

Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Interim Director
Cedric Hudson

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**