



Public Services

Engineering
212 Operations Center Drive
Wilmington, NC 28412
910 341-7807
910 341-5881 fax
wilmingtonnc.gov
Dial 711 TTY/Voice

COMPREHENSIVE STORMWATER MANAGEMENT PERMIT

DRAINAGE PLAN

SECTION 1 – APPROVAL

Having reviewed the construction drawings, application and all supporting materials, the City of Wilmington has determined that the proposed development meets the requirements for Drainage Plan Approval through the City of Wilmington's Comprehensive Stormwater Ordinance.

PERMIT HOLDER: **New Hanover Regional Medical Center**
PROJECT: **NHRMC Emergency Well House**
ADDRESS: **1923 Glen Meade Road**
PERMIT #: **2019003**
DATE: **February 7th, 2019**

Therefore, the above referenced site is hereby approved and subject to all conditions set forth in Section 2 of this approval and all applicable provisions of the City of Wilmington Comprehensive Stormwater Management Ordinance.

This permit shall be effective from the date of issuance until modified or rescinded and shall be subject to the following specified conditions and limitations:

Section 2 - CONDITIONS

1. This approval is valid only for the stormwater management system as proposed on the approved stormwater management plans dated February 7th, 2019.
2. The project will be limited to the amount and type of built-upon area indicated in Section IV of the Stormwater Management Application Form submitted as part of the approved stormwater permit application package, and per the approved plans.
3. This permit shall become void unless the facilities are constructed in accordance with the approved stormwater management plans, specifications and supporting documentation.
4. The permittee shall submit a revised stormwater management application packet to the City of Wilmington and shall have received approval 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. Redesign or addition to the approved amount of built-upon area.
 - c. Further subdivision, acquisition, lease or sale of any part of the project area.
 - d. Filling in, altering, or piping of any vegetative or piped conveyance shown on the approved plan.
 - e. Construction of any permitted future areas shown on the approved plans.
5. A copy of the approved plans and specifications shall be maintained on file by the Permittee.

6. During construction, erosion shall be kept to a minimum and any eroded areas of the system will be repaired immediately.
7. All areas must be maintained in a permanently stabilized condition. If vegetated, permanent seeding requirements must follow the guidelines established in the North Carolina Erosion and Sediment Control Planning and Design Manual unless an alternative is specified and approved by the City of Wilmington.
8. Upon completion of construction, before a Certificate of Occupancy shall be granted, and prior to operation of this permitted facility, the applicant shall submit to the City of Wilmington as-built plans for all stormwater management facilities. The plans shall show the field location, type, depth and invert of all devices, as-installed. A certification shall be submitted, along with all supporting documentation that specifies, under seal that the as-built stormwater measures, controls and devices are in compliance with the approved stormwater management plans. A final inspection by City of Wilmington personnel will be required prior to issuance of a certificate of occupancy or operation of the permitted facility.
9. This permit is not transferable except after application and approval by the City of Wilmington. In the event of a change of ownership, name change or change of address the permittee must submit a completed Name/Ownership Change form to the City of Wilmington at least 30 days prior to the change. It shall be signed by all applicable parties, and be accompanied by all required supporting documentation. Submittal of a complete application shall not be construed as an approved application. The application will be reviewed on its own merits by the City of Wilmington and may or may not be approved. The project must be in compliance with the terms of this permit in order for the transfer request to be considered. The permittee is responsible for compliance with all permit conditions until such time as the City of Wilmington approves the transfer request.
10. Failure to abide by the conditions and limitations contained in this permit may subject the Permittee to enforcement action by the City of Wilmington, in accordance with Sections 18-52 and 18-53 of the Land Development Code.
11. The City of Wilmington 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 City of Wilmington for modifying the site to meet minimum requirements. The permittee shall provide copies of revised plans and certification in writing to the City of Wilmington that the changes have been made.
12. 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.
13. 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 the City of Wilmington, such as the construction of additional or replacement stormwater management systems.
14. The permittee grants City of Wilmington Staff permission to enter the property during normal business hours for the purpose of inspecting all components of the permitted stormwater management facility.



Public Services

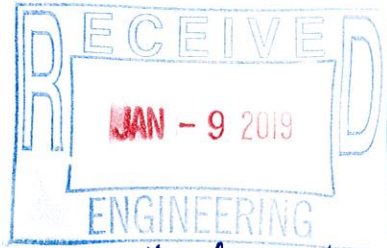
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15. The permit issued shall continue in force and effect until revoked or terminated by the City of Wilmington. The permit may be modified, revoked and reissued or terminated for cause. The filing of a request for a permit modification, revocation and re-issuance or termination does not stay any permit condition.
16. The approved stormwater management plans and all documentation submitted as part of the approved stormwater management permit application package for this project are incorporated by reference and are enforceable parts of the permit.
17. If any one or more of the conditions of this permit is found to be unenforceable or otherwise invalidated, all remaining conditions shall remain in full effect.

Stormwater Management Permit issued this the 7th day of February, 2019

S-500 2/7/19
for Sterling Cheatham, City Manager
City of Wilmington

SWP2019003



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* Unless Otherwise
Noted

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.):

New Hanover Regional Medical Center (NHRMC) Emergency Domestic Water Supply Well House

2. Location of Project (street address):

1923 Glean Meade Road

City: Wilmington County: New Hanover Zip: 28403

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

From intersection of Glen Meade Rd and S. 17th Street, drive east on Glean Meade Rd

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: SW8 921002

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: _____ State – NCDENR/DWQ: SW8 921002

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

CAMA Major ☐ Sedimentation/Erosion Control ☐

NPDES Industrial Stormwater ☐ 404/401 Permit: Proposed Impacts: N/A

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:

N/A

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 - VICE PRESIDENT

- a. Contact information for Applicant / Signing Official:

Street Address: 2131 S. 17TH STREET

City: WILMINGTON State: NC Zip: 28403

Phone: 910-667-7000 Fax: _____ Email: Thomas.Walsh@nhrmc.org

Mailing Address (if different than physical address): PO 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: NEW HANOVER REGIONAL MEDICAL CENTER

Signing Official & Title: ALLEN HARRIS - PROJECT MANAGER

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

Street Address: 2131 S. 17TH STREET

City: WILMINGTON State: NC Zip: 28403

Phone: 910-667-7000 Fax: _____ Email: Allen.Harris@nhrmc.org

Mailing Address (if different than physical address): PO BOX 9000

City: WILMINGTON State: NC Zip: 28402

IV. PROJECT INFORMATION

1. In the space provided below, briefly summarize how the stormwater runoff will be treated.
RUNOFF FROM THIS SITE WILL BE CONVEYED TO THE SILVERSTREAM BRANCH REGIONAL
WATER QUALITY FACILITY VIA SHEETFLOW TO THE NHRMC STORM SEWER SYSTEM,
ULTIMATELY OUTFALLING TO GREENFIELD LAKE / CAPE FEAR RIVER.

2. Total Property Area: 29,839 square feet
 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: 29,839 square feet.
 6. Existing Impervious Surface within Property Area: 3,945 square feet
 7. Existing Impervious Surface to be Removed/Demolished: 16 square feet
 8. Existing Impervious Surface to Remain: 3,929 square feet
 9. Total Onsite (within property boundary) Newly Constructed Impervious Surface (*in square feet*):

Buildings/Lots	1,212
Impervious Pavement	1,783
Pervious Pavement (adj. total, with % credit applied)	0
Impervious Sidewalks	0
Pervious Sidewalks (adj. total, with % credit applied)	0
Other (describe)	621
Future Development	0
Total Onsite Newly Constructed Impervious Surface	3,616

10. Total Onsite Impervious Surface
 (Existing Impervious Surface to remain + Onsite Newly Constructed Impervious Surface) = 7,545 square feet
 11. Project percent of impervious area: (Total Onsite Impervious Surface / Total Project Area) x100 = 25.3 %

PLEASE NOTE THAT IN ACCORDANCE WITH EXISTING PERMIT # SW8 921002,
 ALLOWABLE IMPERVIOUS AREA = 35% FOR R-15 ZONING. PROPOSED
 IMPERVIOUS AREA IS LESS THAN THE ALLOWABLE IMPERVIOUS AREA,
 THUS THE PERMIT REQUIREMENT IS SATISFIED.

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

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

13. Total Newly Constructed Impervious Surface

(Total Onsite + Offsite Newly Constructed Impervious Surface) = 3,616 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. **PLEASE REFER TO EXISTING PERMIT # SW8 921002. ALLOWABLE IMPERVIOUS AREA = 35% FOR R-15 ZONING. PROPOSED IMPERVIOUS AREA = 25.3%.**

Basin Information	BMP #	BMP #	BMP #
Receiving Stream Name			
Receiving Stream Index Number			
Stream Classification			
Total Drainage Area (sf)			
On-Site Drainage Area (sf)			
Off-Site Drainage Area (sf)			
Total Impervious Area (sf)			
Buildings/Lots (sf)			
Impervious Pavement (sf)			
Pervious Pavement (sf)			
Impervious Sidewalks (sf)			
Pervious Sidewalks (sf)			
Other (sf)			
Future Development (sf)			
Existing Impervious to remain (sf)			
Offsite (sf)			
Percent Impervious Area (%)			

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

N/A

V. SUBMITTAL REQUIREMENTS

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
212 Operations Center Dr
Wilmington, NC 28412

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: JASON MILES, PE or DAVID CRISER, PE

Consulting Firm: CRISER TROUTMAN TANNER CONSULTING ENGINEERS

- a. Contact information for consultant listed above:

Mailing Address: PO BOX 3727

City: WILMINGTON State: NC Zip: 28406

Phone: 910-397-2929 Fax: 910-397-2971 Email: jmiles@cttengineering.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) THOMAS WALSH, 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.

SEAL

Signature: [Signature]

Date: January 7, 2019

I, Joanne S. Richardson, 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 7th of January 2019.

Joanne S. Richardson
NOTARY PUBLIC
Pender County
North Carolina
Commission Expires October 2, 2021

and acknowledge the due execution of the application for a stormwater permit. Witness my hand and official seal,

Joanne S. Richardson
My commission expires: October 2, 2021

VIII. APPLICANT'S CERTIFICATION

I, (print or type name of person listed in Contact Information, item 1) , THOMAS WALSH, ON BEHALF OF NHRMC, 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.

SEAL

Signature: [Signature]
Date: January 7, 2019

I, Joanne S. Richardson, 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 January 7, 2019, and acknowledge the due execution of the application for a stormwater

permit. Witness my hand and official seal,

Joanne S. Richardson
My commission expires: October 2, 2021

Joanne S. Richardson
NOTARY PUBLIC
Pender County
North Carolina
Commission Expires October 2, 2021