

DEWATERING PERMIT

THIS DEWATERING PERMIT IS REQUIRED FOR ALL OPERATIONS IN WHICH WATER WILL BE ULTIMATELY DISCHARGED OFFSITE.

PROJECT: _____ CONTRACTOR: _____ DATE: _____

CONTRACTOR COMPETENT PERSON RESPONSIBLE FOR OPERATION: _____
(COMPETENT PERSON - PRINT NAME)

I understand the expectations of this Dewatering Permit and the responsibility to implement the requirements.

(COMPETENT PERSON - SIGNATURE)

The location identified and the BMP's have been reviewed.

(APP - SIGNATURE)

BMP AS DETERMINED BY APP (INITIAL ONE):

<input type="checkbox"/> SEDIMENTATION BAG LOCATED ADJACENT TO STORM STRUCTURE	<input type="checkbox"/> SEDIMENTATION BAG LOCATED ON STONE PERCH	<input type="checkbox"/> OTHER (EXPLAIN BELOW)
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LOCATION OF DISCHARGE: _____

TYPE AND LOCATION OF WORK PERFORMED

LOCATION OF WORK: _____

TYPE OF WORK: _____

START TIME: _____ FINISH TIME: _____

EXPLANATION OF BMP UTILIZED

BMP CRITERIA

- YES NO Sedimentation bag utilized.
- YES NO Discharge location/sedimentation bag on stable level ground.
- YES NO Discharge location immediately adjacent to storm structure or approved ditch/basin
- YES NO BMP's in place and maintained properly downstream of discharge location.

PERMIT CLOSURE

I verify the above location has been examined and the BMP procedures have been followed.

(COMPETENT PERSON - SIGNATURE)

APP REPRESENTATIVE REVIEWED AREA: _____
(APP - SIGNATURE)

PERMIT CLOSURE: DATE: _____ TIME: _____