



STORMWATER USER FEE ALTERNATE RATE CLASS APPLICATION FORM AND INSTRUCTIONS



APPLICANT NAME

Applicant Name: _____

Applicant Address: _____

Applicant Address: _____

Applicant Phone: _____

Applicant Fax: _____

Facility Operator Name & Contact Information: _____

PERMITTED DISCHARGE INFORMATION

IDEM Permit #: _____

Discharge Type:

Stormwater Only

Stormwater and Treated Wastewater

Number of discharge outfalls approved by permit: _____

ALTERNATE RATE CLASS REQUESTED

Alternate Rate Class A:

IDEM permitted stormwater discharge to watercourse inside City of Lafayette corporate limits
Total Square Footage/ Acreage Qualifying for Alternate Rate Class A: _____

Alternate Rate Class B:

IDEM permitted stormwater discharge to watercourse outside City of Lafayette corporate limits
Total Square Footage/ Acreage Qualifying for Alternate Rate Class B: _____

Other/Exemption:

Total Wastewater Process Treated (to city) Square Footage/ Acreage Qualifying for
Exemption: _____

REQUIRED APPLICATION MATERIALS

In addition to application form, please provide copies of the following documents and necessary attachments:

- A. IDEM (NPDES) Permit Certification and permit compliance reporting demonstrating the applicant is in good standing with permit conditions and compliance with permit requirements
- B. A completed "Discharge Information Sheet" for each approved discharge outfall requested for an Alternate Rate Class
- C. Additional applicant provided maps, engineering drawings and/or illustrations necessary for clarification of application request or IDEM permit information

Subsequent permit compliance report and certification shall be submitted by a Non-Residential Property owner on an agreed anniversary date filed with the City. Continued permit compliance is a basis for qualification to be eligible for the alternate rate class monthly Stormwater Service Charge set forth in this Section 8.08.860.

Return completed forms and attachments to:

City Engineering Department
Attn: Stormwater Utility Coordinator
20 N. 6th Street
Lafayette, IN 47901

Incomplete applications will not be processed.

FACILITY OPERATOR RESPONSIBILITY STATEMENT

By signing this application, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Printed Name of Facility Operator: _____

Signature of Facility Operator: _____ Date: _____



**STORMWATER USER FEE
ALTERNATE RATE CLASS
DISCHARGE INFORMATION SHEET**

City of Lafayette Engineering Department

OFFICE USE ONLY

APPROVED:

DATE:

RATE CLASS: A B Exemption



PLEASE PROVIDE SKETCH OF OUTFALL DISCHARGE LOCATION IN BLANK AREA ABOVE

PLEASE PROVIDE OR ATTACH A MAP OF THE FACILITY ILLUSTRATING THE FOLLOWING:

1. MAP OF FACILITY AND PERMITTED OUTFALL DISCHARGE POINT
2. CLEARLY DELINEATED DISCHARGE TRIBUTARY LAND AREA
3. PROPERTY PARCEL BOUNDARIES AND IDENTIFICATION NUMBERS
4. APPLICANT'S IMPERVIOUS SURFACE AREA CONTRIBUTING TO OUTFALL DISCHARGE

IDEM PERMIT #:

Discharge Identification #:

Physical Discharge Location: Lat. N ____ ° ____ ' ____ " Long. W ____ ° ____ ' ____ "

Is Permitted Discharge: Inside Lafayette Corporate Limits? Outside Corporate Limits? (CHECK ONLY ONE)

Impervious Surface Area (ISA) Contributing to Outfall Discharge: (Sq. Ft.)

Number of Equivalent Residential Units (ERUs) Contributing to Outfall Discharge: (ISA Sq. Ft./3,200 Sq. Ft.)

Date:

(COPY AND ATTACH EXTRA SHEETS FOR EACH ADDITIONAL DISCHARGE OUTFALL AS NECESSARY)