

STORMWATER FORM

Legal Business Name: _____

Facility Name: _____

Please include:

- Site plan with application (Show utilities, grading, drainage map, outdoor process and storage areas.)

Stormwater Management

1. Does your site receive stormwater from off-site properties?

- Yes No

2. Where does your stormwater go? (Check all that apply)

Surface drainage (swale, sheet flow, creek, river, lake, wetland)

Sewers:

Storm

Combined

Sanitary – volume

Unsure

Infiltrates into ground

Evaporates

Reused onsite

Describe use: _____

Is stormwater discharged to MSD? Yes No

Not sure

Other (Describe) _____

3. Is stormwater detained/retained onsite? Yes No If Yes:

a. What is the area (square feet) of the property? _____

b. What is the total Detention/Retention volume (cubic feet)? _____

c. What is the maximum release rate (gpm): _____

4. What square footage of the site has the capacity to contaminate stormwater? _____

a. List all materials stored outside: _____

b. List all outdoor processes: _____

5. Is stormwater pretreated onsite? Yes No

a. What substances are you trying to control? _____

b. How is stormwater pretreated? _____

c. Are any byproducts created? Yes No

d. How are byproducts disposed? _____

6. Does your facility have any Stormwater Permits? Yes No

If yes, list: _____

7. Is stormwater analyzed by a laboratory? Yes No

If yes, attach copy of most recent lab results.

8. Check responsible party for stormwater management at your facility (Name, address, phone)

Applicant Property Owner Local Jurisdiction Other: _____

Name: _____

Address: _____

Phone: _____

Certification

"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 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 fines and imprisonment for knowing violations."

Signature of Duly Authorized Representative

Printed Name

Date