

GALVESTON COUNTY HEALTH DISTRICT

Coastal Health & Wellness, Public Health Programs, Galveston E.M.S

Ben G. Raimer, MD
Chair, United Board of Health



Kathy Barroso, CPA
Chief Executive Officer

Abdul-Aziz Alhassan, MD
Medical Director
Interim Local Health Authority

Construction Stormwater General Permit

Please Print or type all sections of this application. All fields are required unless otherwise marked.

I. Operator/Permittee (Party with operational control over plans and specifications or day-to-day operational control of activities which ensure compliance with Stormwater Pollution Prevention Plan (SWPPP) and permit conditions.)

Name:		Company:	
Business Phone:	Ext.	Comments:	
Cell Phone (Optional):	Fax (Optional):		
E-mail:			
Mailing Address:		City:	State: Zip :

II. Property Owner (The party listed on the County Assessor's records as owner and taxpayer of the parcel[s] for which permit coverage is requested. The Property Owner information will be used for emergency contact purposes.)

Name:		Company (if applicable):	
Business Phone:	Ext.		
Cell Phone (Optional):	Fax (Optional):		
E-mail:			
Mailing Address:		City:	State: Zip:

III. On-site Contact Person (Typically the Certified Erosion & Sediment Control Lead or Operator/Permittee)

Name:		Company:	
Business Phone:	Ext.	Mailing Address:	

Cell Phone (Optional)	Fax (Optional):	City:	State:	Zip:
E-mail:				

IV. Pollution Prevention for Construction Sites DVD

I, _____, acknowledge that I have watched the *Storm Watch* training DVD on _____, and understand all of the requirements to fulfill the Best Management Practices.

NOI has been submitted to TCEQ.

Map and plans of construction site have been attached with the permit.

V. Site Information

Site or Project Name	Site Acreage Total size of your site/project (that you own/control): _____ acres.
Street Address or Location Description:	Total area of soil disturbance (grading and/or excavating) for your site/project over the life of the project: _____ acres. (Note: 1 acre = 43,560 ft ² .)
Type of Construction Activity (check all that apply): <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Highway or Road (city, county, state) <input type="checkbox"/> Utilities (specify): <input type="checkbox"/> Other (specify):	Concrete / Engineered Soils How many yards of recycled concrete will be used over the life of the project? _____ yd ³ (estimate) Will any engineered soils be used? (For example: cement treated base, cement kiln dust, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
City (or nearest city): County:	Zip Code: Estimated project start-up date (mm/dd/yy): Estimated project completion date (mm/dd/yy):

I agree this plan is in accordance with the GCHD's Erosion and Sediment Control Plan.

This construction site is not greater than 30 acres. If greater than 30 acres a phasing plan shall be implemented, please attach plan for review.

The final plan has been signed by a licensed professional engineer (PE), who verified that the design of all stormwater management practices have met the submittal requirements outlined in the stormwater design manual.

VI. Existing Site Conditions

1. Are you aware of contaminated soils present on the site? Yes No
2. Are you aware of groundwater contamination located within the site boundary? Yes No
3. If you answered yes to questions 1 or 2, will any contaminated soils be disturbed or will any contaminated groundwater be discharged due to the proposed construction activity? Yes ; No

["Contaminated" and "contamination" here mean containing any hazardous substance that does not occur naturally or occurs at greater than natural background levels.]

VII. Discharge/Receiving Water Information

Indicate whether your site's stormwater and/or dewatering water could enter surface waters, directly and/or indirectly:

- Water will discharge directly or indirectly (through a storm drain system or roadside ditch) into one or more surface waterbodies (wetlands, creeks, lakes, and all other surface waters and water courses).
If your discharge is to a storm sewer system, provide the name of the operator of the storm sewer system:
(e.g., City of Santa Fe):
- Water will discharge to ground with 100% infiltration, with no potential to reach surface waters under any conditions.

If your project includes dewatering, you **must** include dewatering plans and discharge locations in your site Stormwater Pollution Prevention Plan.

VIII. Certification of Permittees

"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 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."

Printed Name / Company (operator/permittee only)

Title

Signature of Operator/Permittee

Date