



**GREENVILLE COUNTY, SOUTH CAROLINA  
 STORMWATER MANAGEMENT/SEDIMENT CONTROL PLAN  
 LAND DISTURBANCE PERMIT RENEWAL APPLICATION FORM**

RECEIVED DATE:  
(for official use only)

**(with no changes to the originally approved SWPPP)  
 To Be Used For: ONE (1) ACRE OR OVER and INCREASING FLOWS BY ONE  
 CFS OR MORE**

Application constitutes notice that the party identified in Section 3 of this form intends to be authorized by a NPDES permit issued for storm water discharges associated with construction activity in the State of South Carolina. Being a permittee obligates the discharger to comply with the terms and conditions of the SWPPP. This application must be submitted along with the Permit Renewal Information and Checklist. **All sections of this application must be completed in its entirety or will result in immediate disapproval.** All plan submitted after 2:00 p.m. will be logged for the following business day. Upon approval, you will be notified by fax to pick up the approved plans to distribute to the Owner, Project Engineer, and to place one set within the onsite construction box.

**DATE:** \_\_\_\_\_ **FACILITY or PROJECT NAME:** \_\_\_\_\_

**TAX MAP NO:** \_\_\_\_\_ **RENEWAL PERMIT NO:** \_\_\_\_\_

**PREVIOUS PERMIT NO:** \_\_\_\_\_

**I. Site Information:**

**County:** \_\_\_\_\_ **Municipality:** \_\_\_\_\_

**Site Address/Location (Street or Road - also show on plans):** \_\_\_\_\_

**Latitude:** \_\_\_\_\_ **Longitude:** \_\_\_\_\_ **USGS Quad Name:** \_\_\_\_\_

**Nearest receiving water body:** \_\_\_\_\_

**Distance to nearest receiving water body:** \_\_\_\_\_

**Ultimate receiving water body:** \_\_\_\_\_ **Flood Plain: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Are there any fresh water wetlands located on the property? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (If yes, please show details on the plans)

**Does this site drain to a TMDL/303D water body? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (If yes, please show details on the plans)

**If so, please name:** \_\_\_\_\_

**Remaining area to be disturbed (acres):** \_\_\_\_\_ **Property Size (total acreage):** \_\_\_\_\_

**Anticipated Completion Date:** \_\_\_\_\_

**Type of Project (check type of activity):**

Single Family Subdivision  Commercial  Industrial  Single Family Lot

Institutional  Linear  Utility  Multi-Family  Multi-Use (commercial & residential)

## **II. CONTACT INFORMATION:**

### **1. Primary Permittee**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No. (Day): \_\_\_\_\_ Ext. \_\_\_ Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Agent (day-to-day) Contact: \_\_\_\_\_ Mobile No: \_\_\_\_\_

### **2. Secondary Permittee**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No. (Day): \_\_\_\_\_ Ext. \_\_\_ Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Agent (day-to-day) Contact: \_\_\_\_\_ Mobile No: \_\_\_\_\_

### **3. Engineering Firm: \_\_\_\_\_ Engineer Name: \_\_\_\_\_**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No. (Day): \_\_\_\_\_ Ext. \_\_\_ Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

### **4. Contractor Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No. (Day): \_\_\_\_\_ Ext. \_\_\_ Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Agent (day-to-day) Contact: \_\_\_\_\_ Mobile No: \_\_\_\_\_

### **III. Signatures and Certifications:**

(DO NOT SIGN IN **BLACK INK** or **USE Electronic, Scanned, or Copied Signatures**)

A. 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 is submitted is, to the best of 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.

I shall grant authorization to the Department of Health and Environmental Control and/or the local implementing agency (including an authorized contractor acting as a representative of the Department), the right to:

- (1) any records that must be kept under the conditions of this permit;
- (2) entry upon the permittee's premises at reasonable times for the purpose of on site inspections during the course of construction;
- (3) have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
- (4) to perform maintenance inspections following the completion of the land disturbing activity.

\_\_\_\_\_  
Printed name of Primary Permittee      Signature of Primary Permittee      Date

B. Designer Certification – The requested site plans folded & stapled, narrative and supporting documents are herewith submitted and made part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, and pursuant Regulation 72-300 (the most recent NPDES General Permit for Stormwater from Construction Activities), and County Ordinance: 4281.

Prior to closing the Land Disturbance Permit, I will submit an As-Built Certification of the Stormwater Management features, and a statement certifying that the site has reached final stabilization, and that construction is complete and in accordance with approved plans and specifications. This will be based upon periodic observations of construction and a final inspection for design compliance by me or a representative of my office who is under my supervision (To be signed by a registered professional responsible for construction).

**Check one:** \_\_\_\_\_ Engineer    \_\_\_\_\_ Tier B, Surveyor    \_\_\_\_\_ Landscape Architect

\_\_\_\_\_  
Printed Name      Signature      S.C. Registration No.      Date

**REPORT OF PLAN REVIEW**  
(for official use only)

FACILITY or PROJECT NAME: \_\_\_\_\_ PERMIT NO: \_\_\_\_\_

Will an As-Built Certification by a Registered Professional responsible for construction, be required for this project for final approval (To be specified by reviewer)? \_\_\_\_\_ Yes \_\_\_\_\_ No

- ❖ The Renewal Application submittal is in compliance with the provisions of the SC Pollution Control Act and with the provisions of the Clean Water Act as outlined in SC NPDES General Permit for Stormwater Discharges from Construction Activities.

Describe the Water Quality Devices used on this project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If noted below as **other**, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes to Inspector: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLAN REVIEWER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Distribution LIST:

NOTES:

FILES:

- AGENCIES (municipality) \_\_\_\_\_
- ENGINEER of RECORD
- CONTRACTOR of RECORD
- ONSITE CONSTRUCTION BOX
- OTHER \_\_\_\_\_

- AS-BUILT
- POND
- FLOODPLAIN
- WQ DEVICES
- BUFFERS
- SUBDIVISION
- PART OF COUNTY LARGER COMMON DEVELOPMENT
- PART OF DHEC LARGER COMMON DEVELOPMENT
- OTHER \_\_\_\_\_

- INSPECTOR FILE
- PERMANENT FILE
- SUBDIVISION/ROAD DESIGN FILE