

Chief Executive Officer
Michael Thurmond

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Andrew A. Baker, AICP

STATE WATER DETERMINATION FORM

AP# _____

FEE PAID: YES NO NO FEE APPLIED

Parcel I.D. Number: _____ Date: _____

Site Address: _____

Property Owner/Requested By: _____

Name/Title of Agent: _____

IF NOT OWNER, Requested By: _____

Phone #: _____ Fax: _____

Address: _____

Type of Water Feature: _____ Site Visited By: _____

River Stream Creek Branch Lake Reservoir Pond Drainage System Spring Well

Is there flow? Yes No (if yes) Surface Subsurface

Is there wretched edge vegetation? Yes No _____

Is there a defined channel? Yes No _____

Is it confined entirely on owner's property? Yes No _____

Are hydric soils present? Yes No _____

Is wetland vegetation present? Yes No _____

Final Determination: State Waters _____

Buffers Required _____

No State Water observed _____

Comments: _____

****This form is only good for 12 months from Date Site Visited. Date Site Visited must be within 6 months of any Land Disturbing Activity Permit Application**