

REGIONAL STORMWATER MANAGEMENT SYSTEM ANNUAL REPORT

Instructions: In accordance with Chapter 62-330.311(3), the operation and maintenance entity of a regional stormwater management facility must complete the following information and submit it to the Agency on an annual basis.

PART 1: GENERAL INFORMATION

Permit No.: _____ Permittee Name: _____

Identification or Name of Regional Stormwater Management System: _____

Phase of Regional Stormwater Management System (if applicable): _____

PART 2: PERMITTED/PREVIOUS STATE OF REGIONAL SYSTEM

as of _____ (date of last report—mm/dd/yyyy)

Permitted Design Capacity (Inflow Volume): _____

Stormwater Quality Inflow Volume (From Last Report): _____

Total Project Area Served (From Last Report): _____

Impervious Acres Served (From Last Report): _____

PART 3—DETAIL OF NEW DISCHARGES

as of _____ (date of last report—mm/dd/yyyy)

The following projects have received permission to discharge into the Regional Stormwater Management System since the previous annual report (use additional sheets as necessary):

Project Name:				
Project Address:				
Permit Number	Project Area (Acres)	Land Use* (Acres)	Added Impervious (Acres)	Stormwater Quality Volume Discharged into Regional Facility



Project Name:				
Project Address:				
Permit Number	Project Area (Acres)	Land Use* (Acres)	Added Impervious (Acres)	Stormwater Quality Volume Discharged into Regional Facility

Project Name:				
Project Address:				
Permit Number	Project Area (Acres)	Land Use* (Acres)	Added Impervious (Acres)	Stormwater Quality Volume Discharged into Regional Facility

* Land Use Codes: 1 = Single Family Residential; 2 = Multi-family residential; 3 = Commercial;
4 = Industrial; 5 = Recreational; 6 = Natural; 7 = Water; 8 = Other

PART 4—CURRENT STATUS

Cumulative Total Stormwater Quality Inflow Volume: _____

Cumulative Total Project Area Served: _____

Cumulative Total Impervious Acres Served: _____

PART 5—CERTIFICATION

The undersigned owner/operator of this Regional Stormwater Discharge Facility hereby certifies that the statements made in this report are true, accurate and complete and certifies that this facility has adequate capacity to accept the stormwater volumes listed in Part B above and that the facility continues to provide the necessary treatment as required by the above permit issued for the Regional Stormwater Management System.

Name of Current Permit Holder: _____

Signature

Date

Title (if any)