

**NORTH MIDDLETON TOWNSHIP STORMWATER UTILITY
STORMWATER CREDIT APPLICATION**

Application Information

Owner/Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Service Location Information

Account Number: _____ Parcel Identification Number (PIN): _____

Property Address: _____

Credit Review Information

Credit Application Status: New Application Credit Renewal

If credit renewal, date of approval of last credit application: _____

Credit Type *check type(s) of credit being applied*

- Infiltration Practices (Infiltration Basins and Trenches) (up to 50%)
- Dry Extended Detention Basins (up to 25%)
- Wet Ponds or Constructed Wetlands (up to 25%)
- Vegetated Open Channels (up to 25%)
- Permeable Pavement (up to 50%)

Attach any supporting documentation as separate sheets. Include available drawings, sketches and/or plans.

Enclosures

Stormwater Management Facility Maintenance Checklist: Enclosed Not Enclosed

Stormwater Credit Maintenance Agreement: Enclosed Not Enclosed Previously Submitted

Certifications

I certify that all statements made in this application are true, complete and correct to the best of my knowledge. I further acknowledge that any or all information provided by me is subject to verification and hereby authorize the North Middleton Township to conduct any investigation or site visit of my property as needed.

Applicant's Signature

Date

Credit Application Form Submittal

Mail or deliver forms and support documentation to: North Middleton Township
Attention: Stormwater Utility Administrator
2051 Spring Road
Carlisle, PA 17013

Credits will be reviewed by the Stormwater Administrator, and a response will be mailed to the address indicated in the first section of this form. Please allow 30 days from the delivery date for a reply to any credit application.

NORTH MIDDLETON TOWNSHIP STORMWATER MANAGEMENT FACILITY MAINTENANCE INSPECTION CHECKLIST

Check One:

- Infiltration Practices (Infiltration Basins, Rain Gardens and Trenches) Dry Extended Basins
 Wet Ponds and Constructed Wetlands Vegetated Open Channels Permeable Pavement

Date of Inspection: _____

BMP Description/Location: _____

Inspector (Print Name and Sign) _____

Owner Name: _____

Owner Address: _____

Owner Phone Number: _____

Site Conditions: _____

Inspection Rating System:

- 1 = Satisfactory Issues – Well maintained, no action required.
 2 = Moderate Issues – Monitor maintenance and/or additional monitoring needed.
 3 = Severe Issues – Immediate need for repair or replacement.

For All BMPs, answer questions A through I

INSPECTION ITEMS	Rating			Comments/Corrective Actions Needed
	1 Satisfactory	2* Moderate	3* Severe	
A. The condition of vegetation along the surface of the infiltration BMP, dry extended detention basin or vegetated open channel (satisfactory if has been maintained in good condition, without any bare spots)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
B. Evidence of erosion (satisfactory if no evidence of erosion)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
C. Condition of structural components (i.e. inlet / outlet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
D. Underdrain system (if equipped, satisfactory if not broken/clogged)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
E. Have catch basins and inlets (upgradient of infiltration basin) been inspected and cleaned at least two (2) times per year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
F. Have vehicles been parked or driven on an infiltration BMP, dry extended detention basin or vegetated open channel or has an excessive compaction been caused by mowers?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
G. Has standing water been observed within the infiltration BMP or dry extended detention basin, 72 hours after a rainfall event?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
H. Is there accumulated trash and/or sediment?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
I. Have there been complaints from residents?		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Additionally, For Wet Ponds and Constructed Wetlands BMP, answer questions J through L

INSPECTION ITEMS	Rating			Comments/Corrective Actions Needed
	1 Satisfactory	2* Moderate	3* Severe	
J. Evidence of flow channelization (satisfactory if no evidence of channelization)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
K. The condition of the embankment (satisfactory if bank is stable and without low points)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

L. Has the BMP been inspected at least four (4) times per year? Yes No*

Additionally, For Permeable Pavement BMP, answer questions M through R

INSPECTION ITEMS	Rating			Comments/Corrective Actions Needed
	1 Satisfactory	2* Moderate	3* Severe	
M. How is the condition of the pavement and is it clogged with fine sediment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
N. Planted areas adjacent to permeable pavement maintained to prevent soil washout	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
O. Had pavement been vacuumed one (1) or two (2) times per year		<input type="checkbox"/> Yes	<input type="checkbox"/> No*	
P. Is pavement immediately cleaned of any soil deposited on it		<input type="checkbox"/> Yes	<input type="checkbox"/> No*	
Q. Have construction staging, soil/mulch storage, etc. been allowed on pervious / permeable pavement		<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
R. Have inlets draining to the subsurface bed been inspected and cleaned two (2) times per year		<input type="checkbox"/> Yes	<input type="checkbox"/> No*	

***CORRECTIVE ACTIONS**

If any "2", "3" or adverse responses (denoted by *) were given above, list the corrective actions recommended or completed at the time of this inspection.

<u>Corrective Actions</u>	<u>Recommended to Owner</u>	<u>Completed at Time of Inspection</u>
---------------------------	-----------------------------	--

PHOTOGRAPHS

Please attach photographs, with descriptions, showing the current condition of the system and any deficiencies noted in the inspection.

NOTE TO INSPECTOR: DO NOT enter any confined spaces unless OSHA regulations are followed.