

Virginia Department of Environmental Quality
Urban Stream Restoration Design Certification – Stormwater Local Assistance Fund

(Please Type or Print All Information)

1. Project Information:

Project Name as it appears on the SLAF Application: _____

Project Name & Date (as it appears on the plans): _____

Project Specifications Title & Date: _____

Address (if available): _____

City: _____ State: _____ Zip: _____ County (if not located within a City): _____

Latitude (decimal degrees): _____ Longitude (decimal degrees): _____

2. Project Owner:

Owner: _____ Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email address: _____

3. Project Engineer:

Name: _____ Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email address: _____

4. Design Certification:

Watershed size (ac), % Imp. Cover & % Managed Turf: _____

Type of Priority Restoration: **P1** **P2** and/or **P3**

Methodology for estimation of Pollutant Load Reduction (check all that apply): Protocol **1** **2** **3** **4** **5**

Length of Restoration: _____

Does the restoration meet the Core Qualifying Conditions described in Section 3.1.1 (page 55) of *A Unified Guide for Crediting Stream and Floodplain Restoration Projects in the Chesapeake Bay Watershed*, September 17, 2021? Y/N : _____

Please explain:

The certification statement on the following page must be signed and sealed by a licensed professional engineer registered in the Commonwealth of Virginia.

Design Professional Certification

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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that the Stream Restoration design, pollutant crediting computations, and hydrologic & hydraulic computations herein are in compliance with the DEQ Clean Water Financing & Assistance Program SLAF Guidelines, the Stormwater Management Act and attendant regulations, the Erosion and Sediment Control Law and attendant regulations, and applicable DEQ and EPA Bay Program TMDL design and crediting guidance.

Design Professional Name: _____

Signature: _____ License No.: _____

**Instructions for Completing the
Urban Stream Restoration Design Certification – Stormwater Local Assistance Fund**

GENERAL

A Urban Stream Restoration Design Certification must be submitted to the Department with a copy of the final construction plans, specifications, design (H&H) computations and pollutant credit computations for the project.

All design certifications should be submitted to:

**Clean Water Financing and Assistance Program
Department of Environmental Quality
1111 East Main Street
P.O. Box 1105
Richmond, VA 23218**

LINE-BY-LINE INSTRUCTIONS

Item 1: Project Information.

Provide the project name and date as it appears on the construction plans. Provide title and date as it appears on the project specifications. Provide the closest physical address to the point of access to the project, and the County or City name in which the project is located. Provide the latitude and longitude in decimal degrees of the approximate center of the project.

Item 2: Project Owner.

Provide the Municipal legal name (do not use a colloquial name), and the project proponent contact name, mailing address, telephone number, and email address.

Item 3: Project Engineer.

Provide the name, company name, mailing address, telephone number, and email address of the project design engineer. The Urban Stream Restoration Design Certification on page 2 of 3 must be signed and sealed by this person.

Item 4: Design Certification.

- Provide the watershed size (in acres), and the percent of impervious land cover and managed turf land cover in acres.
- Identify the appropriate 'Priority' type of restoration:
 - **Priority 1:** The existing incised channel is filled and the new stable channel geometry and meander is built to reconnect the stream to the existing (historic) floodplain.
 - **Priority 2:** The historic floodplain is excavated to an appropriate width adjacent to the new channel geometry and meander to connect the bankfull flows to a new floodplain.
 - **Priority 3:** Combination of Priority 1 and Priority 2 design (based on grade controls or other features that limit the design).
- Identify the applicable Pollutant Crediting Protocol; Refer to Chesapeake Bay Program:
 - **Protocol 1:** Credit for prevented sediment during storm flow (TN, TP, and sediment)
 - **Protocol 2:** Credit for Instream and riparian nutrient processing within the effective hyporheic zone during base flow (TN only)
 - **Protocol 3:** Credit for floodplain reconnection volume (TN, TP, & sediment)
 - **Protocol 4:** Credit for Dry channel *Regenerative Stormwater Conveyance* BMP (TN, TP, and sediment)
 - **Protocol 5:** Credit for Outfall & Gully Stabilization Practices (TN, TP, and sediment)
- Provide the length of restoration in linear feet
- Indicate whether the restoration meets the core qualifying conditions with Yes or No. Using the space provided, include a description of the project as it relates to the application of the core qualifying conditions
- A licensed professional engineer registered in the Commonwealth of Virginia (identified in Item #3) is responsible for signing and sealing the Best Management Practice (BMP) Design Certification. Provide an original signed and dated licensed professional engineer's seal.