



**Summit Soil & Water
Conservation District**
1180 S Main Street, Ste. 241
Akron, OH 44301
Phone: (330) 929-2871
Email: staff@summitoh.net
Website: <https://sswcd.summitoh.net>

**Storm Water
Pollution
Prevention Plan
(SWPPP)
Application**

-For Summit SWCD Use Only-

Date Submittal Received Fee Received

Site Information

Site Name Phase NPDES#

If applicable

Location Parcel #
(if applicable) (Include address or
description and township, city or village)

Watershed Site Type
(Cuyahoga, Tinkers Creek...) (Residential, commercial, government)

Total Site Acreage Total Disturbed Acreage (Includes clearing, grubbing, excavating, filling, off-site borrow areas)

Total Number of Sublots Prior Land Use

Post Construction Long Term Maintenance Agreement Yes or No

Contact Information

Professional Engineer/Plan Preparer Contractor

Site Owner or Developer Builder

Additional Site Information

Site Entrance
Street Name

Geographical coordinates

Latitude (Decimal Degree) Longitude (Decimal Degree)

Post Construction WQ Practice #1

N		W	
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Post Construction WQ Practice #2

N		W	
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Post Construction WQ Practice #3

N		W	
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Post Construction WQ Practice #4

N		W	
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Storm Water Outfall to MS4

N		W	
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Storm Water Outfall to MS4

N		W	
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Storm Water Outfall to MS4

N		W	
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N		W	
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Email Post Construction WQ Practice Details to: staff@summitoh.net

**Setbacks, Easements or Other Restrictions
(Riparian, Wetland) Please Describe**

Are there jurisdictional wetlands or streams on the site that will be impacted or disturbed? If yeas, date of jurisdictional determination. Include copy of delineation and letter from USACE or OEPA.

List all Permits Obtained for this project.

THE OWNER OF THE DEVELOPMENT AND /OR UNDERSIGNED, DO HEREBY COVENANT AND AGREE TO COMPLY WITH ALL OF THE LAWS OF THE STATE OF OHIO AND THE REGULATIONS OF THE COUNTY OF SUMMIT, PERTAINING TO EARTHWORK (INCLUDING EROSION/ SEDIMENT CONTROL AND WATER QUALITY REQUIREMENTS) AND THE SAID CONSTRUCTION WILL BE IN ACCORDANCE WITH PLANS AND SPECIFICATIONS SUBMITTED HERewith AND CERTIFY THAT THE INFORMATION AND STATEMENTS GIVEN ON THE APPLICATION ARE TRUE.

APPLICATION BY _____ ADDRESS _____
Print No. Street and Zip

SIGNATURE _____ PHONE: _____ EMAIL _____