



**Public Services**

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212 Operations Center Drive  
Wilmington, NC 28412  
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September 1, 2017

Mr. Thomas Walsh  
New Hanover regional Medical Center  
2131 South 17<sup>th</sup> Street  
Wilmington, NC 28401

**Subject: Stormwater Management Permit No. 2006014R2  
NH Regional Medical Center-Package A(NHRMC Orthopedic Inpatient Hospital)  
High Density**

Dear Mr. Walsh:

The City of Wilmington Engineering Division has received a request for a revision to the Stormwater Management Permit for New Hanover Regional Medical Center-Package A. Having reviewed the application and all supporting materials, the City of Wilmington has determined that the proposed revision meets the requirements of the City of Wilmington's Comprehensive Stormwater Ordinance.

The revisions include:

Demolition of existing surface parking and parking deck for the construction of the Orthopedic Hospital with paved parking and paved access (See approved plans, dated August 24, 2017).

Please be aware all terms and conditions of the permit Issued on March 31, 2006 remain in full force and effect. Any additional changes to the approved plans must be approved by this office prior to construction. The issuance of the plan revision does not preclude the permittee from complying with all other applicable statutes, rules, regulations or ordinances which may have jurisdiction over the proposed activity, and obtaining a permit or approval prior to construction.

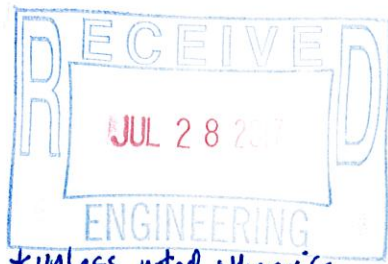
The revised stamped, approved stormwater management drawings will be released for construction by the Wilmington Planning Division under separate cover. Please replace any old plan sheets from the approved set with the new, revised sheet. An electronic copy of the approved drawing set, permit, application and supplementary documents will be maintained by the Wilmington Engineering Division. If you have any questions, or need additional information, please contact Richard Christensen at (910) 341-7813 or richard.christensen@wilmingtonnc.gov

Sincerely,

A handwritten signature in blue ink, appearing to read 'SC' or similar initials.

for Sterling Cheatham, City Manager  
City of Wilmington

cc: Jason Clark, PE, Norris & Tunstall Consulting Engineers, P.C.  
Brian Chambers, Senior Planner, City of Wilmington



\*unless noted otherwise



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NJT #16036  
(Rev. 01-26-11)

### STORMWATER MANAGEMENT PERMIT APPLICATION FORM (Form SWP 2.2)

#### 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.):

NHRMC Orthopedic Inpatient Hospital

2. Location of Project (street address):

2131 S. 17th Street

City: Wilmington

County: New Hanover

Zip: 28401

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

From the intersection of Dawson St. & 16th St., turn right onto 16th St. The project is 1.6 miles on the left (on 17th St.)

#### II. PERMIT INFORMATION

1. Specify the type of project (check one):  Low Density  High Density  
 Drains to an Offsite Stormwater System  Drainage Plan  Other

If the project drains to an Offsite System, list the Stormwater Permit Number(s):

City of Wilmington: \_\_\_\_\_ State – NCDENR/DWQ: \_\_\_\_\_

2. Is the project currently covered (whole or in part) by an existing City or State (NCDENR/DWQ) Stormwater Permit?  Yes  No

If yes, list all applicable Stormwater Permit Numbers:

City of Wilmington: #2006014 State – NCDENR/DWQ: SW8 960123

3. Additional Project Permit Requirements (check all applicable):

CAMA Major  Sedimentation/Erosion Control

NPDES Industrial Stormwater  404/401 Permit: Proposed Impacts: \_\_\_\_\_

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:

All permits have been submitted & are under review by various permitting agencies.

**III. CONTACT INFORMATION**

1. 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: New Hanover Regional Medical Center

Signing Official & Title: Thomas Walsh, VP Facilities & Support Services

- a. Contact information for Applicant / Signing Official:

Street Address: 2131 S. 17th Street

City: Wilmington State: NC Zip: 28401

Phone: 910-343-2788 Fax: N/A Email: thomas.walsh@nhrmc.org cc: bonnie.frasier@nhrmc.org

Mailing Address (if different than physical address): P.O. Box 9000

City: Wilmington State: NC Zip: 28402

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

- The property owner (Skip to item 3)
- Lessee\* (Attach a copy of the lease agreement and complete items 2 and 2a below)
- Purchaser\* (Attach a copy of the pending sales agreement and complete items 2 and 2a below)
- Developer\* (Complete items 2 and 2a below.)

2. 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 on.)

Property Owner / Organization: \_\_\_\_\_

Signing Official & Title: \_\_\_\_\_

- a. Contact information for Property Owner:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different than physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Other Contact Person / Organization: \_\_\_\_\_

Signing Official & Title: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different than physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**IV. PROJECT INFORMATION**

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

The development of the Orthopedic Hospital results in a reduction in impervious within the Project Area.

Pervious Concrete will be used where possible to infiltrate as much runoff as possible into the good soils that exist.

The area is within the drainage area of Infiltration Trench 'A', permitted by the State in SW8 960123.

2. Total Property Area: 184,300 square feet

*(Property = Project Area)*

3. Total Coastal Wetlands Area: 0 square feet

4. Total Surface Water Area: 0 square feet

5. Total Property Area (2) – Total Coastal Wetlands Area (3) – Total Surface Water Area (4) = Total Project Area: 184,300 square feet.

6. Existing Impervious Surface within Property Area: 131,862 square feet

7. Existing Impervious Surface to be Removed/Demolished: 122,195 square feet

8. Existing Impervious Surface to Remain: 9,667 square feet

9. Total Onsite (within property boundary) Newly Constructed Impervious Surface (*in square feet*):

Buildings/Lots	11,615
Impervious Pavement	73,658
Pervious Pavement (adj. total, with 75% credit applied)	7,892
Impervious Sidewalks	3,712
Pervious Sidewalks (adj. total, with % credit applied)	0
Other (describe)	0
Future Development	0
<b>Total Onsite Newly Constructed Impervious Surface</b>	<b>96,877</b>

10. Total Onsite Impervious Surface

(Existing Impervious Surface to remain + Onsite Newly Constructed Impervious Surface) = 106,544 square feet

11. Project percent of impervious area: (Total Onsite Impervious Surface / Total Project Area) x100 = 58 %

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12. Total Offsite Newly Constructed Impervious Area (improvements made outside of property boundary, in square feet):

Impervious Pavement	0
Pervious Pavement (adj. total, with % credit applied)	0
Impervious Sidewalks	0
Pervious Sidewalks (adj. total, with % credit applied)	0
Other (describe)	0
<b>Total Offsite Newly Constructed Impervious Surface</b>	<b>0</b>

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13. Total Newly Constructed Impervious Surface  
(Total Onsite + Offsite Newly Constructed Impervious Surface) = 96877 square feet

14. Complete the following information for each Stormwater BMP drainage area. If there are more than three drainage areas in the project, attach an additional sheet with the information for each area provided in the same format as below. Low Density projects may omit this section and skip to Section V.

*within Project Area Infiltration Trench 'A' Infiltration Trench Permeous Concrete*  
*→ state permitted (SW 8960123)*

Basin Information	(Type of BMP) BMP #	(Type of BMP) BMP # 0.3	(Type of BMP) BMP # PC9
Receiving Stream Name	Greenfield Lake	Greenfield Lake	Greenfield Lake
Receiving Stream Index Number	18-76-1	18-76-1	18-76-1
Stream Classification	C; Sw	C; Sw	C; Sw
Total Drainage Area (sf)	177766	4865	1669
On-Site Drainage Area (sf)	177766	4865	1669
Off-Site Drainage Area (sf)	0	0	0
<b>Total Impervious Area (sf)</b>	<b>104312</b>	<b>1652</b>	<b>580</b>
Buildings/Lots (sf)	11615	0	0
Impervious Pavement (sf)	73441	0	217
Pervious Pavement, <i>15</i> % credit (sf)	7529	0	363
Impervious Sidewalks (sf)	2060	1652	0
Pervious Sidewalks, % credit (sf)	0	0	0
Other (sf)	0	0	0
Future Development (sf)	0	0	0
Existing Impervious to remain (sf)	9667	0	0
Offsite (sf)	0	0	0
Percent Impervious Area (%)	58.7%	34%	34.8%

15. How was the off-site impervious area listed above determined? Provide documentation:

N/A

*Note: Infiltration Trench 0-3 + PC9 are outside of the drainage area to Trench 'A'. Therefore they are designed to have zero (0) discharge for the 10-yr. storm.*  
*\* See attached Table for all permeous concrete areas.*

## V. SUBMITTAL REQUIREMENTS

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1. Supplemental and Operation & Maintenance Forms - One applicable City of Wilmington Stormwater BMP supplement form and checklist must be submitted for **each** BMP specified for this project. One applicable proposed operation and maintenance (O&M) form must be submitted for **each type** of stormwater BMP. Once approved, the operation and maintenance forms must be referenced on the final plat and recorded with the register of deeds office.
2. Deed Restrictions and Restrictive 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. Due to variability in lot sizes or the proposed BUA allocations, 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 at the link listed in section V (3). Download the latest versions for each submittal.

In 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 City of Wilmington, and that they will be recorded prior to the sale of any lot.**

3. Only complete application packages will be accepted and reviewed by the City. A complete package includes all of the items listed on the City Engineering Plan Review Checklist, including the fee. Copies of the Engineering Plan Review Checklist, all Forms, Deed Restrictions as well as detailed instructions on how to complete this application form may be downloaded from:

<http://www.wilmingtonnc.gov/PublicServices/Engineering/PlanReview/StormwaterPermits.aspx>

The complete application package should be submitted to the following address:

City of Wilmington – Engineering  
Plan Review Section  
414 Chestnut Street, Suite 200  
Wilmington, NC 28402

**VI. CONSULTANT INFORMATION AND AUTHORIZATION**

1. 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: T. Jason Clark, P.E.

Consulting Firm: Norris & Tunstall Consulting Engineers, P.C.

a. Contact information for consultant listed above:

Mailing Address: 902 Market Street

City: Wilmington State: NC Zip: 28401

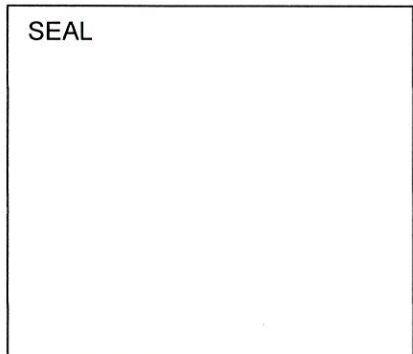
Phone: 910-343-9653 Fax: 910-343-9604 Email: jclark@ntengineers.com cc: anorris@ntengineers.com

**VII. PROPERTY OWNER AUTHORIZATION** (If Section III(2) has been filled out, complete this section)

I, (*print or type name of person listed in Contact Information, item 2*) \_\_\_\_\_, 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 1*) \_\_\_\_\_ with (*print or type name of organization listed in Contact Information, item 1*) \_\_\_\_\_ 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 City of Wilmington Stormwater Permit reverts back to me, the property owner. As the property owner, it is my responsibility to notify the City of Wilmington 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 the City of Wilmington Municipal Code of Ordinances and may result in appropriate enforcement including the assessment of civil penalties.

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




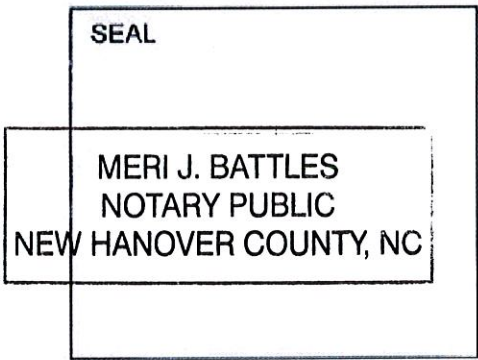
I, \_\_\_\_\_, a Notary Public for the State of \_\_\_\_\_, County of \_\_\_\_\_, do hereby certify that \_\_\_\_\_ personally appeared before me this day of \_\_\_\_\_, \_\_\_\_\_, and acknowledge the due execution of the application for a stormwater permit. Witness my hand and official seal,

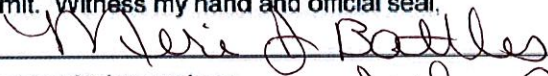
My commission expires: \_\_\_\_\_

**VIII. APPLICANT'S CERTIFICATION**

I, (print or type name of person listed in Contact Information, item 1) Thomas Walsh, VP Facilities & Support Services 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.

Signature:  Date: 1/16/17



I, Meri J Battles, a Notary Public for the State of North Carolina County of New Hanover do hereby certify that Thomas Walsh personally appeared before me this day of 16 January 2017 and acknowledge the due execution of the application for a stormwater permit. Witness my hand and official seal.  
  
My commission expires: July 26, 2019