



# Large Site Stormwater Quality Permit Application

## PUBLIC WORKS ADMINISTRATION BUILDING (PWA) • STORMWATER DIVISION

2525 WEST FIRST STREET • LOVELAND, CO 80537

GENERAL INFORMATION (970) 962-2775

[www.cityofloveland.org/stormwater](http://www.cityofloveland.org/stormwater)

A Stormwater Quality Permit is required for all land disturbance activities equal to or greater than one-half (½) acre OR for land disturbance activities less than one-half (½) acre that are part of a larger common plan of development or sale that would disturb one-half (½) acre or more.

### (1) Project Information:

Project Name:	Legal Description:
Address/Location:	
Existing Use:	Proposed Use:

### (2) Contact Information:

#### (a) Owner:

Contact Person:	
Address:	
Phone:	Fax:
Mobile:	E-mail:

#### (b) Contractor:

Contact Person:	
Address:	
Phone:	Fax:
Mobile:	E-mail:

#### (c) Other:

Contact Person:	
Address:	
Phone:	Fax:
Mobile:	E-mail:

### (3) SWMP Administrator:

Name:	Check One: <input type="checkbox"/> Phone <input type="checkbox"/> Mobile	Number: _____
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Permit Application No. \_\_\_\_\_

**(4) Please list any site personnel along with their contact information who will have authority to make modifications to the Stormwater Management Plan (SWMP) if the SWMP Administrator is unavailable:**

Name: _____	Check One: <input type="checkbox"/> Phone <input type="checkbox"/> Mobile	Number: _____
Name: _____	Check One: <input type="checkbox"/> Phone <input type="checkbox"/> Mobile	Number: _____
Name: _____	Check One: <input type="checkbox"/> Phone <input type="checkbox"/> Mobile	Number: _____

**(5) Project Information:**

Project Size (acres): _____	Brief Description of Project: _____

**(6) Project Schedule:**

Expected work start date: _____	Expected work completion date: _____
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**(7) Performance Security:**

(Attach Cost Opinion Spreadsheet for security escrow Calculation)	<b>Total Performance Security \$</b> _____
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As a condition for the issuance of a Stormwater Quality Permit, applicants shall be required to provide security in the form of an agreement for sediment/erosion control Best Management Practices (BMPs) cash deposit or an agreement for sediment/erosion control Best Management Practices (BMPs) irrevocable letter of credit, which agreement shall be approved as to the form and sufficiency by the City Attorney. The amount of the security shall be based upon the cost of the work required to ensure compliance with the permit's terms and conditions. The security, with interest at the rate currently earned by the city, less any deductions, shall be released upon the city's determination that the Permittee has successfully completed all work required by the permit. If the Permittee does not successfully complete all required work or violates any requirement of the permit, the city may take corrective measures and charge the cost of such to the Permittee. Such costs shall include the actual cost of any work deemed necessary by the city plus administrative and inspection costs and penalties pursuant to the city's Stormwater Quality Enforcement Policy. In determining the cost of work, a 15% contingency shall be added. If the total of such costs exceeds the security, the Permittee shall be responsible for payment of the remaining balance within thirty calendar days of receipt of an accounting of such from the city.

It is the Permittee's responsibility to request a release of the Performance Security. Please note that eligibility for a full release is determined by adequate permanent stormwater quality control features, including established vegetation. In most cases, a minimum of one year from the date of seeding is necessary to determine vegetation establishment.

**NOTE: This permit is separate from any permits required by the Colorado Department of Public Health and Environment (CDPHE), Water Quality Control Division under the Colorado Discharge Permit System.**

**\*\*\* FOR OFFICE USE ONLY \*\*\***

Stormwater Quality Permit Application Received: <input type="checkbox"/> Yes, _____ date received; Permit No.: _____	Acknowledgement Certificate Signed: <input type="checkbox"/> No; <input type="checkbox"/> Yes, _____ date signed
Grading Permit Application Received: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ date received; Permit No. _____	Sediment/Erosion Control Plan Sheet Drawings Received: <input type="checkbox"/> n/a; <input type="checkbox"/> No; <input type="checkbox"/> Yes, _____ date received;
CDPHE Stormwater Discharge Permit Received: <input type="checkbox"/> n/a; <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ date received; Permit No. _____	Total Performance Security collected: \$ _____ Date Paid: _____
Stormwater Management Plan (SWMP) Received: <input type="checkbox"/> n/a; <input type="checkbox"/> No; <input type="checkbox"/> Yes, _____ date received; Permit No. _____	Method of Payment: _____ Staff Comments: _____
CDPHE Fugitive Dust Control Permit Received: <input type="checkbox"/> n/a; <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ date received; Permit No. _____	
Army Corps of Engineers 401/404 Permit Received: <input type="checkbox"/> n/a; <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ date received; Permit No. _____	



# City of Loveland

## Erosion Sediment Control Inspection Log (ESCIL)

Facility Name		Permittee					
Date of Inspection		Weather Conditions					
Permit Certification #		Disturbed Acreage					
Phase of Construction		Inspector Title					
Inspector Name							
Is the above inspector a qualified stormwater manager? (permittee is responsible for ensuring that the inspector is a qualified stormwater manager)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO						
<input type="checkbox"/>	<input type="checkbox"/>						

INSPECTION FREQUENCY					
Check the box that describes the minimum inspection frequency utilized when conducting each inspection					
At least one inspection every 7 calendar days	<input type="checkbox"/>				
At least one inspection every 14 calendar days, with post-storm event inspections conducted within 24 hours after the end of any precipitation or snowmelt event that causes surface erosions	<input type="checkbox"/>				
<ul style="list-style-type: none"> <li>• This is this a post-storm event inspection. Event Date: _____</li> </ul>	<input type="checkbox"/>				
Reduced inspection frequency - Include site conditions that warrant reduced inspection frequency	<input type="checkbox"/>				
<ul style="list-style-type: none"> <li>• Post-storm inspections at temporarily idle sites</li> <li>• Inspections at completed sites/area</li> <li>• Winter conditions exclusion</li> </ul>	<input type="checkbox"/>				
Have there been any deviations from the minimum inspection schedule? If yes, describe below.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				

INSPECTION REQUIREMENTS*
i. Visually verify all implemented control measures are in effective operational condition and are working as designed in the specifications
ii. Determine if there are new potential sources of pollutants
iii. Assess the adequacy of control measures at the site to identify areas requiring new or modified control measures to minimize pollutant discharges
iv. Identify all areas of non-compliance with the permit requirements, and if necessary, implement corrective action
*Use the attached <b>Control Measures Requiring Routine Maintenance</b> and <b>Inadequate Control Measures Requiring Corrective Action</b> forms to document results of this assessment that trigger either maintenance or corrective actions

AREAS TO BE INSPECTED			
Is there evidence of, or the potential for, pollutants leaving the construction site boundaries, entering the stormwater drainage system or discharging to state waters at the following locations?			
	NO	YES	If "YES" describe discharge or potential for discharge below. Document related maintenance, inadequate control measures and corrective actions <b>Inadequate Control Measures Requiring Corrective Action</b> form
Construction site perimeter	<input type="checkbox"/>	<input type="checkbox"/>	
All disturbed areas	<input type="checkbox"/>	<input type="checkbox"/>	
Designated haul routes	<input type="checkbox"/>	<input type="checkbox"/>	
Material and waste storage areas exposed to precipitation	<input type="checkbox"/>	<input type="checkbox"/>	
Locations where stormwater has the potential to discharge offsite	<input type="checkbox"/>	<input type="checkbox"/>	
Locations where vehicles exit the site	<input type="checkbox"/>	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	





## REPORTING REQUIREMENTS

The permittee shall report the following circumstances orally within twenty-four (24) hours from the time the permittee becomes aware of the circumstances, and shall mail to the division a written report containing the information requested within five (5) working days after becoming aware of the following circumstances. The division may waive the written report required if the oral report has been received within 24 hours.

<b>All Noncompliance Requiring 24-Hour Notification per Part II.L.6 of the Permit</b>		
<b>a. Endangerment to Health or the Environment</b> Circumstances leading to any noncompliance which may endanger health or the environment regardless of the cause of the incident (See Part II.L.6.a of the Permit) <i>This category would primarily result from the discharge of pollutants in violation of the permit</i>		
<b>b. Numeric Effluent Limit Violations</b> <ul style="list-style-type: none"> <li>o Circumstances leading to any unanticipated bypass which exceeds any effluent limitations (See Part II.L.6.b of the Permit)</li> <li>o Circumstances leading to any upset which causes an exceedance of any effluent limitation (See Part II.L.6.c of the Permit)</li> <li>o Daily maximum violations (See Part II.L.6.d of the Permit)</li> </ul> <i>Numeric effluent limits are very uncommon in certifications under the COR400000 general permit. This category of noncompliance only applies if numeric effluent limits are included in a permit certification.</i>		

Has there been an incident of noncompliance requiring 24-hour notification?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	If "YES" document below

Date and Time of Incident	Location	Description of Noncompliance	Description of Corrective Action	Date and Time of 24 Hour Oral Notification	Date of 5 Day Written Notification *

\*Attach copy of 5 day written notification to report. Indicate if written notification was waived, including the name of the division personnel who granted waiver.

After adequate corrective action(s) and maintenance have been taken, or where a report does not identify any incidents requiring corrective action or maintenance, the individual(s) designated as the Qualified Stormwater Manager, shall sign and certify the below statement:

"I verify that, to the best of my knowledge and belief, all corrective action and maintenance items identified during the inspection are complete, and the site is currently in compliance with the permit."

\_\_\_\_\_  
Name of Qualified Stormwater Manager

\_\_\_\_\_  
Title of Qualified Stormwater Manager

\_\_\_\_\_  
Signature of Qualified Stormwater Manager

\_\_\_\_\_  
Date

Notes/Comments