



Certification of Stormwater Service

Applicant: complete the first part of this form and take to the Sewer District that serves the property. Please print legibly.

Site Address or Location _____

LU Number _____ Total number of residential units _____

Tax Account #	State ID #	Addition/Section	Block	Lot/Tax Lot
R				
R				
R				

Land Use Review Proposal _____

Applicant's Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Phone _____

Approval of most land uses involving a new or expanded use or involving the creation of a new parcel requires verification of adequate stormwater service to the property. After the sewer district completes the section below and returns the form to you, include the completed form with your land use review application.

Applicant, do not write below this line.

To be completed by a Sewer District Official

The applicant is proposing the following means of addressing the stormwater requirements _____

The following reports are attached:

- Infiltration test
- Stormwater report
- Other _____

This approach:

- Meets discharge requirements
- Does not meet discharge requirements
- Comments _____

This approach:

- Meets detention requirements
- Does not meet detention requirements
- Comments _____

This approach:

- Meets water quality requirements
- Does not meet water quality requirements
- Not applicable
- Comments _____

This approach:

- Meets landscaping requirements
- Does not landscaping requirements
- Not applicable
- Comments _____

This approach:

- _____
- _____
- _____

Sewer District _____

Name of Official _____

Office Held _____

Address _____

Phone _____

Date _____

RETURN THIS FORM TO THE APPLICANT