

APPENDIX C

FORMS

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SIM FORM: 2014 (Simplified Approach for Stormwater Management)

Application _____

Building Permit # _____

Address _____

Residential/Commercial

Tax Lot # _____

(Circle One)

NRCS Soil Type or
Measured Infiltration Rate _____

Facility Sizing

Total Proposed New or Replaced Impervious Surface Area _____ → Box 1

Impervious Area Reduction

Permeable Pavements _____ sf

Eco-Roof _____ sf

Contained Planter _____ sf

Tree Credit _____ sf

Total Impervious Area Reduction _____ → Box 2

Total Impervious Area Requiring Stormwater Management _____ → Box 3

(Box 1 - Box 2)

Facility Sizing for Water Quality Only

Surface Facilities	Impervious Area Managed	Sizing Factor	Facility Surface Area
Rain Garden	_____ sf	x 0.05 =	_____
Stormwater Planter	_____ sf	x 0.03 =	_____
Swale	_____ sf	x 0.06 =	_____
Vegetated Filter Strip	_____ sf	x 0.2 =	_____
Sand Filter	_____ sf	x 0.03 =	_____

Facility Sizing for Water Quality and Flow Control

Surface Facilities	Impervious Area Managed	Sizing Factor	Facility Surface Area
Rain Garden	_____ sf	x 0.11 =	_____
Stormwater Planter	_____ sf	x 0.07 =	_____
Sand Filter	_____ sf	x 0.07 =	_____

Facility Sizing for Water Quality, Flow Control and Flood Control *** Only for use in Type A & B Soils

Surface Facilities	Impervious Area Managed	Sizing Factor	Facility Surface Area
Rain Garden	_____ sf	x 0.13 =	_____
Stormwater Planter	_____ sf	x 0.11 =	_____
Sand Filter	_____ sf	x 0.11 =	_____

Sum of Total
Impervious Area Managed Box 4

(Box 4 must be equal or greater than Box 3)

Point of Discharge (check one)

- Overflow to gutter (weephole)
- Overflow to public storm drain pipe
- Overflow to Open Drainage
- Subsurface Infiltration

2014 SIM FORM: Tree Credit and Rainwater Harvesting Worksheet

See "Tree Credits" section for more information regarding the use of trees to meet Stormwater Impervious Area Reduction.

New Evergreen Trees

To receive Impervious Area Reduction Credit, new evergreen trees must be planted within 25 feet of the new or replaced impervious surfaces. New trees cannot be credited against rooftop areas. Minimum tree height **(at the time of planting)** to receive credit is 6 feet

Enter number of new evergreen trees that meet qualification requirements in Box A

	Box A
	Box B

Multiply Box A by 200 and enter result in Box B

New Deciduous Trees

To receive Impervious Area Reduction Credit, new large deciduous trees must be planted within 25 feet of the new or replaced impervious surfaces and new small deciduous trees must be planted within 10 feet of new or replaced impervious surfaces. New trees cannot be credited against rooftop areas. Minimum tree caliper **(at the time of planting)** to receive credit is 2 inches.

Enter number of new deciduous trees that meet qualification requirements in Box C

	Box C
	Box D

Multiply Box C by 100 and enter result in Box D

Existing Tree Canopy

To receive Impervious Area Reduction Credit, existing large tree canopies must be within 25 feet and existing small tree canopies must be within 10 feet of ground-level impervious surfaces (cannot be credit against roof top surfaces). Existing tree canopy credited towards Impervious Area Reduction must be preserved during and after construction throughout the life of the development. Minimum tree caliper to receive credit is 4 inches. No credit will be given to existing tree canopy located within environmental conservation areas.

Enter square footage of existing tree canopy that meet qualification requirements in Box E.

	Box E
	Box F

Multiply Box E by 0.5 and enter result in Box F.

Total Tree Credit

Add Boxes B, D and F and enter the result in Box G

	Box G
	Box H
	Box I

Multiply Box 1 of Form SIM by 0.1 and enter the result in Box H.

Enter the lesser of Box G and H in Box I. (This is the amount to be entered as "Tree Credit" on Form SIM.)

SIM FORM 2014 Instructions

1. Enter square footage (sf) of total impervious area being developed into BOX 1.
2. Enter square footage (sf) for impervious area reduction techniques.
3. Enter sum of the impervious area reduction techniques into BOX 2.
4. Subtract BOX 2 from BOX 1 to find BOX 3, the amount of impervious area that requires stormwater management.
5. Select appropriate stormwater management facilities.
6. Enter the square footage of impervious area managed that will flow into each facility type.
7. Multiply each impervious area managed by the corresponding sizing factor. Enter this area as the facility surface area, This is the size of facility required to manage runoff
9. Where selecting facilities that will overflow, select the point of discharge location.
10. Enter the sum of the total of all the impervious area managed into BOX 4. BOX 4 must be greater than or equal to BOX 3.

After Recording Return To:
Name:
Address:

Place Label Recording Here

Notice of Operation and Maintenance Plan

The undersigned owner(s), hereby gives notice that stormwater runoff from impervious surfaces constructed on the premises described below require stormwater management facilities located, design and constructed in compliance with The City of Eugene’s Stormwater Management Manual.; and shall be operated and maintained in accordance with the “Operations and Maintenance Plan” to be placed on file with the City of Eugene.

References are made to said plan for all terms, conditions, provisions and particulars thereof which are hereby incorporated by reference as though fully set forth herein.

The requirement to operate and maintain this facility in accordance with the on-file Operations & Maintenance Plan is binding on all current and future owners of the property. The Operations & Maintenance Plan may be modified under written consent of new owners with written approval by and re-filing with the City. The Operations & Maintenance Plan for facilities constructed pursuant to this notice are available at the Eugene Public Works Department, located at 1820 Roosevelt, Eugene, Oregon, between the hours of 8 a.m. and 5 p.m., Monday through Friday. Call (541)682-4800.

The on-going operational, maintenance and financial responsibility of the stormwater facility(ies) shall be the responsibility of (*check one*).

Homeowner’s Association Property Owner Account
 Other (*described*) _____

The Subject premises, is legally described as follows:
(Map and taxlot numbers are not legal descriptions)

This instrument is intended to be binding upon the parties hereto, their heirs, successors and assigns.

In Witness whereof, the undersigned has executed this instrument on this _____ day of _____, 20____.

Owner(s):

Signature _____
Print name _____

STATE OF OREGON,
County of Lane, ss:

This instrument was acknowledged before me this _____ day of _____
20_____ by _____, Owner(s) of the
above described premises.

Notary Public For Oregon

My Commission Expires

**FORM O & M: OPERATIONS & MAINTENANCE PLAN
REQUIRED IN ACCORDANCE WITH THE CITY CODE**

Project Building Application No. _____

Owner's Name: _____

Phone No. _____

Mailing Address: _____

Site Address: _____

Site Map and Tax lot No. _____

Requirements

- 1) Stormwater Management Site Plan, (min. 8 ½" x 11" attached to this form) showing the location of the facility(ies) in relation to building structures or other permanent monuments on the site, sources of runoff entering the facility(ies), and where stormwater will be discharged to after leaving the facility(ies).

The stormwater management facility(ies) shown on the site plan are a required condition of building permit approval for the identified property. The owner of the identified property is required to operate and maintain the facility(ies) in accordance with the Operations and Maintenance (O&M) Plan on file with the City. The O&M Plan for the facility(ies) is/are available at the Public Works Department, located at 1820 Roosevelt, Eugene, Oregon between the hours of 8 a.m. and 5 p.m., Monday through Friday. Call (541)(682-4800).

- 2) Description of the financial method used to cover future operations and maintenance. *Check One*

Homeowner's Association Property Owner Account

Other (*described*) _____

- 3) Party(ies) responsible for maintenance (only if other than owner).

Daytime Phone no. (____) ____-____

Emergency/After-hours contact phone no. (____) ____-____

Maintenance Contact party(ies) Name & Address:

- 4) Maintenance practices and schedule for the stormwater facility is included in the facility-specific O&M Plan filed with the Public Works Department, City of Eugene. The operation and maintenance practices are based on the publication date of the City of Eugene's Stormwater Management Manual.

Preparation Date: _____, 20__

Revision Date: _____, 20__

Estimated Date of Installation _____, 20__

By signing below, filer accepts and agrees to the terms and conditions contained in the operations & maintenance plan and in any document executed by filer and recorded with it.

Signature of Filer: _____

Print Name: _____

STORMWATER MANAGEMENT FACILITY INSPECTION & MAINTENANCE LOG

Property Address:

Inspection Date:

Inspection Time:

Inspected By:

Type of Stormwater Management Facility:

Location of Facility on Site (In relation to buildings or other permanent structures):

Water levels and observations (ponded water, Oil sheen, smell, etc.):

(Approximate Date/Time of Last Significant Rainfall):

Sediment accumulation & areas of erosion. Record sediment removal/erosion repair:

What is the current condition of vegetation? Record survival rates, invasive species present, number of dead plants, etc.) Record any replacement plants and type of vegetation management (mowing, weeding, etc.)

What is the condition of physical properties such as inlets, outlets, piping, fences, and irrigation facilities? Record maintenance performed and replacement activities:

Presence of insects or damage from animals. Record control activities:

Identify safety hazards present. Record resolution activities:

For assistance please call Public Works Maintenance at 541-682-4800.

DISCHARGE AUTHORIZATION REQUEST

for Source Control(s)

Discharge Authorizations are required for source controls in areas that have site characteristics and facility uses that have activities at risk for source point pollutant releases that are regulated or prohibited by local, state and federal regulations.

NOTE: A separate Authorization shall be filled out for each activity area, and Special Requests are available on the second page of this form.

GENERAL INFORMATION (to be completed for all Discharge Authorization Requests)

Applicant's Name: _____ Date: _____

Facility Name: _____ Owner/Operator Name: _____

Facility Address: _____

Business Mailing Address: _____

Phone No.: _____ Type of business/facility: _____

Building Permit No. (if applicable): _____

SOURCE CONTROL INFORMATION

Installation of Source Control(s) are a result of:

- Tenant Improvements to an existing facility and/or building.
- New Development of a site or property that was unimproved.
- Re-Development of a site or property that had prior uses.
- Code Compliance in response to local, state or federal notification.
- Other: _____

Proposed Source Control(s) (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Oil/Water Separator | <input type="checkbox"/> Containment Area |
| <input type="checkbox"/> Dock Leveler Pit with Retrofit | <input type="checkbox"/> Sedimentation Manhole with Retrofit |
| <input type="checkbox"/> Wall Valve for Containment Area | <input type="checkbox"/> Discharge Line Shut-Off Valve |
| <input type="checkbox"/> Collection Device/ Structure | <input type="checkbox"/> Cooling Towers |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

[NOTE: Additional City approved "Standard Maintenance" appendices will be required for each Source Control listed above, or provide a vendor's Maintenance document (if available). Contact PW at 541-682-5291 for applicable appendices.]

Describe the site activity (ies) the source control(s) apply to:

Attach a site plan with the location of the Source Control. Be sure to identify the location in reference to a permanent structure, for assistance in field verification. *(A hand-drawn sketch, not to scale, is acceptable as long as it is legible.)*

SPECIAL REQUEST (check only if applicable)

- Request to remove or abandon existing source control(s).
- Request to propose alternative source control(s).
- Request to ADJUST source control requirement(s).
- Request for review of ADJUSTMENT qualifications.

Please provide a brief explanation (Use additional pages if necessary.):

TO BE COMPLETED BY CITY:

- Approved Denied

Date: _____ Signature: _____ Dept.: _____

Comments: _____

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