

Application for Stormwater Utility Fee Credit

Deep Roots. Broad Wings. Bright Future.									
Check One: Initial application		Renewal application							
Part I									
A. Facility Information									
1.	Facility Name:								
2.	Physical Address of Facility								
	Street Number:	Street Number: Zip Code:							
3.	Mailing Address - Same as physical address? Yes If No, provide information below:								
	Street Number:		Street	Name:					
	City:			State:		Zip Code:			
B.	Applicant Conta	ct Information							
1.	Name: 2. Title:								
3.	Phone No.: () Ext:								
4.	Email Address:								
C.	Credits Applied	For (check all tha	t apply)						
	Adopt-A-Spot – su	bmit information reg	arding propo	sed cleanup project, incl	uding location of area adop	ted.			
	Parking Lot Sweeping – submit map and schedule showing areas and frequency of sweeping to be accomplished.								
	Detention or Retention Pond – submit maintenance plan.								
	Zero Discharge – submit drainage study by licensed Professional Engineer.								
	Permanent Stormwater Control – submit as-built plans stamped by licensed Professional Engineer and maintenance plan.								
	Student Education – submit information regarding curriculum and student hours.								
Industrial Facility – complete Supplemental Industrial Permit Information form and include all required attachments.									
Part II Signature and Approval									
I hereby certify that the information in this application, including all attachments and supplemental forms, is true to the best of my knowledge and acknowledge that any attempt to purposely supply incorrect information may result in denial of the credit application. I further understand the review of the documents submitted by me may take up to sixty (60) days to complete and that submissions which do not contain the correct information or that are otherwise incomplete will be delayed an additional sixty (60) days after the date the corrected or missing information is provided to the City.									
S	ignature of appli	cant		Title		Date			
Submit application and all attachments to:					To be completed by City of	f Lewisville			
c	ity of Lewisville			Case No.	SW Acct. No.				
Storm Water Division									
P	.O. Box 299002			Credits approved:	%				
Lewisville, TX 75029-9002									
Attn: Stormwater Utility Fee Review		Approved by:		Date:					



Supplemental Industrial Permit Information Form

Α.	Facility Informa	ntion						
1.	Facility Name:							
	(as listed on NOI or	NEC)						
2.	TPDES Permit							
	Number:		Primary SIC Code:	Industrial Sector:				
3.	Date Industrial	Operations Began:	Operations Began: Date NOI or NEC					
	(for current owner							
В.	Compliance wit	rith Current TPDES Stormwater Permit						
		edules of the current permit relating to monitoring, training, implementation of Best Management Practices (BMPs) and compliance or mwater Pollution Prevention Plan (SWPPP) been met for the preceding 12-month period?						
	-or-							
	For Facilities with a	or Facilities with a No Exposure Certification (NEC), have all the no exposure requirements been met for the preceding 12-month period?						
	Yes	Yes No						
		nswer is No, provide a summary description (on a separate page) of the current permit requirements/schedule that has not been met, or non-attainment, compliance schedule, and current efforts to complete this activity.						
C.	Attachments	tachments						
	All required attack	required attachments must be included for the application to be considered complete (not required for facilities with No Exposure tification).						
	Attachment 1	A copy of the Stormwater Pollution Prevention Plan: Include records for spills, Best Management Practice (BMP) maintenance, training, employee education, periodic inspections, and quarterly visual monitoring for the previous 12-month period.						
	Attachment 2	A copy of the most recent Annual Comprehensive Site Compliance Evaluation Report.						
	Attachment 3	Annual Hazardous Metals Monito	ring (Numeric Effluent Limitations					
		Have you obtained a waiver from obtained on a metal by metal bas		r a portion of the metals and outfalls? Waivers may be				
		A waiver has been obtaine (form TCEQ-10425).	d for all metals at all outfalls. Att	ach a copy of the signed waiver				
				and/or outfalls. Attach a copy of the ecent results (use EPA form 3320-1).				
		A waiver has not been obt	ained. Attach a copy of your mos	t recent results (use EPA form 3320-1).				
	Attachment 4	tachment 4 Benchmark Monitoring Report, if applicable						
		Not all facilities must conduct benchmark monitoring. No SIC codes in Sectors I, P, R, V, W, X, Z, AB, AC, or AD require benchmarking sampling.						
		Is Benchmark Monitoring required for your facility? Yes No						
		If yes, attach a copy of you most recent Report of Benchmark Monitoring Data submitted to TCEQ (form TCEQ-20091).						