

City of Essex Junction Stormwater Utility

Stormwater Treatment Practice (STP) Credit Application



1. Instructions

Credit applications for Stormwater Treatment Practices for existing, retrofit, or new construction must be submitted to the Water Quality Superintendent. For new or retrofit construction at any time during the construction process. However, the Credit will not be approved based on site plans alone. For credit approval, the STP must be constructed and working in proper operating condition. Credit applications for new developments can occur as part of the normal development plan review procedures. The completed Credit application should accompany the final plat for the site. A separate application form must be submitted for each property on which stormwater fee credit is being requested. Completed forms can be emailed to: cmandigo@essexjunction.org or mailed to City of Essex Junction, Attn: Stormwater Department, 2 Lincoln Street, Essex Junction, VT 05452. Forms are **due January 1st of a calendar year** and will be applied on the first utility bill of the next Fiscal Year, normally mailed in October.

Credit will only be applied to the portion of the parcel(s) served by the STP.

2. Certifications and Signatures

I hereby request that the Water Quality Superintendent review this application for stormwater user fee credit. I certify that I have the authority to make such a request and grant such authority for this property. I certify that the attached information is true and correct to the best of my knowledge and belief. I agree to provide corrected information to the City of Essex Junction should there be any change in the information provided herein. I understand that once credit is awarded, it is my responsibility to inform the Water Quality Superintendent of any changes to the STP drainage area, or property that might impact the credit awarded under this application.

By my signature below, I hereby grant Essex Junction staff the right to access the property for the purpose of monitoring and inspecting the stormwater treatment system. I understand that maintenance of the stormwater system is my responsibility and that if the stormwater system is not properly maintained, the Water Quality Superintendent can eliminate any credit awarded as part of this application.

I understand that once credit is awarded as part of this application, I am responsible for sending annual reports and copies of new or re-issued permits to the Water Quality Superintendent. Failure to provide this information could result in a loss of the credit awarded as part of this application.

Authorized Representative

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|------------|----------------------|--------|----------------------|
| Signature: | <input type="text"/> | Date: | <input type="text"/> |
| Name: | <input type="text"/> | Title: | <input type="text"/> |
| Phone: | <input type="text"/> | Email: | <input type="text"/> |

3. Property Information

Name of Business/Entity/Home Owners Association:

Property Owner Name: Phone Number:

Email Address:

Mailing Address:

Property Physical Address:

Parcel Identification Number:

Utility Billing Account Number:

4. Existing Stormwater System Information

State of VT Stormwater Permit Number (Most Recent):

Other State of VT Stormwater Permits Issued to the Property (list all):

Date of Most Recent Stormwater System Inspection:

Person Performing the Most Recent Stormwater System Inspection:

5. Stormwater Treatment Practice Information

If applying for credit for multiple Stormwater Treatment Practices (STPs) the applicant must provide separate information for each STP.

This Worksheet is for STP Number of (total).

STP Drainage Area (Acres):

Impervious Area Draining to STP (Acres):

This STP is Applying for Credit in the Following Categories:

- ☐ Water Quality Volume (WQ_v)
- ☐ Groundwater Recharge (Re_v)
- ☐ Channel Protection (CP_v)
- ☐ Overbank Flood (Q_{p10}) or Extreme Storm (Q_{p100})
- ☐ Non-structural Practices

Provide the Following Information for the STP

- ☐ A written narrative describing the STP and its location.
- ☐ A map delineating the drainage area and impervious area flowing to the STP.
- ☐ A site plan and construction details for the STP.
- ☐ Calculations to support the STP design.
- ☐ Hydrologic model results that show existing and post-improvement hydrographs for the WQ_v storm event, the CP_v storm event, and the 25-year storm event.
- ☐ Written Description of the Ongoing Maintenance Needs for the STP

Engineers Certification

I certify that the Stormwater Treatment Practice (STP) described above has been constructed in conformance with the information provided. The calculations, technical details, and information provided accurately reflect the condition of the STP. I further certify that I have conducted appropriate site visits and due diligence to ensure the accuracy of the information provided, that the STP is in an acceptable state of maintenance and repair, and that it is operating as designed.

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|------------------------------|----------------------|--------|----------------------|
| Signature: | <input type="text"/> | Date: | <input type="text"/> |
| Name: | <input type="text"/> | Title: | <input type="text"/> |
| Company: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Phone: | <input type="text"/> | | |
| Vermont Registration Number: | <input type="text"/> | | |

Do not write below this line (Utility Use Only)

Credit Approved (check one): ☐ Yes ☐ No % Credit issued: _____

If No, provide a brief explanation for denial and what information is missing:

Date approved or denied: _____ Date credit will be applied to utility bill: _____

| | | | |
|------------|----------------------|--------|----------------------|
| Signature: | <input type="text"/> | Date: | <input type="text"/> |
| Name: | <input type="text"/> | Title: | <input type="text"/> |
| Phone: | <input type="text"/> | Email: | <input type="text"/> |