

WASHINGTON COUNTY STATE OF ARKANSAS

Office of Environmental Affairs & Recycling

Stormwater Permit Application

	Date:
Permittee Information:	
Name:Mailing Address:	PrivateState
Telephone Number:Fax Number:	Public Other
Contractor Information: (if different from	m permittee)
Name:Telephone Number:	
Project Site Location:	
Project Name:	Phone Number:
Project Latitude: degrees Project Longitude: degrees	
Discharge Information:	
_	
Facility/ Site Permit Application:	
NPDES SWP3 Permit number (if applica circle one: General or Individual	lan (SWPPP) been filed with ADEQ? ble): with ADEQ (i.e. air, mining, etc.)



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_	ant Official: :	Phone Number:	
unince	orporated areas of Washington County a	is office only if project falls within the urbanized/ and meets the other requirements of the vention, Grading, and Erosion Control Regulation	
Permi	t Requirement Checklist:		
	Submittal of Grading Plans (if applicable) Submittal of Erosion Control Plans Submittal of Required Permit Fee		
Office Storm	e Use: water Permit Issued (date):	Issued by:	
Stormwater Permit Number:		Notes:	