



Project #: _____

Related Permit #: _____

WATER QUALITY IMPACT ASSESSMENT

Required for all development/redevelopment in the Resource Protection Area; CBPO 5.5-11

A **site drawing**, which shows the following, must be attached to this water quality impact assessment:

- ☐ Location of the components of the RPA, including the 100' buffer area;
- ☐ Location and nature of any proposed encroachment into the buffer area, including type of paving material, areas of clearing or grading, location of any structures, drives, or other impervious cover, sewage disposal systems or reserve drain field sites, and wells;
- ☐ Type and location of proposed best management practices to mitigate the proposed encroachment;
- ☐ Location of existing vegetation onsite, including the number, type of trees, caliper, and other vegetation to be removed in the buffer to accommodate the encroachment or modifications; and
- ☐ Type, size, and location of replacement vegetation.
- ☐ Setbacks in accordance with Zoning regulations.

APPLICANT/AGENT INFORMATION:

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

PROPERTY OWNER INFORMATION:

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

PROPERTY INFORMATION:

Tax Map or RPC: _____ E911 Street Address: _____

Date Lot Recorded: _____ Nearest Water Body: _____

Site Conditions (of site and adjacent lands):

Existing topography: _____

Hydrology: _____

Soils: _____

Geology: _____

Fill Materials (source and composition): _____

Total Amount of Disturbed area (sq ft): _____

Total Amount of Cleared Area (sq ft): _____

Existing Vegetation:

Total Underbrush Removed (sq ft): _____

Types: _____

Number of Healthy Trees Removed: _____

Types: _____

Number of Trees Limbed or Pruned: _____

Types: _____

Number of Dead/Dying/Diseased Trees Removed: _____

Types: _____

Proposed Vegetation Mitigation Measures:

Number of New Canopy Trees Proposed: _____

Types: _____

Number of New Understory Trees Proposed: _____

Types: _____

Number of New Shrubs Proposed: _____

Types: _____

Proposed Erosion & Sedimentation Control Practices:

☐ Silt Fencing ☐ Temporary Construction Entrance

☐ Straw Bale Barrier(s)

☐ Inlet Protection ☐ Temporary/Permanent Seeding

☐ Mulching

☐ Tree Protection ☐ Sediment Trap

☐ Other: _____

Proposed Best Management Practices:

☐ Dry Well(s) ☐ Infiltration Trench(es) ☐ Vegetated Filter Strip(s) ☐ Grass Swale(s)

☐ Other: _____

Wastewater (Septic) Element:

Attach legible, clean copy of Health Department approval information – to include calculations and dimensions.

Description of potential impacts of the proposed wastewater systems including and proposed mitigated measures for these impacts:

PRIVACY ACT STATEMENT: Information provided in the Chesapeake Bay application will be used in the permit review process and is a matter of public record once the application is filed. Disclosure of the requested information is voluntary, but it may not be possible to evaluate the permit application or to issue a permit if the information requested is not provided.

CERTIFICATION: I am hereby applying for all permits typically issued by the DEA, VMRC, U.S. Army Corps of Engineers, Chesapeake Bay process, and/or local Wetlands Boards for the activities I have described herein. I agree to allow the duly authorized representatives of any regulatory or advisory agency to enter upon the premises of the project site at reasonable times to inspect and photograph site conditions, both in reviewing proposal to issue a permit and after permit issuance to determine compliance with the permit. In addition, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print: _____

Signature: _____

Date: _____

OFFICE USE ONLY

Project #: _____ Received by: _____ Date Received: _____

Fee Paid: _____ Receipt #: _____ Reviewing Authority: _____

Lot recordation date verified with Clerk's Office YES ☐ Date Verified: _____

Project Meets Zoning Setbacks: Yes _____ No _____ Date Verified: _____

STAFF DECISION:

APPROVED: _____ (Approval is valid for 36 months from the date of approval)

CODE REFERENCE/COMMENTS:

DENIED: _____

****Please be advised, you may appeal the Staff decision, in writing, and apply for Exception to be heard in front of the Chesapeake Bay Preservation & Erosion Commission (new application and fees apply)**

CODE REFERENCE/COMMENTS:

Environmental Staff Signature

Date

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Mitigation plan required: ☐ YES ☐ NO _____ square foot minimum

Mitigation plan approved: _____ Entitled: _____ Dated: _____

Date mitigation completed: _____ Inspected by: _____

Amount of surety required: _____ Date surety released: _____

Date posted: _____ Receipt #: _____

Payor Name: _____ Phone #: _____

Payor Address: _____