

AFFIDAVIT OF NON-APPLICABILITY

Legal Name of Respondent

Hereby certifies that I am the owner of or the authorized representative for certain real property located within the Township of Clark as identified below.

I further certify and declare that none of the stormwater management devices described in Borough Code, Chapter 306-10. D. are in use on the real property that I own. To be clear, my real property does not contain any drywells, vegetative swales, porous pavement, infiltration basins, detention basins, wet ponds, rain gardens, bioretention basins or manufactured treatment devices.

Chapter 306-10. D. affects properties where certain stormwater management facilities were installed to control stormwater. The owners of such properties may be required to obtain a permit and to perform quarterly or annual facility maintenance and to keep maintenance records to comply with Township of Clark and New Jersey Department of Environmental Protection ordinances and regulations. I am also aware that the failure to abide by the provisions of Ordinance No. 17-24 may result in serious penalties.

BUSINESS ADDRESS: _____

LOT _____ BLOCK _____

Street Address

Municipality

State

Zip

Telephone No.

Fax No.

I certify, under penalty of law, that the information provided in this affidavit is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including fines and/or imprisonment.

Signature: _____ Date: _____

Printed Name & Title: _____

Subscribed and sworn to Before me this _____ Day of _____ 20_____

Notary Public (State of New Jersey)

My Commission Expires _____

Notary

Application No. _____

Fee _____

Permit Application
Stormwater Management Facilities
Maintenance Plan & Inspection Annual Reporting

Development Name: _____

Address: _____

Block(s) _____ Lot(s) _____

Parcel Deed Book # _____ Page # _____ Date Filed _____

Responsible Party: _____

Address: _____

Contact Person(s): _____ Phone: _____

Email _____

Property Owner: _____

Address: _____

Contact Person(s): _____ Phone: _____

Prepared by: _____

Signature _____ Date: _____

Inventory of Stormwater Management Measures

Owner _____ Block _____ Lot _____

Address _____

All stormwater management measures incorporated into this development shall be listed below. The Field Manuals for the stormwater management measures are located in Part II of the Maintenance Plan. For a description of all stormwater maintenance requirements, visit the NJDEP website at njstormwater.org and click on "Maintenance Guidance" in the menu.

BMP Type	Quantity	Location Description	Per Unit Fee	Total Fee
Drywell up to 1,000 cubic feet of Storage	_____	_____	\$ 50	\$ _____
Drywell over 1,000 cubic feet of Storage	_____	_____	\$ 250	\$ _____
Vegetative Swales	_____	_____	\$ 250 for the first 100 linear feet \$ 50 for each additional 100 feet	\$ _____
Infiltration Basin Above Ground	_____	_____	\$ 500	\$ _____
Infiltration Basin Below Ground	_____	_____	\$ 750	\$ _____
Detention Basin Above Ground	_____	_____	\$ 500	\$ _____
Detention Basin Below Ground	_____	_____	\$ 750	\$ _____
Wet Pond	_____	_____	\$ 750	\$ _____
Rain Garden	_____	_____	\$ 50	\$ _____
Bioretention Basin	_____	_____	\$ 750	\$ _____
Porous Pavement Pervious Surface	_____	_____	\$ 500	\$ _____
Constructed Wetland	_____	_____	\$ 750	\$ _____
Manufactured Treatment Device	_____	_____	\$ 500	\$ _____
Total Permit Fee				\$ _____

Attest by Owner

Signature

VEGETATIVE SWALES

20 __ Maintenance Log for Stormwater Management Facilities

Name of Facility: _____

Location/Address: _____

Clark ID #: _____

Submission For: (Select One)	
<input type="checkbox"/>	1 st Quarter
<input type="checkbox"/>	2 nd Quarter
<input type="checkbox"/>	3 rd Quarter
<input type="checkbox"/>	4 th Quarter

VEGETATIVE SWALES (Broad Shallow Channels)												
Preventative Maintenance		Date:										
		(X) = Complete										
Lawn/Vegetative Area:												
	Cutting											
	Maintenance											
	Pest Control											
	Grass Bottom											
Trash and Debris Removal:												
	Inlets											
	Grass Bottom											
Sediment Removal:												
	Inlets											
Mechanical Components												
	Other											
Corrective Maintenance												
Structural Repair												
Fence Repair												
Erosion Repair												
Other												
Comments:												
(Indicate any repairs which were completed)												

Inspection reports can be mailed to Clerks office at 430 Westfield Ave., Clark, NJ 07066 or faxed to Clerk at (732)-388-1241, or emailed to clerk@ourclark.com

DETENTION BASIN

20 __ Maintenance Log for Stormwater Management Facilities

Name of Facility: _____

Location/Address: _____

Clark ID #: _____

Submission For: (Select One)	
<input type="checkbox"/>	1 st Quarter
<input type="checkbox"/>	2 nd Quarter
<input type="checkbox"/>	3 rd Quarter
<input type="checkbox"/>	4 th Quarter

DETENTION BASIN											
Preventative Maintenance	Date:										
	(X) = Complete										
Lawn/Vegetative Area:											
	Cutting										
	Maintenance										
	Pest Control										
Trash and Debris Removal:											
	Trash rack/outlets										
	Channels										
	Inlets										
	Slopes/Ramps										
Sediment Removal:											
	Trash rack/outlets										
	Channels										
	Inlets										
	Slopes/Ramps										
	Filter Cartridges										
Mechanical Components											
	Fence Gates/Locks										
	Filter Cartridges										
	Other										
Corrective Maintenance											
Structural Repair											
Fence Repair											
Erosion Repair											
Other											
Comments:											
(Indicate any repairs which were completed)											

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BIORETENTION BASIN

20 __ Maintenance Log for Stormwater Management Facilities

Name of Facility: _____

Location/Address: _____

Clark ID #: _____

Submission For: (Select One)	
<input type="checkbox"/>	1 st Quarter
<input type="checkbox"/>	2 nd Quarter
<input type="checkbox"/>	3 rd Quarter
<input type="checkbox"/>	4th Quarter

BIORETENTION BASIN (Incl. treatment areas of grass, sand beds, small ponds, organic or mulch layers, plantings)											
Preventative Maintenance		Date:									
		(X) = Complete									
Lawn/Vegetative Area:											
	Cutting										
	Maintenance										
	Pest Control										
	Planted Bottom										
Trash and Debris Removal:											
	Trash rack/outlets										
	Underdrains										
	Inlets										
	Slopes/Ramps										
	Rip-Rap										
Sediment Removal:											
	Trash rack/outlets										
	Underdrains										
	Inlets										
	Slopes/Ramps										
	Rip-Rap										
Mechanical Components											
	Fence Gates/Locks										
	Other										
Corrective Maintenance											
Structural Repair											
Fence Repair											
Erosion Repair											
Other											
Comments:											
(Indicate any repairs which were completed)											

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INFILTRATION BASIN

20 __ Maintenance Log for Stormwater Management Facilities

Name of Facility: _____

Location/Address: _____

Clark ID #: _____

Submission For: (Select One)	
<input type="checkbox"/>	1 st Quarter
<input type="checkbox"/>	2 nd Quarter
<input type="checkbox"/>	3 rd Quarter
<input type="checkbox"/>	4 th Quarter

INFILTRATION BASIN (Incl. dry wells, seepage pits, recharge basins and ponds)												
Preventative Maintenance		Date:										
		(X) = Complete										
Lawn/Vegetative Area:												
	Cutting											
	Maintenance											
	Pest Control											
	Sand Layer											
Trash and Debris Removal:												
	Trash rack/outlets											
	Underdrains											
	Inlets											
	Slopes/Ramps											
	Rip-Rap											
Sediment Removal:												
	Trash rack/outlets											
	Underdrains											
	Inlets											
	Slopes/Ramps											
	Rip-Rap											
Mechanical Components												
	Fence Gates/Locks											
	Filter Cartridges											
	Other											
Corrective Maintenance												
Structural Repair												
Fence Repair												
Erosion Repair												
Other												
Comments:												
(Indicate any repairs which were completed)												

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WET POND

20 __ Maintenance Log for Stormwater Management Facilities

Name of Facility: _____

Location/Address: _____

Clark ID #: _____

Submission For: (Select One)	
<input type="checkbox"/>	1 st Quarter
<input type="checkbox"/>	2 nd Quarter
<input type="checkbox"/>	3 rd Quarter
<input type="checkbox"/>	4 th Quarter

WET PONDS (Incl. Retention Basins)												
Date:												
		(X) = Complete										
Preventative Maintenance												
Lawn/Vegetative Area:												
	Cutting											
	Maintenance											
	Pest Control											
	Weed Removal											
Trash and Debris Removal:												
	Trash rack/outlets											
	Pond											
	Inlets											
	Rip-Rap											
Sediment Removal:												
	Trash rack/outlets											
	Inlets											
	Rip-Rap											
Mechanical Components												
	Fence Gates/Locks											
	Aeration Equipment											
	Perm Pool Level											
	Other											
Corrective Maintenance												
Structural Repair												
Fence Repair												
Erosion Repair												
Other												
Comments:												
<small>(Indicate any repairs which were completed)</small>												

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Permeable Pavement Maintenance Inspection Checklist

Address of Property _____

Inspector:		
Date:		
Time:		
Weather: Rainfall over previous 2-3 days?		
Site Conditions:		
Owner change since last inspection:	Y	N

Mark items in the table below using the following key:

- X Needs immediate attention
- Not Applicable
- ✓ Okay
- ? Clarification Required

Porous Pavement Components:

Items Inspected	Checked		Maintenance Needed		Inspection Frequency
	Y	N	Y	N	
PAVEMENT SURFACE					M
1. Signs of clogging (e.g. standing water)?					
2. Debris (mulch, trash) accumulation?					
3. Sediment accumulation?					
4. Standing water present?					
ADJACENT AREAS					A, AMS
5. Erosion from underdrain?					
6. Exposed soil in areas discharging or adjacent to the porous pavement area?					
7. Is porous pavement adversely affected by any adjacent site feature?					
DEWATERING					A, AMS
8. Does runoff discharge from pavement area 24 to 48 hours after the end of the storm event?					
OUTLETS/OVERFLOW SPILLWAY					A, AMS
9. Is outlet for storm sewer system free from debris and in good working order?					
OTHER					A
10. Have there been complaints from residents?					
11. Any public hazards noted?					
12. Other (Describe on next page)?					

Inspection Frequency Key A= Annual, M= Monthly, AMS= After Major Storm

