

City of Rock Hill
Stormwater Fee Credit Adjustment Application

Site Name: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Original site name: _____

Total site area: _____ Acres Total site impervious area: _____ Acres

SCDHEC permit number: 46- _____ (submit copy of permit)

Site plan submitted on _____ / _____ /20

Site calculations submitted on _____ / _____ /20

BMP inspected on: _____ / _____ /20 BMP cleaned on: _____ / _____ /20

Water Quantity

Site detains 2-year event? Yes _____ No _____ % site covered _____

Site detains 10-year event? Yes _____ No _____ % site covered _____

Site detains 25-year event? Yes _____ No _____ % site covered _____

Site detains 50-year event? Yes _____ No _____ % site covered _____

Site detains 100-year event? Yes _____ No _____ % site covered _____

Water Quality Site Covered By:

Dry pond(s)? Number: _____ % site covered _____

Wet pond(s)? Number: _____ % site covered _____

Rain garden pond(s)? Number: _____ % site covered _____

Prefabricated WQ Unit(s)? Manufacturer: _____ % site covered _____

Catch basin insert(s)? Manufacturer: _____ % site covered _____

Other? _____ Number: _____ % site covered _____

Does the site have a SCDHEC Industrial Permit? Yes _____ No _____

Industrial Permit number: _____ (submit copy of permit)

SPCC plan submitted on _____ / _____ /20

*Note, the SPCC plan and actual permits will only need to be submitted with the initial credit application as well as any future plan/permit updates or modifications.

Certification Statement:

I, _____, as the financially responsible party for the above referenced property, do hereby certify the information presented herein is true and accurate. I understand failure to maintain the site Best Management Practices (BMPs) will negate my eligibility for stormwater credits and increase my uncredited fee by 25%.

Signature _____ Date _____
 Printed Name: _____
 Address: _____
 Phone number: _____
 Email: _____

Engineer's Certification:

I, _____, as a duly registered Professional Engineer in the State of South Carolina, do hereby certify the information presented herein is true and accurate and the site referenced is in conformance with the original site plan or city approved modifications. Also, the site does sufficiently detain and/or treat stormwater as indicated.

Signature _____ Affix Seal
 SC License number _____
 Date _____
 Printed Name: _____
 Address: _____
 Phone number: _____
 Email: _____

School District Certification (when applicable):

I, _____, as the Superintendent of the _____ school system, do hereby certify the "Action for a Cleaner Tomorrow" curriculum was taught to all students in grades (circle all that apply) k, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 for school year _____. I understand the certification is required to be submitted annually to receive any portion of the education fee credit.

Signature _____ Date _____
 Printed Name: _____
 Address: _____
 Phone number: _____
 Email: _____

Completed application packages should be submitted to:
City of Rock Hill
Stormwater Division
Attention: Fee Credit
PO Box 11706
Rock Hill, SC 29731

If you have any questions concerning the credits or the completing the credit application, please call 803-329-7096.

For City use only:

- 1) Industrial NPDES permit credit (5% max.) _____
- 2) Water quality control credit (10% max.) _____
- 3) Water quantity control credit (only 1 category applies):
 - a) 2&10-year control (5% max.) _____
 - b) 2,10,&25-year control (10% max.) _____
 - c) 2,10,25,&50-year control (15% max.) _____
 - d) 2,10,25,50,&100-year control (20% max.) _____
- 4) Education credit (1% per grade k-12) _____

Total credit approved (25% max.) _____

Dates credit to be issued: from _____ **to** _____

Approved by: _____

Date: _____