to the STP.

Also, all applicable calculations should be performed and tabulated separately for any off-site area.

ENGINEER'S CERTIFICATION:

I hereby certify that to the best of my knowledge the facility described in Form 2 is in an acceptable state of maintenance and repair, and is operating as described. I further certify that to the best of my knowledge these calculations, technical details and information provided reflect accurately the condition of the facility at the time of my inspection.

Signature and Seal

State of Vermont Licensed Professional Engineer

Name: _____

Company: _____

Address: _____

Telephone: _____ Fax: _____

Vermont Registration Number: _____

Do not write below this line (Utility Use Only) STP Approved to Receive Credit (check one): Yes No

If No, provide a brief explanation for denial:

If No, provide information on follow-up with applicant: _____

Date approved or denied: _____

Signature: _____ Name: _____

Title: _____ Date: _____

If Yes, a completed STP Facility Inspection Checklist must be attached.

**Colchester Stormwater Utility STP
Credit Application
Form 2, Continued**



STORMWATER TREATMENT PRACTICE CALCULATIONS

STP Number #- _____

Provide, attached to this sheet or on a separate sheet, all pertinent calculations to show that this stormwater treatment practice (STP) complies with the technical standards, sizing criteria, and/or restrictions stated in the *Vermont Stormwater Management Manual*, as amended. Attach stage-storage-discharge tables, storage volume calculations, outlet description, overflow description, runoff calculations, and all other pertinent information necessary to perform a detailed review of this STP.

The Department of Public Works strongly encourages the submission of State of Vermont application forms, calculation worksheets, waiver worksheets, site design credit worksheets, and Stormwater Treatment Practice (STP) worksheets with all credit applications. Use of these worksheets ensures that the necessary information is being submitted, provides a common format for all applications, and will decrease review time. The Department of Public Works reserves the right to require completion of specific worksheets, relevant to the credit for which you are applying, in order to consider an application complete. These forms can be found on-line at:

<https://dec.vermont.gov/watershed/stormwater/permit-information-applications-fees/operational-stormwater-discharge-permit-application-materials>

For what types of credit, and in what amounts, are you applying?

Table 1. STP Credit Percentages

<u>Credit Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Treatment Standard or Criteria	Credit Amount
Water Quality (WQ _v)	15%
Groundwater Recharge (Re _v)	15%
Channel Protection (CP _v)	15%
Overbank Flood (Q _{p10}) or Extreme Storm (Q _{p100})	10%
Non-structural Practices	10%

Colchester Stormwater Utility Checklist for STP Credit Application



- _____ Completed "Colchester Stormwater Utility STP Credit Application" Forms
- _____ Seal and signature of registered professional engineer
- _____ Topographic map(s) or site plan(s) showing existing and proposed topographic contours, scale, and north arrow
- _____ Vicinity Map
- _____ Dimensions describing the existing or proposed improvements
- _____ Impervious delineations and labels (buildings, driveways, etc.)
- _____ Drainage area map, including off-site areas draining through existing/proposed STPs and non-structural practices
- _____ Size and location and labeling of all existing stormwater structures, if applicable
- _____ Construction drawing and details of existing or proposed stormwater controls, where applicable
- _____ Final recorded document (deed description or plat) dedicating storm drainage and access easements, where applicable
- _____ For structural STPs: Provide a description of the STP, and engineering calculations showing stage-discharge and stage-storage relationships of stormwater runoff storage facilities/structural controls, the volume of the permanent pool, etc. At a minimum, calculations must demonstrate that design criteria presented in the *Vermont Stormwater Management Manual*, as amended, are met.
- _____ For non-structural practices: Provide a description of the practice, location and other pertinent information or calculations. At a minimum, this information must demonstrate that the minimum criteria or restrictions presented in the *Vermont Stormwater Management Manual*, as amended, are met.

Colchester Stormwater Utility Education Credit Application



Instructions:

1. Complete a separate application for each property for which a credit is being requested.
2. Forms must be signed by the financially responsible person if an individual, or if not an individual, by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person.
3. Mail the completed form to:

Town of Colchester
Department of Public Works
781 Blakely Road
Colchester, VT 05446

Property Owner Name: _____

Property Owner Address: _____

Property Owner Contact Numbers Day: _____ Cell: _____ Fax: _____

Authorized Contact (if different from property owner): _____

Authorized Contact mailing Address: _____

Authorized Contact Numbers Day: _____ Cell: _____ Fax: _____

Account Number: _____

Parcel Identification Number (if known): _____

Property Street Address: _____

Attach a description of the Water Education Curriculum being taught at this property. Include grade(s) and number of students taught, number of instructors teaching the curriculum, teacher training requirements, educational tools used, etc.

I hereby request the Department of Public Works review this application for a stormwater user fee credit. I certify that I have authority to make such a request and grant such authority for this property. The attached information is true and correct to the best of my knowledge and belief. I agree to provide corrected information to the Colchester Department of Public Works should there be any change in the information provided herein.

Signature: _____ Name: _____
Title: _____ Date: _____

Do not write below this line (Utility Use Only)

Credit Approved (check one): Yes No

If No, provide a brief explanation for denial:

If No, provide information on follow-up with applicant:

Date approved or denied: _____

Signature: _____ Name: _____
Title: _____ Date: _____

Colchester Stormwater Utility MS4 Credit Application



Instructions:

1. Forms must be signed by the financially responsible person if an individual, or if not an individual, by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person.
2. Mail the completed form to:

Town of Colchester
Department of Public Works
781 Blakely Road
Colchester, VT 05446

Property Owner Name: _____

Property Owner Address: _____

Property Owner Contact Numbers Day: _____ Cell: _____ Fax: _____

Authorized Contact (if different from property owner): _____

Authorized Contact mailing Address: _____

Authorized Contact Numbers Day: _____ Cell: _____ Fax: _____

Account Number: _____

Name of Permitted MS4 or non-MS4 Supporting Entity: _____

Date of Notice of Intent (attach a copy), if applicable: _____

Date of Notice of Coverage (attach a copy), if applicable: _____

Is a copy of the last Annual Report attached: Yes No N/A

Non-MS4 Supporting Entities: Attach a copy of the applicable federal regulation or permit that requires the entity to perform BMP(s) and a detailed description of those BMP(s), including dates of activities, person(s) involved and BMP cost(s).

I hereby request the Department of Public Works review this application for a stormwater user fee credit. I certify that I have authority to make such a request and grant such authority for this property. The attached information is true and correct to the best of my knowledge and belief. I agree to provide corrected information to the Department of Public Works should there be any change in the information provided herein.

Signature: _____ Name: _____

Title: _____ Date: _____

Do not write below this line (Utility Use Only)

Credit Approved (check one): Yes No

If No, provide a brief explanation for denial:

If No, provide information on follow-up with applicant:

Date approved or denied: _____

Signature: _____ Name: _____

Title: _____ Date: _____