



## WATER QUALITY IMPACT ASSESSMENT

(Required for all development/redevelopment in the Resource Protection Area; CBPO 5.5-11)

*An engineer or design professional may be required to conduct this water quality impact assessment if the proposed land disturbance is greater than 10,000 square feet or the proposed encroachment is into the seaward 50 feet of the 100-foot Resource Protection Area (RPA) buffer.*

Application Type:  CBPA Waiver       CBPA Exception       RPA Modification (Admin. Process)

Application # (OFFICE USE ONLY): \_\_\_\_\_

Tax Map#: \_\_\_\_\_ RPC#: \_\_\_\_\_

Applicant: \_\_\_\_\_

Phone #(s): \_\_\_\_\_ Email address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Street Address: \_\_\_\_\_

*A site drawing, which shows the following, must be attached to this water quality impact assessment:*

1. Location of the components of the RPA, including the 100-foot buffer area;
2. Location and nature of any proposed encroachment into the buffer area, including, type of paving material; areas of clearing or grading; location of any structures, drives, or other impervious cover; sewage disposal systems or reserve drainfield sites; and wells.
3. Type and location of proposed best management practices to mitigate the proposed encroachment;
4. Location of existing vegetation onsite, including the number, type of trees, caliper and other vegetation to be removed in the buffer to accommodate the encroachment or modification; and
5. Type, size, and location of replacement vegetation.

**Site Conditions (of site and adjacent lands):**

Existing Topography: \_\_\_\_\_ Hydrology: \_\_\_\_\_

Soils: \_\_\_\_\_ Geology: \_\_\_\_\_

Fill Material (source and composition): \_\_\_\_\_

Total Amount of Disturbed Area (ft<sup>2</sup>): \_\_\_\_\_ Total Amount of Cleared Area (ft<sup>2</sup>): \_\_\_\_\_

**Existing Vegetation:**

Total Amount of Underbrush Removed (ft<sup>2</sup>): \_\_\_\_\_ Types: \_\_\_\_\_

Number of Healthy Trees Removed: \_\_\_\_\_ Types: \_\_\_\_\_

Number of Trees Limbed or Pruned: \_\_\_\_\_ Types: \_\_\_\_\_

Number of Dead/Dying/Diseased Trees Removed: \_\_\_\_\_ Types: \_\_\_\_\_

**Proposed Vegetation Mitigation Measures:**

Number of New Canopy Trees Proposed: \_\_\_\_\_ Types: \_\_\_\_\_

Number of New Understory Trees Proposed: \_\_\_\_\_ Types: \_\_\_\_\_

Number of New Shrubs Proposed: \_\_\_\_\_ Types: \_\_\_\_\_

**Proposed Erosion and Sedimentation Control Practices:**

- Silt Fencing       Temporary Construction Entrance       Straw Bale Barrier(s)
- Inlet Protection       Temporary/Permanent Seeding       Mulching
- Tree Protection       Sediment Trap
- Other: \_\_\_\_\_

**Proposed Best Management Practices:**

- Dry Well(s)       Infiltration Trench(es)       Vegetated Filter Strip(s)       Grass Swale(s)
- Other: \_\_\_\_\_

**Wastewater (Septic) Element:**

Attach legible, clean copy of Health Department Approval Information- to include calculations and dimensions.

Description of potential impacts of the proposed wastewater systems including and proposed mitigated measures for these impacts: \_\_\_\_\_

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PRIVACY ACT STATEMENT: Information provided in the Chesapeake Bay application will be used in the permit review process and is a matter of public record once the application is filed. Disclosure of the requested information is voluntary, but it may not be possible to evaluate the permit application or to issue a permit if the information requested is not provided.

CERTIFICATION: I am hereby applying for all permits typically issued by the DEA, VMRC, U.S. Army Corps of Engineers, Chesapeake Bay process, and/or Local Wetlands boards for the activities I have described herein. I agree to allow the duly authorized representatives of any regulatory or advisory agency to enter upon the premises of the project site at reasonable times to inspect and photograph site conditions, both in reviewing proposal to issue a permit and after permit issuance to determine compliance with the permit. In addition, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY

Pentamation # \_\_\_\_\_ Application Rec'd by \_\_\_\_\_ Date Rec'd \_\_\_\_\_

DECISION: \_\_\_\_\_ Review by Staff: \_\_\_\_\_

APPROVED: \_\_\_\_\_ Conditions/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DENIED: \_\_\_\_\_ Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mitigation plan required: YES  NO  \_\_\_\_\_ Square foot Minimum \_\_\_\_\_

Mitigation plan approved: \_\_\_\_\_ Entitled: \_\_\_\_\_  
Dated: \_\_\_\_\_

Date Mitigation Completed: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Amount of Surety Required: \$ \_\_\_\_\_ Date Posted: \_\_\_\_\_

Receipt#: \_\_\_\_\_

Date Surety Released: \_\_\_\_\_

Chesapeake Bay Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_