

Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Juliana A. Njoku

STATE WATERS DETERMINATION FORM

SR# _____

FEE PAID: ☐ YES ☐ NO ☐ NO FEE APPLIED

TO BE COMPLETED BY APPLICANT

Parcel I.D. Number: _____ Date: _____
Site Address: _____
Property Owner/Requested By: _____
Name/Title of Agent: _____
IF NOT OWNER, Requested By: _____
Phone #: _____ Email: _____
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**