

Chief Executive Officer  
Lorraine Cochran-Johnson

**DEPARTMENT OF PLANNING & SUSTAINABILITY**

Director  
Juliana A. Njoku

**STATE WATERS DETERMINATION FORM**

SR# \_\_\_\_\_

FEE PAID:  YES  NO  NO FEE APPLIED

TO BE COMPLETED BY APPLICANT	Parcel I.D. Number: _____ Date: _____
	Site Address: _____
	Property Owner/Requested By: _____
	Name/Title of Agent: _____
	IF NOT OWNER, Requested By: _____
	Phone #: _____ Email: _____
	Address: _____

Type of Water Feature: \_\_\_\_\_ Site Visited By: \_\_\_\_\_

River  Stream  Creek  Branch  Lake  Reservoir  Pond  Drainage System  Spring  Well

Is there flow?  Yes  No (if yes)  Surface  Subsurface

Is there wretched edge vegetation?  Yes  No \_\_\_\_\_

Is there a defined channel?  Yes  No \_\_\_\_\_

Is it confined entirely on owner's property?  Yes  No \_\_\_\_\_

Are hydric soils present?  Yes  No \_\_\_\_\_

Is wetland vegetation present?  Yes  No \_\_\_\_\_

Final Determination:  State Waters \_\_\_\_\_  
 Buffers Required \_\_\_\_\_  
 No State Water observed \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**\*\*This form is only good for 12 months from Date Site Visited. Date Site Visited must be within 6 months of any Land Disturbing Activity Permit Application**