



Public Services

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

October 21, 2021

Mr. Kevin E. Caison, Facility Project Manager
New Hanover County
200 Division Drive
Wilmington, NC, 28401

**Subject: Stormwater Management Permit No. 2020038R1
The Healing Place
High Density Draining to Offsite System**

Dear Mr. Caison:

The City of Wilmington Engineering Division has received a request for a revision to the Stormwater Management Permit for The Healing Place. 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:

- Addition of a 238 square ft. well/pump house

Please be aware all terms and conditions of the permit 01/21/2021 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 Trent Butler at (910) 341-0094 or trent.butler@wilmingtonnc.gov

Sincerely,

A handwritten signature in blue ink that reads 'Trent Butler'.

for Anthony Caudle, City Manager
City of Wilmington

cc: Ed Sconfienza, The Site Group, PLLC
Brian Chambers, Wilmington Development Services/Planning



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STORMWATER MANAGEMENT PERMIT APPLICATION FORM
 (Form SWP 2.3)

I. GENERAL INFORMATION

- Project Name (subdivision, facility, or establishment name - should be consistent with project name on plans, specifications, letters, operation and maintenance agreements, etc.):
The Healing Place of New Hanover County
- Location of Project (street address):
1000 Medical Center Drive
 City: Wilmington County: New Hanover Zip: 28401

II. PERMIT INFORMATION

- Specify the type of project (check one): Low Density High Density
 Offsite Stormwater System Drainage Plan Redevelopment Other
 If the project drains to an Offsite System, list the Stormwater Permit Number(s):
 City of Wilmington: _____ State – NCDEQ/DEMLR: SW8 960605
- Is the project currently covered (whole or in part) by an existing City or State (NCDEQ/DEMLR) Stormwater Permit? Yes No
 If yes, list all applicable Stormwater Permit Numbers:
 City of Wilmington: _____ State – NCDEQ/DEMLR: SW8 960605
- Additional Project Permit Requirements (check all applicable):
 CAMA Major Sedimentation/Erosion Control 404/401 Permit

III. CONTACT INFORMATION

- Print Applicant / Signing Official's name and title (the developer, property owner, lessee, designated government official, individual, etc. who owns the project):
 Applicant / Organization: New Hanover County
 Signing Official & Title: Kevin E. Caison, Facility Project Manager, Property Management, New Hanover County

a. Contact information for Applicant / Signing Official:

Address: 200 Division Drive
City: Wilmington State: NC Zip: 28401
Phone: (910) 798-4338 Email: kcaison@nhcgov.com

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

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

2. Print Property Owner's name and title (if different from the applicant).

Property Owner / Organization: _____

Signing Official & Title: _____

a. Contact information for Property Owner:

Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

3. (Optional) Other Contact name and title (such as a construction supervisor) who would like to be copied on all correspondence:

Other Contact Person / Organization: _____

Signing Official & Title: _____

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

Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

4. Agent Authorization: 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: Ed Sconfienza, P.E.

Consulting Firm: The Site Group, PLLC

a. Contact information for consultant listed above:

Mailing Address: 1111 Oberlin Road, Suite 200
City: Raleigh State: NC Zip: 27605
Phone: (919) 835-4787 Email: ed@thesitegroup.net

IV. PROJECT INFORMATION

1. Total Property Area: 379,321 square feet
2. Total Coastal Wetlands Area: 0 square feet
3. Total Surface Water Area: 0 square feet
4. Total Property Area (1) – Total Coastal Wetlands Area (2) – Total Surface Water Area (3) = Total Project Area: 379,321 square feet.
5. Existing Impervious Surface within Project Area: 1,761 square feet
6. Existing Impervious Surface to be Removed/Demolished: 1,761 square feet
7. Existing Impervious Surface to Remain: 0 square feet
8. Total Onsite (within property boundary) Newly Constructed Impervious Surface (in square feet):

Buildings/Lots	64,103 SF
Impervious Pavement	75,712 SF
Pervious Pavement (total area / adjusted area w credit applied)	0 / 0
Impervious Sidewalks	41,519 SF
Pervious Sidewalks (total area / adjusted area w credit applied)	0 / 0
Other Reflecting pool, seat walls, transformer pads, signs.	2,733 SF
Future Development	127,425 SF
Total Onsite Newly Constructed Impervious Surface	311,492 SF

9. Total Onsite Impervious Surface
(Existing Impervious Surface to remain + Onsite Newly Constructed Impervious Surface) 311492 SF square feet
10. Net Change in Onsite Impervious Surface (+ for net increase, - for net decrease) +309,731 SF square feet
11. Project percent of impervious area: (Total Onsite Impervious Surface / Total Project Area) x100 = 82 %
12. Total Offsite Newly Constructed Impervious Area (in square feet):

Impervious Pavement	563 SF
Pervious Pavement (total area / adjusted area w credit applied)	0 / 0
Impervious Sidewalks	74 SF
Pervious Sidewalks (total area / adjusted area w credit applied)	0 / 0
Other (Describe)	0
Total Offsite Newly Constructed Impervious Surface	637 SF

13. Complete the following information for each Stormwater SCM drainage area. Low Density and Drainage Plan projects (with no permeable pavements) may omit this section and skip to Section V.

Basin Information	Type of SCM SCM #	Type of SCM SCM #	Type of SCM SCM #
Receiving Stream Name	Silver Stream Branch		
Receiving Stream Index Number	18-76-1-1		
Stream Classification	C; SW		
Total Drainage Area (sf)	988,703 SF		
On-Site Drainage Area (sf)	379,321 SF		
Off-Site Drainage Area (sf)	609,203 SF		
Buildings/Lots (sf)	64,103		
Impervious Pavement (sf)	75,712 SF		
Pervious Pavement (total / adjusted) (sf)	0 / 0	/	/
Impervious Sidewalks (sf)	41,519 SF		
Pervious Sidewalks (total / adjusted) (sf)	0 / 0	/	/
Other (sf)	2,733 SF		
Future Development (sf)	127,425 SF		
Existing Impervious to remain (sf)	0		
Offsite (sf)	637 SF		
Total Impervious Area (sf)	312,129 SF		
Percent Impervious Area (%)	82%		

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

V. SUBMITTAL REQUIREMENTS

Only complete application packages will be accepted and reviewed by the City. A complete package includes all of the items listed below. Copies of forms, deed restrictions, checklists as well as detailed instructions on how to complete this application form may be downloaded from the City of Wilmington Plan Review website below:

<https://www.wilmingtonnc.gov/departments/engineering/plan-review/stormwater-permits>

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

Please indicate that the following required information have been provided by initialing in the space provided for each item.

	Initials
1. One completed Stormwater Management Permit Application Form.	<input type="text" value="EFS"/>
2. One completed Supplement Form for each SCM proposed (signed, sealed and dated).	<input type="text" value="N/A"/>
3. One completed Operation & Maintenance agreement for each <u>type</u> of SCM.	<input type="text" value="N/A"/>
4. Proposed Deed Restrictions and Restrictive Covenants (for all subdivisions)	<input type="text" value="N/A"/>
5. Appropriate stormwater permit review fee.	<input type="text" value="TO BE PROVIDED BY NHC"/>
6. Minimum requirements identified on the Engineering Plan Review Checklist have been addressed.	<input type="text" value="EFS"/>
7. One set of calculations (sealed, signed and dated).	<input type="text" value="EFS"/>
8. A detailed narrative (one to two pages) describing the stormwater treatment/management system for the project.	<input type="text" value="EFS"/>
9. 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 ½ mile of the site boundary, include the ½ mile radius on the map.	<input type="text" value="EFS"/>
10. A copy of the soils report, if applicable. Must meet NCDEQ SCM Manual and MDC requirements for the type of SCM proposed. The report must include boring logs and a map of boring locations.	<input type="text" value="N/A"/>
11. One full set of plans <u>folded to 8.5" x 14"</u> .	<input type="text" value="N/A DIGITAL SUBMITTAL"/>
12. A map delineating and labeling the drainage area for each SCM proposed.	<input type="text" value="N/A"/>
13. A map delineating and labeling the drainage area for each inlet and conveyance proposed.	<input type="text" value="EFS"/>
14. A digital copy of the entire submittal package (can be submitted via flash drive, CD, email, dropbox or other file sharing system).	<input type="text" value="EFS"/>

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

I, _____, certify that I own the property identified in this permit application, and thus give permission to _____ with _____ 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 _____ 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: _____



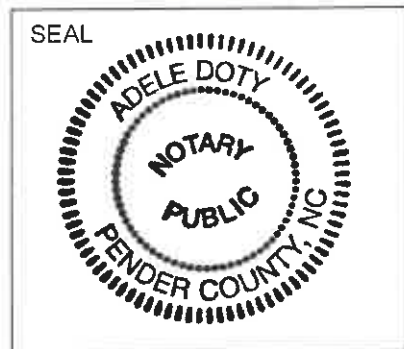
I, _____, a Notary Public for the State of _____, County of _____, do hereby certify that _____ personally appeared before me this day of _____ and acknowledge the due execution of the application for a stormwater permit. Witness my hand and official seal,

My commission expires: _____

VII. APPLICANT'S CERTIFICATION

I, Kevin Carson 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 rules under the City's Comprehensive Stormwater Ordinance.

Signature: [Handwritten Signature] Date: 10/12/2021



I, Adele Doty a Notary Public for the State of North Carolina County of Pender, do hereby certify that Kevin Carson personally appeared before me this day of Oct 12, 2021 and acknowledge the due execution of the application for a stormwater permit. Witness my hand and official seal,
[Handwritten Signature]
My commission expires: January 6, 2024