



STORMWATER MANAGEMENT NOTICE OF CONSTRUCTION COMPLETION FORM (NOCC)

JURISDICTION: **ST. MARY'S COUNTY, MD**

PROJECT INFORMATION

NAME/STRUCTURE ID: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Tax Map _____ Block _____ Parcel _____ LUGM# _____ DPW&T# _____

MARYLAND 8 DIGIT WATERSHED CODE: _____

Location: NAD 83Coordinates (ft)	Easting (x) _____	Northing (y) _____	conversion to _____→	Latitude (x) _____	Longitude (y) _____
-------------------------------------	----------------------	-----------------------	-------------------------	-----------------------	------------------------

CONSTRUCTION PURPOSE: ☐ Conversion of Existing BMP (CONV) /Existing BMP Type _____

☐ New Development (NEWD) ☐ Restoration (REST) ☐ Redevelopment (REDE)

Implementation Cost: _____

LAND USE: Category: _____ Subcategory: _____ FACILITY SITE LOCATION: _____

BMP CLASS	BMP TYPE
<input type="checkbox"/> (A) ALTERNATIVE PRACTICES	
<input type="checkbox"/> (E) ENVIRONMENTAL SITE DESIGN	
<input type="checkbox"/> (S) STRUCTURAL PRACTICES	

Facility Drainage Area (Ac): _____
Total Project Area (Ac): _____
Major Drainage Area ID # _____
Sub Drainage Area ID # _____
RCN: _____

Pe (in.) Treated Prior to Conversion (if applicable): _____
Pe REQ (in): _____
Pe Provided (in.) Rainfall treated for water quality (WQt): _____
EIA (Equivalent Impervious Area) (Ac): _____
Impervious Drainage Area (Ac.) _____

ALTERNATIVE BMP:	Input Amount With Units: _____
------------------	--------------------------------

(Includes: Stream restoration, shoreline management, the elimination of discovered nutrient discharges from grey infrastructure, tree planting in riparian and urban areas, landcover conversions, floating treatment wetlands and street sweeping.)

TN Load Reduction Total: _____ TP Load Reduction Total: _____ TSS Load Reduction Total: _____

Pretreatment Practices:

Product Name: _____ Manufacturer: _____ Model# _____

☐ Other (Description): _____

Name: _____ Title: _____ Company: _____

Authorized Signature: _____ Ph: _____

OFFICIAL USE ONLY		
PERMIT ISSUANCE DATE: _____	AS-BUILT APPROVAL DATE: _____	FINAL INSPECTION DATE: _____
REVIEWED BY: _____	AUTHORIZED SIGNATURE: _____	
	NAME: _____	DEPT: _____
	TITLE: _____	BMP ID# _____