



PAT McCRORY
Governor

DONALD R. VAN DER VAART
Secretary

TRACY DAVIS
Director

July 21, 2016

Jonathan Staub, Member Manager
Wilmington Health PLLC
1202 Medical Center Drive
Wilmington, NC 28401

**Subject: State Stormwater Management Permit No. SW8 951014 MOD
Wilmington Health Associates Clinic
High Density Wet Detention Pond Project
Wilmington, New Hanover County**

Dear Mr. Staub:

The Wilmington Regional Office received a complete, modified Stormwater Management Permit Application for Wilmington Health Associates Clinic on July 20, 2016. Staff review of the plans and specifications has determined that the project, as proposed, will comply with the Stormwater Regulations set forth in Title 15A NCAC 2H.1000 and Session Law 2008-211. We are forwarding modified Permit No. SW8 951014 dated July 21, 2016, for the construction, operation and maintenance of the BMP's and built-upon area associated with the subject project.

This permit shall be effective from the date of issuance until **January 2, 2022**, and shall be subject to the conditions and limitations as specified therein. Please pay special attention to the conditions listed in this permit regarding the Operation and Maintenance of the BMP(s), recordation of deed restrictions, certification of the BMP's, procedures for changing ownership, transferring the permit, and renewing the permit. Failure to establish an adequate system for operation and maintenance of the stormwater management system, to record deed restrictions, to certify the BMP's, to transfer the permit, or to renew the permit, will result in future compliance problems.

The following modifications are included and covered by this permit:

1. Permeable pavement has been added in the parking lot in drainage area of existing wet pond in order to offset new built-upon area (MRI Suite Addition) on the site.
2. A permeable pavement Supplement and O&M Agreement have been provided.
3. Impervious allocations have changed and overall impervious area for the site has been reduced.

If any parts, requirements, or limitations contained in this permit are unacceptable, you have the right to request an adjudicatory hearing by filing a written petition with the Office of Administrative Hearings (OAH). The written petition must conform to Chapter 150B of the North Carolina General Statutes, and must be filed with the OAH within thirty (30) days of receipt of this permit. You should contact the OAH with all questions regarding the filing fee (if a filing fee is required) and/or the details of the filing process at 6714 Mail Service Center, Raleigh, NC 27699-6714, or via telephone at 919-431-3000, or visit their website at www.NCOAH.com. Unless such demands are made this permit shall be final and binding.

If you have any questions, or need additional information concerning this matter, please contact Steve Pusey in the Wilmington Regional Office, at (910) 796-7215.

Sincerely,



Tracy Davis, P.E., Director
Division of Energy, Mineral and Land Resources

GDS/ sgp: \\Stormwater\Permits & Projects\1995\951014 HD\2016 07 permit 951014

cc: Phil Tripp, PE – Tripp Engineering, PC
City of Wilmington Stormwater Services
New Hanover County Building Inspections
New Hanover County Engineering
Wilmington Regional Office Stormwater File

STATE OF NORTH CAROLINA
DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF ENERGY, MINERAL & LAND RESOURCES

STATE STORMWATER MANAGEMENT PERMIT

HIGH DENSITY COMMERCIAL DEVELOPMENT

In accordance with the provisions of Article 21 of Chapter 143, General Statutes of North Carolina as amended, and other applicable Laws, Rules, and Regulations

PERMISSION IS HEREBY GRANTED TO

Medserv Management Company, LLC

Wilmington Health Associates Clinic

1202 Medical Center Drive, Wilmington, New Hanover County

FOR THE

construction, operation and maintenance of one (1) wet detention pond in compliance with the provisions of 15A NCAC 2H .1000 (hereafter referred to as the "stormwater rules") and the approved stormwater management plans and specifications and other supporting data as attached and on file with and approved by the Division of Energy, Mineral & Land Resources (hereafter referred to as the Division or DEMLR) and considered a part of this permit.

This permit shall be effective from the date of issuance until January 2, 2022, and shall be subject to the following specified conditions and limitations:

I. DESIGN STANDARDS

1. This permit is effective only with respect to the nature and volume of stormwater described in the application and other supporting data.
2. This stormwater system has been approved for the management of stormwater runoff as described in Section I.6 on page 3 of this permit and per the approved plans. The stormwater control has been designed to handle the runoff from a maximum built-upon area of 75,000 square feet of impervious area. The built-upon area reserved for future development is limited to 2,800 square feet and is included in the total amount listed above.
3. All stormwater collection and treatment systems must be located in either dedicated common areas or recorded easements. The final plats for the project will be recorded showing all such required easements, in accordance with the approved plans.
4. The runoff from all built-upon area within the permitted drainage area(s) of this project must be directed into the permitted stormwater control system.

5. The following design criteria have been provided in the wet detention pond and must be maintained at design condition:

a.	Drainage Area, acres:	2.37
	Onsite, ft ² :	103,300
	Offsite, ft ² :	0
b.	Total Impervious Surfaces, ft ² :	75,000
	Existing + permeable pavement, ft ² :	72,200
	Future, ft ² :	2,800
c.	Design Storm, inches:	1.0
d.	Average Pond Design Depth, feet:	7.5
e.	TSS removal efficiency:	90%
f.	Permanent Pool Elevation, FMSL:	11.5
g.	Permanent Pool Surface Area, ft ² :	3,099
h.	Permitted Storage Volume, ft ³ :	7,587 at temporary pool elev.
i.	Temporary Storage Elevation, FMSL:	13.5
j.	Controlling Orifice:	1.25"Ø pipe
k.	Fountain Horsepower, HP	N/A
l.	Receiving Stream/River Basin:	Greenfield Lake / Cape Fear
m.	Stream Index Number:	18-76-1
n.	Classification of Water Body:	"C; Sw"

II. SCHEDULE OF COMPLIANCE

1. The stormwater management system shall be constructed in its entirety, vegetated and operational for its intended use prior to the construction of any built-upon surface.
2. The permittee shall at all time provide the operation and maintenance necessary to assure the permitted stormwater system functions at optimum efficiency. The approved Operation and Maintenance Plan must be followed in its entirety and maintenance must occur at the scheduled intervals including, but not limited to:
 - a. Semiannual scheduled inspections (every 6 months).
 - b. Sediment removal.
 - c. Mowing and re-vegetation of slopes and the vegetated filter.
 - d. Immediate repair of eroded areas.
 - e. Maintenance of all slopes in accordance with approved plans and specifications.
 - f. Debris removal and unclogging of outlet structure, orifice device, flow spreader, catch basins and piping.
 - g. Access to the outlet structure must be available at all times.
3. Records of maintenance activities must be kept and made available upon request to authorized personnel of DEMLR. The records will indicate the date, activity, name of person performing the work and what actions were taken.
4. The facilities shall be constructed as shown on the approved plans. This permit shall become void unless the facilities are constructed in accordance with the conditions of this permit, the approved plans and specifications, and other supporting data.
5. If the stormwater system was used as an Erosion Control device, it must be restored to design condition prior to operation as a stormwater treatment device, and prior to occupancy of the facility.

6. Upon completion of construction, prior to issuance of a Certificate of Occupancy, and prior to operation of this permitted facility, a certification must be received from an appropriate designer for the system installed certifying that the permitted facility has been installed in accordance with this permit, the approved plans and specifications, and other supporting documentation. Any deviations from the approved plans and specifications must be noted on the Certification. A modification may be required for those deviations.
7. Access to the stormwater facilities for inspection and maintenance shall be maintained via appropriate recorded easements at all times.
8. The permittee shall submit to the Director and shall have received approval for revised plans, specifications, and calculations prior to construction, for any modification to the approved plans, including, but not limited to, those listed below:
 - a. Any revision to any item shown on the approved plans, including the stormwater management measures, built-upon area, details, etc.
 - b. Project name change.
 - c. Transfer of ownership.
 - d. Redesign or addition to the approved amount of built-upon area or to the drainage area.
 - e. Further subdivision, acquisition, lease or sale of all or part of the project area. The project area is defined as all property owned by the permittee, for which Sedimentation and Erosion Control Plan approval or a CAMA Major permit was sought.
 - f. Filling in, altering, or piping of any vegetative conveyance shown on the approved plan.
9. Prior to the construction of any permitted future areas shown on the approved plans, the permittee shall submit final site layout and grading plans to the Division for approval.
10. A copy of the approved plans and specifications shall be maintained on file by the Permittee at all times. At the time the permit is transferred to a new owner, the permittee shall forward the approved plans to the new owner.
11. The Director may notify the permittee when the permitted site does not meet one or more of the minimum requirements of the permit. Within the time frame specified in the notice, the permittee shall submit a written time schedule to the Director for modifying the site to meet minimum requirements. The permittee shall provide copies of revised plans and certification in writing to the Director that the changes have been made.

III. GENERAL CONDITIONS

1. The permittee is responsible for compliance with all permit conditions until such time as the Division approves the transfer request.
2. Failure to abide by the conditions and limitations contained in this permit may subject the Permittee to enforcement action by the Division, in accordance with North Carolina General Statute 143-215.6A to 143-215.6C.
3. The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances, which may be imposed by other government agencies (local, state, and federal) having jurisdiction.

4. This permit is not transferable to any person or entity except after notice to and approval by the Director. The permittee shall submit a completed and signed Name/Ownership Change Form, accompanied by the supporting documentation as listed on the form, to the Division of Energy, Mineral and Land Resources at least 60 days prior to any one or more of the following events:
 - a. An ownership change including the sale or conveyance of the project area in whole or in part, except in the case of an individual lot sale that is made subject to the recorded deed restrictions;
 - b. The sale or conveyance of the common areas to a Homeowner's or Property Owner's Association, subject to the requirements of Session Law 2011-256;
 - c. Bankruptcy;
 - d. Foreclosure, subject to the requirements of Session Law 2013-121;
 - e. Dissolution of the partnership or corporate entity, subject to NCGS 57D-2-01(e) and NCGS 57D-6-07;
 - f. A name change of the current permittee;
 - g. A name change of the project;
 - h. A mailing address change of the permittee;
5. In the event that the facilities fail to perform satisfactorily, including the creation of nuisance conditions, the Permittee shall take immediate corrective action, including those as may be required by this Division, such as the construction of additional or replacement stormwater management systems.
6. The permittee grants DEMLR Staff permission to enter the property during normal business hours for the purpose of inspecting all components of the permitted stormwater management facility.
7. The permit remains in force and effect until modified, revoked, terminated or renewed. The permit may be modified, revoked and reissued or terminated for cause. The filing of a request for a permit modification, revocation and re-issuance or termination does not stay any permit condition.
8. Unless specified elsewhere, permanent seeding requirements for the stormwater control must follow the guidelines established in the North Carolina Erosion and Sediment Control Planning and Design Manual.
9. Approved plans and specifications for this project are incorporated by reference and are enforceable parts of the permit.
10. The permittee shall submit a permit renewal request at least 180 days prior to the expiration date of this permit. The renewal request must include the appropriate documentation and the processing fee.

Permit updated, modified, and reissued this the 21st day of July, 2016.

NORTH CAROLINA ENVIRONMENTAL MANAGEMENT COMMISSION



Tracy Davis, P.E. Director
Division of Energy Mineral and Land Resources
By Authority of the Environmental Management Commission

Wilmington Health Associates Clinic
Stormwater Permit No. SW8 951014
New Hanover County

Designer's Certification

I, _____, as a duly registered _____ in the
State of North Carolina, having been authorized to observe (periodically/ weekly/ full
time) the construction of the project,

(Project)

for _____ (Project Owner) hereby state that, to the
best of my abilities, due care and diligence was used in the observation of the project
construction such that the construction was observed to be built within substantial
compliance and intent of the approved plans and specifications.

The checklist of items on page 2 of this form is included in the Certification.

Noted deviations from approved plans and specifications:

SEAL

Signature _____

Registration Number _____

Date _____

Certification Requirements:

- _____ 1. The drainage area to the system contains approximately the permitted acreage.
- _____ 2. The drainage area to the system contains no more than the permitted amount of built-upon area.
- _____ 3. All the built-upon area associated with the project is graded such that the runoff drains to the system.
- _____ 4. All roof drains are located such that the runoff is directed into the system.
- _____ 5. The outlet structure elevations are per the approved plan.
- _____ 6. The outlet structure is located per the approved plans.
- _____ 7. Trash rack is provided on the outlet structure.
- _____ 8. All slopes are grassed with permanent vegetation.
- _____ 9. Vegetated slopes are no steeper than 3:1.
- _____ 10. The inlets are located per the approved plans and do not cause short-circuiting of the system.
- _____ 11. The permitted amounts of surface area and/or volume have been provided.
- _____ 12. Required drawdown devices are correctly sized and located per the approved plans.
- _____ 13. All required design depths are provided.
- _____ 14. All required parts of the system are provided, such as a vegetated shelf, and a forebay.
- _____ 15. The required system dimensions are provided per the approved plans.
- _____ 16. All components of the stormwater BMP are located in either recorded common areas, or recorded easements.

cc: NCDEQ-DEMLR Regional Office
New Hanover County Building Inspections

DEMLR USE ONLY		
Date Received	Fee Paid	Permit Number
6/8/16	305 ⁰⁰ 7 25125	SW8 951014
Applicable Rules: <input type="checkbox"/> Coastal SW - 1995 <input type="checkbox"/> Coastal SW - 2008 <input type="checkbox"/> Ph II - Post Construction (select all that apply) <input type="checkbox"/> Non-Coastal SW- HQW/ORW Waters <input type="checkbox"/> Universal Stormwater Management Plan <input type="checkbox"/> Other WQ Mgmt Plan: _____		

State of North Carolina
Department of Environment and Natural Resources
Division of Energy, Mineral and Land Resources

STORMWATER MANAGEMENT PERMIT APPLICATION FORM

This form may be photocopied for use as an original

I. GENERAL INFORMATION

1. Project Name (subdivision, facility, or establishment name - should be consistent with project name on plans, specifications, letters, operation and maintenance agreements, etc.):

Wilmington Health Associates Clinic

2. Location of Project (street address):

1202 Medical Center Drive

City: Wilmington

County: New Hanover

Zip: 28401

3. Directions to project (from nearest major intersection):

approximately 1300 ft north from the intersection of US Hwy 421 and US Hwy 117 to Medical Center Drive

approximately 0.75 miles to project entrance on the right

4. Latitude: 34° 13' 23" N Longitude: 77° 55' 46" W of the main entrance to the project.

II. PERMIT INFORMATION:

1. a. Specify whether project is (check one): New Modification Renewal w/ Modification[†]
[†]Renewals with modifications also requires SWU-102 - Renewal Application Form

b. If this application is being submitted as the result of a modification to an existing permit, list the existing permit number SW8 951014, its issue date (if known) _____, and the status of construction: Not Started Partially Completed* Completed* **provide a designer's certification*

2. Specify the type of project (check one):

Low Density High Density Drains to an Offsite Stormwater System Other

3. If this application is being submitted as the result of a previously returned application or a letter from DEMLR requesting a state stormwater management permit application, list the stormwater project number, if assigned, _____ and the previous name of the project, if different than currently proposed, _____

4. a. Additional Project Requirements (check applicable blanks; information on required state permits can be obtained by contacting the Customer Service Center at 1-877-623-6748):

CAMA Major Sedimentation/Erosion Control: _____ ac of Disturbed Area

NPDES Industrial Stormwater 404/401 Permit: Proposed Impacts _____

b. If any of these permits have already been acquired please provide the Project Name, Project/Permit Number, issue date and the type of each permit: Wilmington Health Associates MRI Addition, Grading Permit #91-95

Revision #1, issued May 5, 2016 by New Hanover County

5. Is the project located within 5 miles of a public airport? No Yes

If yes, see S.L. 2012-200, Part VI: <http://portal.ncdenr.org/web/lr/rules-and-regulations>

III. CONTACT INFORMATION

1. a. Print Applicant / Signing Official's name and title (specifically the developer, property owner, lessee, designated government official, individual, etc. who owns the project):

Applicant/Organization: MedServ Management Company, LLC

Signing Official & Title: Jonathan Staub, Member Manager, Wilmington Health PLLC, Manager

b. Contact information for person listed in item 1a above:

Street Address: 1202 Medical Center Drive

City: Wilmington

State: NC

Zip: 28401

Mailing Address (if applicable): _____

City: _____

State: _____

Zip: _____

Phone: (910) 341-3300

Fax: (_____)

Email: _____

c. Please check the appropriate box. The applicant listed above is:

The property owner (Skip to Contact Information, item 3a)

Lessee* (Attach a copy of the lease agreement and complete Contact Information, item 2a and 2b below)

Purchaser* (Attach a copy of the pending sales agreement and complete Contact Information, item 2a and 2b below)

Developer* (Complete Contact Information, item 2a and 2b below.)

2. a. Print Property Owner's name and title below, if you are the lessee, purchaser or developer. (This is the person who owns the property that the project is located on):

Property Owner/Organization: _____

Signing Official & Title: _____

b. Contact information for person listed in item 2a above:

Street Address: _____

City: _____

State: _____

Zip: _____

Mailing Address (if applicable): _____

City: _____

State: _____

Zip: _____

Phone: (_____)

Fax: (_____)

Email: _____

3. a. (Optional) Print the name and title of another contact such as the project's construction supervisor or other person who can answer questions about the project:

Other Contact Person/Organization: _____

Signing Official & Title: _____

b. Contact information for person listed in item 3a above:

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone: (_____)

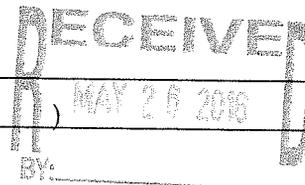
Fax: (_____)

Email: _____

4. Local jurisdiction for building permits: _____

Point of Contact: _____

Phone #: (_____)



BY: _____

IV. PROJECT INFORMATION

1. In the space provided below, briefly summarize how the stormwater runoff will be treated.

existing wet detention basin

2. a. If claiming vested rights, identify the supporting documents provided and the date they were approved:

- Approval of a Site Specific Development Plan or PUD Approval Date: _____
- Valid Building Permit Issued Date: _____
- Other: _____ Date: _____

b. If claiming vested rights, identify the regulation(s) the project has been designed in accordance with:

- Coastal SW - 1995
- Ph II - Post Construction

3. Stormwater runoff from this project drains to the Cape Fear River basin.

4. Total Property Area: 6.27 acres

5. Total Coastal Wetlands Area: 0 acres

6. Total Surface Water Area: 0 acres

7. Total Property Area (4) - Total Coastal Wetlands Area (5) - Total Surface Water Area (6) = Total Project Area+: 6.27 acres

+ Total project area shall be calculated to exclude the following: the normal pool of impounded structures, the area between the banks of streams and rivers, the area below the Normal High Water (NHW) line or Mean High Water (MHW) line, and coastal wetlands landward from the NHW (or MHW) line. The resultant project area is used to calculate overall percent built upon area (BUA). Non-coastal wetlands landward of the NHW (or MHW) line may be included in the total project area.

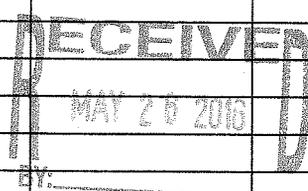
8. Project percent of impervious area: (Total Impervious Area / Total Project Area) X 100 = 62.7 %

9. How many drainage areas does the project have? 1 (For high density, count 1 for each proposed engineered stormwater BMP. For low density and other projects, use 1 for the whole property area)

10. Complete the following information for each drainage area identified in Project Information item 9. If there are more than four drainage areas in the project, attach an additional sheet with the information for each area provided in the same format as below.

Basin Information	Drainage Area <u>1</u>	Drainage Area <u> </u>	Drainage Area <u> </u>	Drainage Area <u> </u>
Receiving Stream Name	Greenfield Lake			
Stream Class *	C,Sw			
Stream Index Number *	18-76-1			
Total Drainage Area (sf)	103,300			
On-site Drainage Area (sf)	103,300			
Off-site Drainage Area (sf)	0			
Proposed Impervious Area ** (sf)	75,000			
% Impervious Area ** (total)	72.6			

Impervious** Surface Area	Drainage Area <u>1</u>	Drainage Area <u> </u>	Drainage Area <u> </u>	Drainage Area <u> </u>
On-site Buildings/Lots (sf)				
On-site Streets (sf)				
On-site Parking (sf)	72,200			
On-site Sidewalks (sf)				
Other on-site (sf)				
Future (sf)	2,800			
Off-site (sf)				
Existing BUA*** (sf)				
Total (sf):	75,000			



* Stream Class and Index Number can be determined at: <http://portal.ncdenr.org/web/wq/ps/csu/classifications>

** Impervious area is defined as the built upon area including, but not limited to, buildings, roads, parking areas, sidewalks, gravel areas, etc.

*** Report only that amount of existing BUA that will remain after development. Do not report any existing BUA that is to be removed and which will be replaced by new BUA.

11. How was the off-site impervious area listed above determined? Provide documentation. N/A

Projects in Union County: Contact DEMLR Central Office staff to check if the project is located within a Threatened & Endangered Species watershed that may be subject to more stringent stormwater requirements as per 15A NCAC 02B .0600.

V. SUPPLEMENT AND O&M FORMS

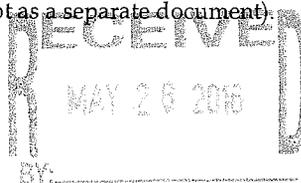
The applicable state stormwater management permit supplement and operation and maintenance (O&M) forms must be submitted for each BMP specified for this project. The latest versions of the forms can be downloaded from <http://portal.ncdenr.org/web/wq/ws/su/bmp-manual>.

VI. SUBMITTAL REQUIREMENTS

Only complete application packages will be accepted and reviewed by the Division of Energy, Mineral and Land Resources (DEMLR). A complete package includes all of the items listed below. A detailed application instruction sheet and BMP checklists are available from http://portal.ncdenr.org/web/wq/ws/su/statesw/forms_docs. The complete application package should be submitted to the appropriate DEMLR Office. (The appropriate office may be found by locating project on the interactive online map at <http://portal.ncdenr.org/web/wq/ws/su/maps>.)

Please indicate that the following required information have been provided by initialing in the space provided for each item. All original documents MUST be signed and initialed in blue ink. Download the latest versions for each submitted application package from http://portal.ncdenr.org/web/wq/ws/su/statesw/forms_docs.

- | | Initials |
|--|------------|
| 1. Original and one copy of the Stormwater Management Permit Application Form. | <u>MBV</u> |
| 2. Original and one copy of the signed and notarized Deed Restrictions & Protective Covenants Form. (if required as per Part VII below) | <u>NA</u> |
| 3. Original of the applicable Supplement Form(s) (sealed, signed and dated) and O&M agreement(s) for each BMP. | <u>MBV</u> |
| 4. Permit application processing fee of \$505 payable to NCDENR. (For an Express review, refer to http://www.envhelp.org/pages/onestopexpress.html for information on the Express program and the associated fees. Contact the appropriate regional office Express Permit Coordinator for additional information and to schedule the required application meeting.) | <u>MBV</u> |
| 5. A detailed narrative (one to two pages) describing the stormwater treatment/management for the project. This is required in addition to the brief summary provided in the Project Information, item 1. | <u>MBV</u> |
| 6. A USGS map identifying the site location. If the receiving stream is reported as class SA or the receiving stream drains to class SA waters within 1/2 mile of the site boundary, include the 1/2 mile radius on the map. | <u>MBV</u> |
| 7. Sealed, signed and dated calculations (one copy). | <u>MBV</u> |
| 8. Two sets of plans folded to 8.5" x 14" (sealed, signed, & dated), including: | <u>MBV</u> |
| a. Development/Project name. | |
| b. Engineer and firm. | |
| c. Location map with named streets and NCSR numbers. | |
| d. Legend. | |
| e. North arrow. | |
| f. Scale. | |
| g. Revision number and dates. | |
| h. Identify all surface waters on the plans by delineating the normal pool elevation of impounded structures, the banks of streams and rivers, the MHW or NHW line of tidal waters, and any coastal wetlands landward of the MHW or NHW lines. | |
| o. Delineate the vegetated buffer landward from the normal pool elevation of impounded structures, the banks of streams or rivers, and the MHW (or NHW) of tidal waters. | |
| i. Dimensioned property/project boundary with bearings & distances. | |
| j. Site Layout with all BUA identified and dimensioned. | |
| k. Existing contours, proposed contours, spot elevations, finished floor elevations. | |
| l. Details of roads, drainage features, collection systems, and stormwater control measures. | |
| m. Wetlands delineated, or a note on the plans that none exist. (Must be delineated by a qualified person. Provide documentation of qualifications and identify the person who made the determination on the plans. | |
| n. Existing drainage (including off-site), drainage easements, pipe sizes, runoff calculations. | |
| o. Drainage areas delineated (included in the main set of plans, not as a separate document) | |



- p. Vegetated buffers (where required).
9. Copy of any applicable soils report with the associated SHWT elevations (Please identify elevations in addition to depths) as well as a map of the boring locations with the existing elevations and boring logs. Include an 8.5"x11" copy of the NRCS County Soils map with the project area clearly delineated. For projects with infiltration BMPs, the report should also include the soil type, expected infiltration rate, and the method of determining the infiltration rate. (Infiltration Devices submitted to WIRO: Schedule a site visit for DEMLR to verify the SHWT prior to submittal, (910) 796-7378.) NA
10. A copy of the most current property deed. Deed book: 1537 Page No: 198 MSV
11. For corporations and limited liability corporations (LLC): Provide documentation from the NC Secretary of State or other official documentation, which supports the titles and positions held by the persons listed in Contact Information, item 1a, 2a, and/or 3a per 15A NCAC 2H.1003(e). The corporation or LLC must be listed as an active corporation in good standing with the NC Secretary of State, otherwise the application will be returned. MSV
<http://www.secretary.state.nc.us/Corporations/CSearch.aspx>

VII. DEED RESTRICTIONS AND PROTECTIVE COVENANTS

For all subdivisions, outparcels, and future development, the appropriate property restrictions and protective covenants are required to be recorded prior to the sale of any lot. If lot sizes vary significantly or the proposed BUA allocations vary, a table listing each lot number, lot size, and the allowable built-upon area must be provided as an attachment to the completed and notarized deed restriction form. The appropriate deed restrictions and protective covenants forms can be downloaded from http://portal.ncdenr.org/web/lr/state-stormwater-forms_docs. Download the latest versions for each submittal.

In the instances where the applicant is different than the property owner, it is the responsibility of the property owner to sign the deed restrictions and protective covenants form while the applicant is responsible for ensuring that the deed restrictions are recorded.

By the notarized signature(s) below, the permit holder(s) certify that the recorded property restrictions and protective covenants for this project, if required, shall include all the items required in the permit and listed on the forms available on the website, that the covenants will be binding on all parties and persons claiming under them, that they will run with the land, that the required covenants cannot be changed or deleted without concurrence from the NC DEMLR, and that they will be recorded prior to the sale of any lot.

VIII. CONSULTANT INFORMATION AND AUTHORIZATION

Applicant: Complete this section if you wish to designate authority to another individual and/or firm (such as a consulting engineer and/or firm) so that they may provide information on your behalf for this project (such as addressing requests for additional information).

Consulting Engineer: Phillip G. Tripp, P.E.

Consulting Firm: Tripp Engineering, P.C.

Mailing Address: 419 Chestnut Street

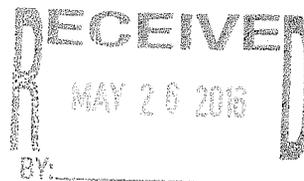
City: Wilmington State: NC Zip: 28401

Phone: (910) 763-5100 Fax: (910) 763-5631

Email: trippeng@ec.rr.com

IX. PROPERTY OWNER AUTHORIZATION (if Contact Information, item 2 has been filled out, complete this section)

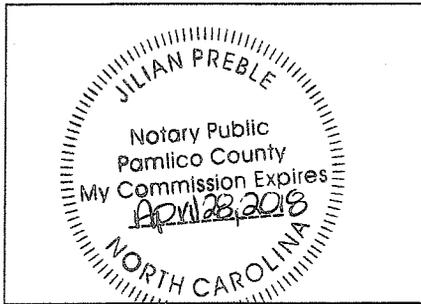
I, (print or type name of person listed in Contact Information, item 2a) _____, certify that I own the property identified in this permit application, and thus give permission to (print or type name of person listed in Contact Information, item 1a) _____ with (print or type name of organization listed in Contact Information, item 1a) _____ to develop the project as currently proposed. A copy of the lease agreement or pending property sales contract has been provided with the submittal, which indicates the party responsible for the operation and maintenance of the stormwater system.



As the legal property owner I acknowledge, understand, and agree by my signature below, that if my designated agent (entity listed in Contact Information, item 1) dissolves their company and/or cancels or defaults on their lease agreement, or pending sale, responsibility for compliance with the DEMLR Stormwater permit reverts back to me, the property owner. As the property owner, it is my responsibility to notify DEMLR immediately and submit a completed Name/Ownership Change Form within 30 days; otherwise I will be operating a stormwater treatment facility without a valid permit. I understand that the operation of a stormwater treatment facility without a valid permit is a violation of NC General Statute 143-215.1 and may result in appropriate enforcement action including the assessment of civil penalties of up to \$25,000 per day, pursuant to NCGS 143-215.6.

Signature: [Signature] Date: 5/19/16

I, Jillian Preble, a Notary Public for the State of North Carolina County of Pamlico, do hereby certify that Jonathan Staub personally appeared before me this 18th day of May, 2016 and acknowledge the due execution of the application for a stormwater permit. Witness my hand and official seal, Jillian Preble



SEAL

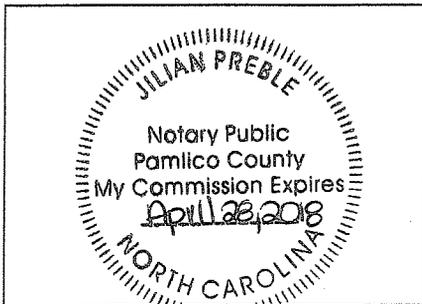
My commission expires April 28, 2018

X. APPLICANT'S CERTIFICATION

I, (print or type name of person listed in Contact Information, item 1a) Jonathan Staub certify that the information included on this permit application form is, to the best of my knowledge, correct and that the project will be constructed in conformance with the approved plans, that the required deed restrictions and protective covenants will be recorded, and that the proposed project complies with the requirements of the applicable stormwater rules under 15A NCAC 2H .1000 and any other applicable state stormwater requirements.

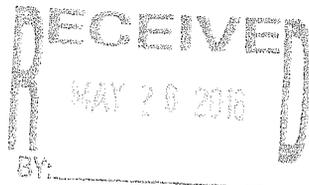
Signature: [Signature] Date: 5/18/16

I, Jillian Preble, a Notary Public for the State of North Carolina County of Pamlico, do hereby certify that Jonathan Staub personally appeared before me this 18th day of May, 2016 and acknowledge the due execution of the application for a stormwater permit. Witness my hand and official seal, Jillian Preble



SEAL

My commission expires April 28, 2018





STORMWATER MANAGEMENT PERMIT APPLICATION FORM
401 CERTIFICATION APPLICATION FORM
PERMEABLE PAVEMENT SUPPLEMENT



This form must be completely filled out, printed and submitted.
The Required Items Checklist (Part III) must be printed, filled out and submitted along with all of the required information.

I. PROJECT INFORMATION

Project Name	Wilmington Health Associates Clinic
Contact Person	Phillip G. Tripp, P.E.
Phone Number	910-763-5100
Date	5/17/2016
Drainage Area	1

II. DESIGN INFORMATION

Soils Report Summary

Hydrologic soil group (HSG) of subgrade	B
Infiltration rate	5.90 in/hr

Pavement Design Summary

Permeable Pavement (PP) design type	Infiltration - HSG A/B
SA of PP being proposed (A _p)	2,667 ft ²
Resulting BUA counted as impervious for main application form	667 ft ²
Adjacent BUA directed to PP (A _c)	2,667 ft ² OK
Ratio of A _c to A _p	1.00 (unitless)
Flow from pervious surfaces is directed away from PP?	Yes OK
Design rainfall depth	1.5" in
Permeable pavement surface course type	PC
Layer 1 - Washed aggregate size (ex. No. 57)	No. 57
Layer 1 - Aggregate porosity (n)	0.40 (unitless) OK
Layer 2 - Washed aggregate size (ex. No. 57)	-
Layer 2 - Aggregate porosity (n)	- (unitless) Please verify; Must be between 0 & 1
Minimum total aggregate depth for design rainfall (D _{wq})	7.5 in
Drawdown/infiltration time for D _{wq}	0.1 days OK
How is 10-yr, 24-hr storm handled?	infiltrated
Aggregate depth to infiltrate 10-yr, 24-hr storm (D ₁₀)	-35.8 in
Drawdown/infiltration time of 10-yr, 24-hr storm	0.49 days
Actual provided total aggregate depth	9.0 in OK
Top of aggregate base layer elevation	18.15-22.85 fmsl
Storage elevation of design rainfall depth	18.02-22.72 fmsl
Overflow elevation	- fmsl
Bottom elevation at subgrade	17.4-22.1 fmsl #REF!
SHWT elevation	16.33 fmsl
Underdrain diameter	- in

BUA Credit for Permeable Pavement Footprint:
75% BUA Credit

RECEIVED
MAY 26 2016
BY: _____

Detention Systems (skip for infiltration systems)

Diameter of orifice	_____	in
Coefficient of discharge (C _d)	_____	(unitless)
Driving head (H _o)	_____	ft
Storage volume discharge rate (through discharge orifice)	_____	ft ³ /sec
Storage volume drawdown time	_____	days
Pre-development 1-yr, 24-hr peak flow	_____	ft ³ /sec
Post-development 1-yr, 24-hr peak flow	_____	ft ³ /sec

Additional Information

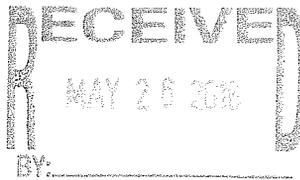
Slope of soil subgrade at bottom of permeable pavement	0.00	%	OK
Slope of the permeable pavement surface	4.00	%	OK
Construction sequence minimizes compaction to soils?	Yes		OK
Subsoil preparation specified (must select one)	scarified		
Meets industry standards for structural requirements?	Yes		OK
Washed stone is specified for the aggregate?	Yes		OK
Required signage specified on plans?	Yes		OK
Number of observation wells provided	1		OK
Distance to structure	243.00	ft	
Distance to surface waters	30+	ft	OK
Distance to water supply well(s)	100+	ft	OK

RECEIVED
 MAY 26 2016
 BY: _____

III. REQUIRED ITEMS CHECKLIST

Please indicate the page or plan sheet numbers where the supporting documentation can be found. An incomplete submittal package will result in a request for additional information. This will delay final review and approval of the project. Initial in the space provided to indicate the following design requirements have been met. If the applicant has designated an agent, the agent may initial below. If a requirement has not been met, attach justification.

	Initials	Page/ Plan Sheet No.
1. Plans (1" = 50' or larger) of the entire site showing: - Design at ultimate build-out, - Off-site drainage (if applicable), - Delineated drainage basins (include Rational C coefficient per basin), - Location of permeable pavement, - Roof and other surface flow directed away from permeable pavement, - Location of the permeable pavement sign(s).	<u>MJV</u>	C1, D1
2. Section view of the permeable pavement (1" = 20' or larger) showing: - All layers (including details about the surface course), and - SHWT	<u>MJV</u>	C2
3. A detail of what the permeable pavement sign.	<u>MJV</u>	C2
4. A site specific soils report that is based upon an actual field investigation, soil borings, and infiltration tests within the footprint of the proposed permeable pavement. The soils investigation shall state the infiltration rate, SHWT elevation, and information about any confining layers. County soil maps are not an acceptable source of soils information. (Projects in the WiRO - The results of the soils report must be verified in the field by DWQ, by completing & submitting the soils investigation request form.)	<u>MJV</u>	ATTACHED
5. A construction sequence that shows how the permeable pavement will be protected from sediment until the entire drainage area is stabilized.	<u>MJV</u>	C2
6. The supporting calculations.	<u>MJV</u>	ATTACHED
7. A copy of the signed and notarized operation and maintenance (O&M) agreement.	<u>MJV</u>	ATTACHED
8. A copy of the deed restrictions (if required).	<u>MJV</u>	N/A



Permit Number: SW8951014
 (to be provided by DWQ)
 Drainage Area / Lot Number: _____

Permeable Pavement Operation and Maintenance Agreement

I will keep a maintenance record on this BMP. This maintenance record will be kept in a log in a known set location. Any deficient BMP elements noted in the inspection will be corrected, repaired or replaced immediately. These deficiencies can affect the integrity of structures, safety of the public, and the removal efficiency of the BMP.

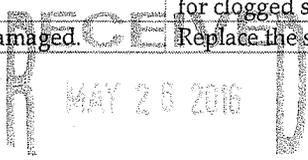
At all times, the pavement shall be kept free of:

- Debris and particulate matter through frequent blowing that removes such debris, particularly during the fall and spring.
- Piles of soil, sand, mulch, building materials or other materials that could deposit particulates on the pavement.
- Piles of snow and ice.
- Chemicals of all kinds, including deicers.

The permeable pavement will be inspected once a quarter. Records of operation and maintenance will be kept in a known set location and will be available upon request.

Inspection activities shall be performed as follows. Any problems that are found shall be repaired immediately.

BMP element:	Potential problem:	How to remediate the problem:
The perimeter of the permeable pavement	Areas of bare soil and/or erosive gullies	Regrade the soil if necessary to remove the gully, then plant ground cover and water until established.
	A vegetated area drains toward the pavement.	Regrade the area so that it drains away from the pavement, then plant ground cover and water until established.
The surface of the permeable pavement	Trash/debris present	Remove the trash/debris.
	Weeds	Do not pull the weeds (may pull out media as well). Spray them with a systemic herbicide such as glyphosate and then return within the week to remove them by hand. (Another option is to pour boiling water on them or steam them.)
	Sediment	Vacuum sweep the pavement.
	Rutting, cracking or slumping or damaged structure	Consult an appropriate professional.
Observation well	Water present more than five days after a storm event	Clean out clogged underdrain pipes. Consult an appropriate professional for clogged soil subgrade.
Educational sign	Missing or is damaged.	Replace the sign.



Permit Number: _____
(to be provided by DWQ)

I acknowledge and agree by my signature below that I am responsible for the performance of the maintenance procedures listed above. I agree to notify DWQ of any problems with the system or prior to any changes to the system or responsible party.

Project name: Wilmington Health Associates Clinic

BMP drainage area or lot number: 1

Print name: MedServ Management Company, LLC Jonathan Staub

Title: Member Manager, Wilmington Health, PLLC, Manager

Address: 1202 Medical Center Drive, Wilmington, NC 28401

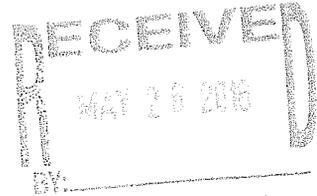
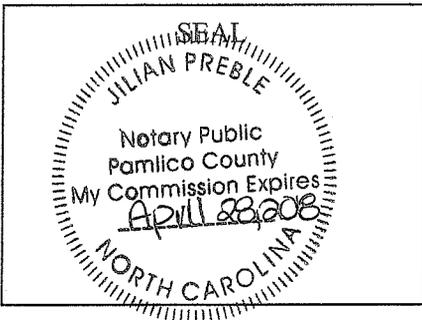
Phone: 910-341-3300

Signature: *Jonathan Staub*

Date: 5/18/18

Note: The legally responsible party should not be a homeowners association unless more than 50% of the lots have been sold and a resident of the subdivision has been named the president.

I, Jillian Preble, a Notary Public for the State of North Carolina County of Pamlico, do hereby certify that Jonathan Staub personally appeared before me this 18th day of May, 2018 and acknowledge the due execution of the forgoing permeable pavement maintenance requirements. Witness my hand and official seal,



My commission expires April 28, 2018