**Neuse, Tar-Pamlico, and Falls Lake Developer Nutrient Reporting Form**

(Note: A separate form is available for Jordan Lake Watershed reporting.)

Please complete and submit the following information to the local government permitting your development project to characterize it and assess the need to purchase nutrient offsets. Contact and rule implementation information can be found online at <http://portal.ncdenr.org/web/wq/ps/nps/nutrientoffsetintro>.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PROJECT INFORMATION** *(for use in Neuse, Tar-Pamlico, or Falls Lake)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Name :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Address** *(if available):* Street: City/Town: County: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** *(mo/d/yr)* | | | | | | | | | | | | **Project Location:** | | | | | | **Lat:** *(decimal degrees)* | | | | | | | | **Long:***(decimal degrees)* | | | | | |
| **Is this Redevelopment?**  - Yes  - No | | | | | | | | | | | | **Development Type** *(Please check all that apply)* | | | | | | | | | | | | | | | | | | | |
| **Impervious Cover (%):** *(Pre-Construction)* | | | | | | | |  | | | |  | | | | | Commercial  Industrial  Institutional | | | |  | | Mixed-Use  Duplex Residential | | | | | |  | Single Fam. Residential  Multi-Fam. Residential | |
| **Impervious Cover (%):** *(Post-Construction)* | | | | | | | |  | | | |
| **WATERSHED INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12- Digit Watershed ID:** *(*[*See online map*](http://portal.ncdenr.org/web/wq/nutrient-offset-watershed-information?p_p_id=15)*)* | | | | | | | | | | | | | | | | | | **New Development Load Requirements** *(See individual rules for a full description of nutrient requirements.)* | | | | | | | | | | | | | |
| **Nutrient Strategy***(Please check one)* | | | | | | | | | | | | | | | | | | Nutrient Strategy | | | | Loading Rate Targets Nitrogen (N) and Phosphorus (P) | | | | | | Offsite Thresholds | | | |
| Neuse HUC | | | | | | Tar-Pamlico HUC | | | | | Falls Lake Sub-Area | | | | | | |
|  | | 03020201 (below Falls)  03020202  03020203  03020204 | | | |  | 03020101  03020102  03020103  03020104 | | | |  | | | Upper Falls  Lower Falls | | | | Neuse | | | | 3.6 N lb/ac/yr;  No P goal | | | | | | 6 N lbs/ac – Residential;  10 N lbs/ac Commercial | | | |
| Tar Pam | | | | 4.0 N lb/ac/yr;  0.4 P lb/ac/yr | | | | | |
| Falls | | | | 2.2 N lb/ac/yr;  0.33 P lb/ac/yr | | | | | | 30% of N & P reduction need onsite for projects less than one acre;  50% of N & P reduction need onsite for projects over one acre | | | |
| **NUTRIENT OFFSET REQUEST** *(Must meet the offsite thresholds – see above)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nitrogen Loading / Offset Needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) | | | (B) | | | | | | (C) | | | | | | | (D) | | | (E) | | | | | (F) | | | (G) | | | | (H) *(Where Applicable)* |
| Untreated Loading Rate (lbs/ac/yr) | | | Treated Loading Rate (lbs/ac/yr) | | | | | | Loading Rate Target (lbs/ac/yr) | | | | | | | Reduction Need (lbs/ac/yr)  B - C | | | Project Size (ac) | | | | | Offset Duration (yrs) | | | State Buy Down Amount (lbs)  D \* E \* F | | | | Local Gov’t Buy Down Amount (lbs) |
|  | | |  | | | | | |  | | | | | | |  | | |  | | | | | 30 | | |  | | | |  |
| **Phosphorus Loading / Offset Needs** *(For the Tar-Pam Basin and Falls Watershed areas )* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) | | | (B) | | | | | | (C) | | | | | (D) | | | | | (E) | | | | (F) | | | (G) | | | | (H) *(Where Applicable)* |
| Untreated Loading Rate (lbs/ac/yr) | | | Treated Loading Rate (lbs/ac/yr) | | | | | | Load Rate Target (lbs/ac/yr) | | | | | Reduction Need (lbs/ac/yr)  B - C | | | | | Project Size (ac) | | | | Offset Duration (yrs) | | | State Buy Down Amount (lbs)  D \* E \* F | | | | Local Gov’t Buy Down Amount (lbs) |
|  | | |  | | | | | |  | | | | |  | | | | |  | | | | 30 | | |  | | | |  |
| **Authorizing Local Government Name:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Staff Name:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Staff Email:** | | | |  | | | | | | | | | | | | | | | | | | | | **Phone:** | |  | | | | |