



Energy, Mineral &
Land Resources
ENVIRONMENTAL QUALITY

CPT 7517

PAT McCRORY
Governor

DONALD R. VAN DER VAART
Secretary

TRACY DAVIS
Director

July 8, 2016

Ronald Dale Gaitros, President
Carolinas Oral & Facial Surgery Center, Inc., Developer
1122 Medical Center Drive
Wilmington, NC 28403

And

Ronald D. and Sonita S. Gaitros, Property Owners
1122 Medical Center Drive
Wilmington, NC 28403

**Subject: State Stormwater Management Permit No. SW8 160614
Carolinas Oral and Facial Surgery Center
Project served by an Offsite System
New Hanover County**

Dear Dr. Gaitros:

The Wilmington Regional Office received a complete Stormwater Management Permit Application for the Carolinas Oral and Facial Surgery Center on June 30, 2016. Staff review of the plans and specifications has determined that the project, as proposed, will comply with the Stormwater Regulations set forth in Session Law 2008-211 and Title 15A NCAC 2H.1000. We are forwarding Permit No. SW8 160614, dated July 8, 2016, for the construction of the built-upon areas and the runoff conveyance / collection system associated with the subject project.

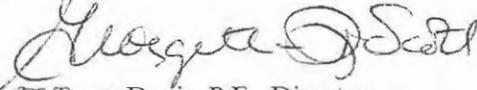
This permit shall be effective from the date of issuance until rescinded and shall be subject to the conditions and limitations as specified therein. Please pay special attention to the conditions listed in this permit regarding the operation and maintenance of the runoff conveyance / collection system on the lot, the maximum built-upon area limits, and the procedures for changing ownership and transferring the permit. Failure to establish an adequate system for operation and maintenance of the runoff conveyance / collection system, to limit the built-upon area, or to transfer the permit in a timely manner, will result in future compliance problems. As the identified developer of the project, Carolinas Oral & Facial Surgery Center, Inc., shall be the designated permit holder and responsible for meeting the conditions and limitations specified therein.

Please be aware that it is the responsibility of the permit holders, Carolinas Oral & Facial Surgery Center, Inc. and Ronald D. and Sonita S. Gaitros, to notify the Division of any changes in responsibility for complying with the permit and request an ownership/name change for the stormwater permit. However, please be reminded that if the development agreement between Carolinas Oral & Facial Surgery Center, Inc. and Ronald D. and Sonita S. Gaitros is dissolved, cancelled or defaults, and the Division is not notified by Carolinas Oral & Facial Surgery Center, Inc. to transfer the permit, then the responsibility for permit compliance reverts back to the property owner Ronald D. and Sonita S. Gaitros. The Division must be notified immediately of any permit ownership changes and submit a completed Name/Ownership form to the Division within 30 days. Otherwise Ronald D. and Sonita S. Gaitros will be operating a stormwater treatment facility without a valid permit. This 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.

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 Christine Hall at (910) 796-7215.

Sincerely,



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

GDS/canh: \\Stormwater\Permits & Projects\2016\160614 Offsite\2016 07 permit 160614

cc: Mark Arcuri, Criser Troutman Tanner Consulting Engineers
City of Wilmington, offsite permittee
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 AND LAND RESOURCES

STATE STORMWATER MANAGEMENT PERMIT

HIGH DENSITY DEVELOPMENT
SERVED BY AN OFF-SITE PERMITTED STORMWATER BMP

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

Carolinas Oral & Facial Surgery Center, Inc and Ronald D. & Sonita S. Gaitros

Carolinas Oral and Facial Surgery Center

1305 Physicians Drive, Wilmington, New Hanover County

FOR THE

construction of impervious areas with runoff to be treated in an offsite permitted stormwater facility, in compliance with the provisions of SL 2008-211 and Title 15A NCAC 2H .1000 (hereafter the "stormwater rules") and the approved stormwater management plans, application, supplement, specifications and other supporting data as attached and on file with and approved by the Division of Energy, Mineral and Land Resources (hereafter referred to as the Division or DEMLR) and considered a part of this permit. The stormwater runoff from the site will be routed to a wet detention pond operated and maintained by the City of Wilmington under the terms and conditions set forth in the latest version of Permit No. SW8 921002.

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

I. DESIGN STANDARDS

1. The runoff associated with this project has been approved to be discharged into a stormwater management system permitted under the latest version of SW8 921002.
2. The built-upon area allocated to this development by Stormwater Management Permit No. SW8 921002, is limited to 75% impervious area coverage or 41,688 square feet. This project proposes 37,291 square feet. The amount available for future development is 4,397 square feet.
3. All stormwater conveyance and collection systems must be located in either public rights-of-way, dedicated common areas or recorded easements. The final plats for the project will be recorded showing all required public rights-of-way, common areas and easements, in accordance with the approved plans.
4. The runoff from the permitted built-upon area of this project must be collected and conveyed to the permitted offsite stormwater BMP.
5. A 50' wide vegetative buffer must be provided and maintained adjacent surface waters, measured horizontally from and perpendicular to the normal pool of impounded structures, the top of bank of both sides of streams and rivers and the mean high water line of tidal waters.

II. SCHEDULE OF COMPLIANCE

1. This permit is issued contingent on the construction of the permitted offsite stormwater BMP being complete and in compliance with the conditions of permit number SW8 921002, originally issued to the City of Wilmington on November 4, 1992, as subsequently revised, modified, transferred, or renewed. Prior to the construction of any built-upon area associated with this permit, the offsite permittee shall have constructed, operated, maintained, and certified the offsite stormwater management system in compliance with SW8 921002.
2. No person or entity, including the permittee, shall alter any component of the approved stormwater system shown on the approved plans unless and until the Division has approved of the revised plan.
3. The permittee shall construct and maintain the proposed stormwater runoff conveyance and collection system and the built-upon areas to the dimensions, elevations and grades as shown on the approved plans.
4. This lot is limited to the amount of built-upon area specified in Section I.2 of this permit, and as reported on the application, the supporting calculations and as shown on the approved plans. The project must maintain a built-upon area less than or equal to the amount permitted under Stormwater Permit No. SW8 921002. A total built-upon area in excess of the maximum allowed amount will require a modification to SW8 921002 prior to construction.
5. It is the responsibility of the permit holders, Carolinas Oral & Facial Surgery Center, Inc. and Ronald D. and Sonita S. Gaitros, to notify the Division of any changes in responsibility for complying with the permit and request an ownership/name change for the stormwater permit. However, please be reminded that if the development agreement between Carolinas Oral & Facial Surgery Center, Inc. and Ronald D. and Sonita S. Gaitros is dissolved, cancelled or defaults, and the Division is not notified by Carolinas Oral & Facial Surgery Center, Inc. to transfer the permit, then the responsibility for permit compliance reverts back to the property owner, Ronald D. and Sonita S. Gaitros. The Division must be notified immediately of any permit ownership changes and submit a completed Name/Ownership form to the Division within 30 days. Otherwise Ronald D. and Sonita S. Gaitros will be operating a stormwater treatment facility without a valid permit. This 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.
6. During construction, erosion shall be kept to a minimum and any eroded areas of the system will be repaired immediately. After construction the permittee shall maintain the grassed areas, slopes and vegetated runoff conveyances on the lot in a densely vegetated state.
7. The permittee is responsible for keeping the stormwater collection system within the lot property boundaries clear of trash, debris and sediment, and must control the sediment on the lot in accordance with the requirements of the NC Erosion and Sediment Control Design Manual. The permittee shall follow the minimum maintenance procedures and intervals for the lot's built-upon areas and its stormwater collection / conveyance system as indicated in the Operation and Maintenance agreement.
8. The permittee shall maintain and repair or replace any of the components of the lot's stormwater collection and conveyance system such that the lot's runoff is captured and adequately conveyed to the BMP.
9. Upon completion of the permitted construction on this lot, and prior to occupancy of the facility, the permittee shall submit to the Division the completed Designer's Certification accompanied by an as-built survey of the project's built-upon areas and stormwater collection / conveyance system. Any deviation from the approved plans must be noted on the Certification. The permittee shall submit the Certification to the Division within 30 days of completion of the project.
10. 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 the approved plans, regardless of size.
 - b. Redesign of or addition to the approved amount of built-upon area.
 - c. Further development, subdivision, acquisition or sale of any, all or part of the project area covered by this permit.
 - d. The construction of built-upon area within any future development area noted on the approved plan.
 - e. Alteration of any component of the approved stormwater conveyance/collection system shown on the approved plan.
11. The Director may determine that other revisions to the project should require a modification to the permit.
 12. The project shall be constructed and maintained in accordance with the conditions of this permit, the approved plans and specifications and other supporting data.
 13. 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.
 14. Prior to transfer of the permit, the stormwater facilities will be inspected by Division personnel. The project and the stormwater facility must be in substantial compliance with all permit conditions. Any items not in compliance must be repaired, replaced or restored to design condition prior to the transfer.

III. GENERAL CONDITIONS

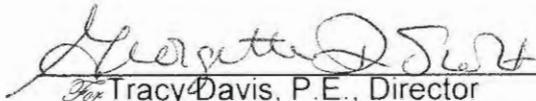
1. Any individual or entity found to be in noncompliance with the terms and conditions of this stormwater management permit or the stormwater rules is subject to enforcement procedures in accordance with North Carolina General Statute 143 Article 21.
2. This permit is effective only with respect to the nature and volume of stormwater described in the application, supplement, and other supporting data. Any other activities undertaken at this site prior to receipt of the necessary permits or approvals to do so from any local, state or federal government agency having jurisdiction, are considered violations of NCGS 143-215.1, and subject to the enforcement procedures pursuant to NCGS 143-215.6.
3. 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;
4. The permittee is responsible for compliance with all permit conditions until such time as the Division approves the transfer request. Neither the sale of the project, in whole or in part, nor the conveyance of common area to a third party constitutes an approved transfer of the stormwater permit.
5. The issuance of this permit does not prohibit the Director from reopening and modifying the permit, revoking and reissuing the permit, or terminating the permit for cause as allowed by

the laws, rules, and regulations contained in Title 15A of the North Carolina Administrative Code, Subchapter 2H.1000; and North Carolina General Statute 143-215.1 et. al. 160614

6. The permittee grants permission for DEMLR Staff to enter the property for the purpose of inspecting all components of the permitted stormwater management facility.
7. The permit issued shall continue in force and effect until revoked or terminated. The permit may be modified, revoked and reissued or terminated for cause. The filing of a request for a permit modification, revocation and reissuance or termination does not stay any permit condition.
8. Approved plans, application, supplement forms, calculations and specifications for this project are incorporated by reference and are enforceable parts of the permit. The Permittee shall maintain a copy of this permit, the approved plans and the supporting documents, on file at all times.
9. Unless specified elsewhere, permanent seeding requirements for the swales must follow the guidelines established in the North Carolina Erosion and Sediment Control Planning and Design Manual.

Permit issued this the 8th day of July 2016.

NORTH CAROLINA ENVIRONMENTAL MANAGEMENT COMMISSION



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

Stormwater Project Number SW8 921002
Carolinas Oral and Facial Surgery Center
New Hanover County

Designer's Certification – Offsite Lot

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.

Required Items to be checked for this certification to be considered complete are listed below.

Please note any deviations from approved plans and specifications here:

SEAL

Signature _____

Registration Number _____

Date _____

Certification Requirements:

- _____ 1. The lot contains no more than the maximum permitted amount of built-upon area.
- _____ 2. All the built-upon area associated with this permit is graded such that the runoff drains to the permitted offsite BMP.
- _____ 3. The lot has been stabilized with permanent vegetation such that sediment is not leaving the lot.
- _____ 4. Vegetated slopes are no steeper than 3:1.
- _____ 5. Roof drains are located such that building runoff drains into the system.
- _____ 6. The inlet from this project into the approved offsite BMP or into the collection system draining to the offsite BMP is located per the approved plans.
- _____ 7. The stormwater conveyance / collection system on the lot adequately conveys the design storm runoff to the permitted BMP.

cc: NCDEQ-DEMLR
New Hanover County Building Inspections

DEMLR USE ONLY		
Date Received	Fee Paid	Permit Number
6/30/16	2,000.00 # 22755	SW8160614
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.):

Carolinas Oral and Facial Surgery Center

2. Location of Project (street address):

1305 Physicians Drive

City: Wilmington

County: New Hanover

Zip: 28403

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

From intersection of 17th St. and Canterwood Road, proceed 0.1 miles west on Canterwood Road. Turn left on

Physicians Drive. Site is 0.4 miles on right.

4. Latitude: 34° 11' 57" 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 _____, 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: 1.3 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: Under Concurrent Review

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>



BY: _____

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: Carolinas Oral & Facial Surgery Center, Inc.

Signing Official & Title: Ronald Dale Gaitros, President

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

Street Address: 1122 Medical Center Drive

City: Wilmington State: NC Zip: 28403

Mailing Address (if applicable): Same

City: State: Zip:

Phone: (910) 762-2618 Fax: (910) 763-5173

Email: info@carolina-surgery.com

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: Ronald D. & Sonita S. Gaitros

Signing Official & Title: Ronald Dale Gaitros, Owner

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

Street Address: 1122 Medical Center Drive

City: Wilmington State: NC Zip: 28403

Mailing Address (if applicable): same

City: State: Zip:

Phone: (910) 762-2618 Fax: (910) 763-5173

Email: info@carolina-surgery.com

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:

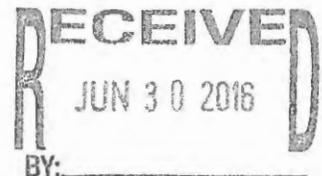
City: State: Zip:

Phone: () Fax: ()

Email:

4. Local jurisdiction for building permits: New Hanover County

Point of Contact: Dennis Bordeaux Phone #: (910) 798-7308



IV. PROJECT INFORMATION

1. In the space provided below, briefly summarize how the stormwater runoff will be treated.
Impervious cover has been kept below max allowed to promote infiltration. Project will have disconnected roof drains. Runoff exits site through a rip rap apron, and then is treated in an existing and permitted wet detention basin.
2. a. **If claiming vested rights**, identify the supporting documents provided and the date they were approved:

<input type="checkbox"/> Approval of a Site Specific Development Plan or PUD	Approval Date: _____
<input type="checkbox"/> Valid Building Permit	Issued Date: _____
<input type="checkbox"/> Other: _____	Date: _____
- b. **If claiming vested rights**, identify the regulation(s) the project has been designed in accordance with:

<input type="checkbox"/> Coastal SW - 1995	<input type="checkbox"/> Ph II - Post Construction
--	--
3. Stormwater runoff from this project drains to the Cape Fear River basin.
4. Total Property Area: 1.28 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*: 1.28 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 = 67 %
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 *	18-76-1-1			
Total Drainage Area (sf)	55,584			
On-site Drainage Area (sf)	55,584			
Off-site Drainage Area (sf)	0	Minor pervious	influence from	offsite
Proposed Impervious Area** (sf)	41,688			
% Impervious Area** (total)	75			

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)	7,227			
On-site Streets (sf)	0			
On-site Parking (sf)	27,584			
On-site Sidewalks (sf)	2,480			
Other on-site (sf)	0			
Future (sf)	4397			
Off-site (sf)	0			
Existing BUA*** (sf)	0			
Total (sf):	41,688			

* Stream Class and Index Number can be determined at: <http://portal.ncdenr.org/web/wg/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. None

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

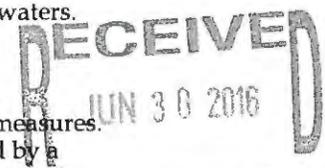
The applicable state stormwater management permit supplement and operation and maintenance (O&M) forms must be submitted for each BMP specified for this project. The latest versions of the forms can be downloaded from <http://portal.ncdenr.org/web/wq/ws/su/bmp-manual>.

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.

- | | |
|--|-------------------------------|
| 1. Original and one copy of the Stormwater Management Permit Application Form. | Initials
<u>MTA</u> |
| 2. Original and one copy of the signed and notarized Deed Restrictions & Protective Covenants Form. (if required as per Part VII below) | <u>N/A</u> |
| 3. Original of the applicable Supplement Form(s) (sealed, signed and dated) and O&M agreement(s) for each BMP. | <u>N/A</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>#2,000
MTA EXPRESS</u> |
| 5. A detailed narrative (one to two pages) describing the stormwater treatment/management | for <u>MTA</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>MTA</u> |
| 7. Sealed, signed and dated calculations (one copy). | <u>MTA</u> |
| 8. Two sets of plans folded to 8.5" x 14" (sealed, signed, & dated), including: | <u>MTA</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. | |
| • 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.) N/A
10. A copy of the most current property deed. Deed book: 5200 Page No: 2797 MTA
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. MTA
<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: Mark T. Arcuri, PE

Consulting Firm: Criser Troutman Tanner Consulting Engineers

Mailing Address: 3809 Peachtree Avenue, Suite 102

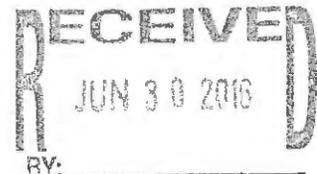
City: Wilmington State: NC Zip: 28403

Phone: (910) 397-2929 Fax: (910) 397-2971

Email: marcuri@cttengineering.com

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

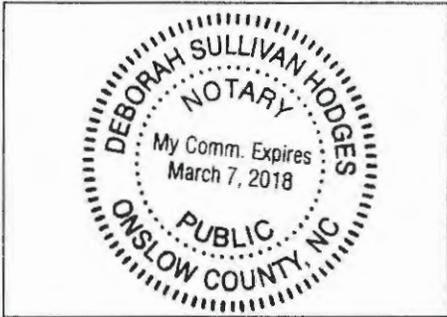
I, (print or type name of person listed in Contact Information, item 2a) Ronald Dale Gaitros, certify that I own the property identified in this permit application, and thus give permission to (print or type name of person listed in Contact Information, item 1a) Ronald Dale Gaitros with (print or type name of organization listed in Contact Information, item 1a) Carolinas Oral & Facial Surgery Center, Inc. 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: Ronald Dale Gaitros Date: 6/8/2016

I, Deborah Sullivan Hodges, a Notary Public for the State of NC, County of Onslow, do hereby certify that Ronald D Gaitros personally appeared before me this 9 day of June, 2016, and acknowledge the due execution of the application for a stormwater permit. Witness my hand and official seal, Deborah Sullivan Hodges



SEAL

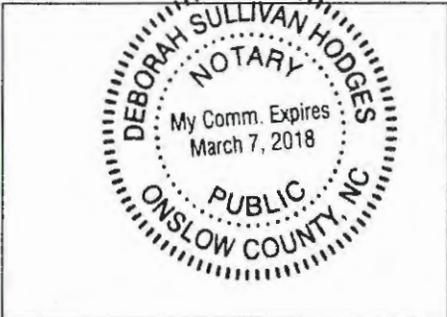
My commission expires March 7, 2018

X. APPLICANT'S CERTIFICATION

I, (print or type name of person listed in Contact Information, item 1a) Ronald Dale Gaitros, 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.

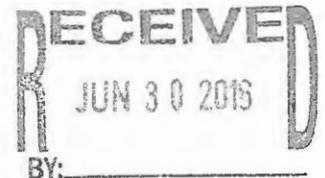
Signature: Ronald Dale Gaitros Date: 6/8/2016

I, Deborah Sullivan Hodges, a Notary Public for the State of NC, County of Onslow, do hereby certify that Ronald D Gaitros personally appeared before me this 9 day of June, 2016 and acknowledge the due execution of the application for a stormwater permit. Witness my hand and official seal, Deborah Sullivan Hodges



SEAL

My commission expires March 7, 2018



Permit No. SW8960614
(to be provided by DEMLR)

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

STORMWATER MANAGEMENT PERMIT APPLICATION FORM

OFF-SITE SYSTEM SUPPLEMENT

FOR DEVELOPMENT DRAINING TO PERMITTED OFF-SITE TREATMENT SYSTEMS

This form may be photocopied for use as an original

DEMLR Stormwater Management Plan Review:

A complete stormwater management plan submittal includes a stormwater management permit application, an off-site system supplement for each off-site stormwater treatment system, appropriate supplement forms for any on-site stormwater treatment systems, and plans and specifications showing all stormwater conveyances and drainage details for the project.

I. PROJECT INFORMATION

Project Name : Carolinas Oral and Facial Surgery Center

Contact Person: Ronald Dale Gaitros, President Phone Number: (910)762-2618

Is all drainage from the project directed to the off-site system? (check one): Yes No

II. OFF-SITE SYSTEM INFORMATION (please complete the following information for the off-site system that will treat runoff from your project):

Permit No. SW8 921002

Project Name: Silverstream Regional Water Quality Facility

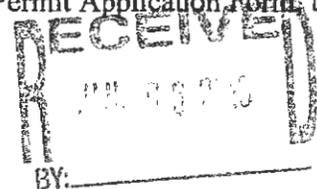
Type of System (wet pond, infiltration basin, etc.): Wet Detention Basin

Lot No. (if part of a subdivision): Lot 14

How much built upon area draining to the permitted treatment system has been allocated to this project? 41,688sf

III. REQUIRED ITEMS CHECKLIST

Prior to issuing an off-site permit, verification of the following information must be provided. Initial in the space provided to indicate that the following requirements have been met and supporting documentation is attached. If the applicant has designated an agent in the Stormwater Management Permit Application Form, the agent may initial below. If a requirement has not been met, attach justification.



Applicants Initials

- MA a. Deed restrictions limiting the built-upon area on the site have been recorded.
- MA b. Engineers certification for the existing off-site system has been submitted to DEMLR.
- MA c. There are no outstanding Notices of Violation for the off-site system.
- MA d. Off-site system is in compliance with the issued permit.

IV. STORMWATER COLLECTION SYSTEM MAINTENANCE REQUIREMENTS

1. Mowing will be accomplished as needed according to the season. Grass height will not exceed six inches at any time.
2. Accumulated sediment and trash will be removed from the collection system as necessary. Swales and ditches will be reseeded or sodded following sediment removal.
3. Eroded areas of swales and ditches will be repaired and reseeded. Swales and ditches will be revegetated as needed based on monthly inspections.
4. The collection system, including catch basins, curb cuts, velocity reduction devices, and piping, will be inspected monthly or after every significant runoff producing rainfall event. Trash and debris will be cleared away from grates, curb cuts, velocity reduction devices, and piping.
5. The collection system may not be altered in any way without prior approval from NCDENR Division of Energy, Mineral and Land Resources.

I acknowledge and agree by my signature below that I am responsible for maintaining the stormwater collection system in accordance with the five maintenance procedures listed above. I agree to notify DEMLR of any problems with the system or prior to any changes to the system or responsible party.

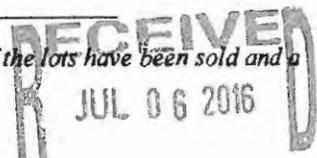
Print Name and Title: Ronald Dale Gaitros, President

Address: 1122 Medical Center Drive

Phone: 910-762-2618 Date: 7/6/16

Signature: [Handwritten Signature]

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, T. Chad Windham, a Notary Public for the State of NC, County of New Hanover, do hereby certify that Ronald Dale Gaitros personally appeared before me this 4 day of July, 2016, and acknowledge the due execution of the forgoing document including the stormwater collection system maintenance requirements. Witness my hand and official seal,



[Handwritten Signature]
Notary Public
My commission expires 12-29-2018