Application for Stormwater Treatment Practice (STP) Credit



1. Instructions

Additional information on the Stormwater Treatment Practice (STP) credit can be found in the St. Albans Stormwater User Fee Credit Manual which is available online at the St. Albans web site (https://stalbanstown.com). A separate application form must be submitted for each property on which stormwater fee credit is being requested. Completed forms can be emailed to: e.cherington@stalbanstown.com

2. Certifications and Signatures

I hereby request that the St. Albans Stormwater Utility 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 Town should there be any change in the information provided herein. I understand that once credit is awarded it is my responsibility to inform the St. Albans Stormwater Utility 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 St. Albans Stormwater Utility 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 that the St. Albans Stormwater Utility can eliminate any credit awarded as part of this application.

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

	Parcel Identification Number:
	St. Albans Stormwater Account Number:
	Property Manager (PM) Name:
	PM Phone Number:PM Email Address:
4.	Existing Stormwater System Information
	State of Vermont Stormwater Permit Number (Most Recent):
	Other State of Vermont Stormwater Permits Issued to the Property (list all):
	Date of Most Recent Stormwater System Inspection:
	Name of 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. Complete and submit a separate section 5 worksheet for each STP.
	STP Description or Number:
	STP Drainage Area (Acres):
	Impervious Area Draining to STP (Acres):
	Is this Application Requesting Credit for Treating Impervious Area on Another Property? Yes No
	This STP is Applying for Credit in the Following Categories (maximum 50%):
	☐ Water Quality Volume (WQ _v)- 15%
	☐ Groundwater Recharge (Re _v)- 15%
	☐ Channel Protection (CP _v)- 15%
	\square Overbank Flood (Q _{p10}) or Extreme Storm (Q _{p100})- 10%
	□ Non-structural Practices- 10%
	☐ Other- Please explain in narrative
	Provide the Following Information for the STP
	☐ A written narrative describing the STP and its location.
	\square A map delineating the drainage area and impervious area flowing to the STP.
	\square A site plan and construction details for the STP.
	\square Calculations to support the STP design.
	\square Hydrologic model results that show existing and post improvement hydrographs for the WQv storm event, the
	CPv 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.
	Signature: Date:
	Name:Title:
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