

## Neuse Nutrient Reporting Form

Please complete and submit the following information to the local government permitting your development project to characterize it and assess the need to purchase nutrient offsets. Contact and rule implementation information can be found online at <http://portal.ncdenr.org/web/wq/ps/nps/nutrientoffsetintro>.

PROJECT INFORMATION							
Applicant Name :							
Project Name:							
Project Address (if available): Street: _____ City/Town: _____ County: _____							
Date: (mo/d/yr)		Project Location:	Lat: (decimal degrees)		Long: (decimal degrees)		
Is this Redevelopment? <input type="checkbox"/> - Yes <input type="checkbox"/> - No		Development Type (Please check all that apply)					
Impervious Cover (%): (Pre-Construction)		<input type="checkbox"/> Commercial	<input type="checkbox"/> Mixed-Use		<input type="checkbox"/> Single Fam. Residential		
Impervious Cover (%): (Post-Construction)		<input type="checkbox"/> Industrial	<input type="checkbox"/> Duplex Residential		<input type="checkbox"/> Multi-Fam. Residential		
<input type="checkbox"/> Institutional							
WATERSHED INFORMATION							
12- Digit Watershed ID: ( <a href="#">See online map</a> )				New Development Load Requirements (See individual rules for a full description of nutrient requirements.)			
Nutrient Strategy		Loading Rate Targets Nitrogen (N)			Offsite Thresholds		
<input type="checkbox"/>	03020201	Neuse	3.6 N lb/ac/yr;		6 N lbs/ac – Residential; 10 N lbs/ac Commercial		
NUTRIENT OFFSET REQUEST (Must meet the offsite thresholds – see above)							
Nitrogen Loading / Offset Needs							
(A) Untreated Loading Rate (lbs/ac/yr)	(B) Treated Loading Rate (lbs/ac/yr)	(C) Loading Rate Target (lbs/ac/yr)	(D) Reduction Need (lbs/ac/yr) B - C	(E) Project Size (ac)	(F) Offset Duration (yrs)	(G) State Buy Down Amount (lbs) D * E * F	
					30		
Control of Peak Stormwater Flow (1 year 24 hour design storm)							
Calculated Predevelopment Flow			Calculated Post Development Flow			Flow Control Method	
_____			_____			_____	
Authorizing Local Government Name:							
Staff Name:							
Staff Email:				Phone:			
_____				_____		_____	