York County
VIRGINIA
America's Future Since 1781

SHORELINE EROSION CONTROL
Water Quality Impact Assessment
Pursuant to §23.2-9(d)(3) York County Chesapeake Bay Preservation Areas Ordinance

Date: _____

CB: 201____ - _____

1. Applicant/Agent: _____

    Phone Number: _____

2. Property Owner (if different from applicant): _____

    Property Address: _____

3. VMRC Number:_____

4. Parcel Identification (GPIN) _____

5. Does County sanitary sewer or an on-site wastewater disposal system serve this

    lot/parcel? _____

6. Description of the Proposed Project:

    _____

    _____

Please check all that apply or supply quantities for the following:

7. Project Description:
    __ a. Riprap Revetment   __ b. Tree Removal   __ c. Re-Grading
    __ d. Bulkhead   __ e. Fill

8. Will the project require any of the following?
    __ a. Excavation   __ b. Filling   __ c. Grading

9. Existing Site Conditions:
    __ a. Heavily Wooded   __ h. Understory/brush
    __ b. Sparsely Wooded   __ i. Leaves/needles
    __ c. No Trees   __ j. Bare Soil
    __ d. Marsh/Swamp   __ k. Eroding soils/shoreline
    __ e. Stream   __ l. Waterfront Property
    __ f. Ravine or Ditch   __ m. Paved
    __ g. Grass/Lawn   __ n. Other: _____

10. Impacts on Existing Vegetation in RPA:
    __ a. Number of trees greater than 3" in diameter removed within 50-feet of shoreline
    __ b. Number of trees greater than 6" in diameter removed for construction access
    __ c. Approximate square footage of understory/brush/leaves/needles removed
    __ d. Number of trees to be heavily pruned
    __ e. Number of dead or diseased trees removed
    __ f. Other: _____

11.   Proposed Methods to Minimize Site Impacts:
__ a.   Tree protection/barriers
__ b.   Single construction/access way
__ c.   Stockpile construction materials and debris on hard surfaces
__ d.   Barriers to define limits of construction activity/land disturbance
__ e.   Any other methods? Please describe: _____

_____

12.   Proposed Mitigation Measures:
__ a.   Vegetation replacement:
            __   Trees
            __   Mulch of pine needles/bark
            __   Shrubs
__ b.   Number of new trees proposed
__ c.   Number of new shrubs proposed
__ d.   Number of new ground cover plants proposed
__ e.   Erosion and sediment control structures utilized:
            __   Temporary Seeding
            __   Silt fence
            __   Construction entrance
            __   Construction Barrier/Fencing
            __   Other: _____

13.   Please describe the nature and extent of the erosion problem on the site:

_____

_____

_____

14.   Please provide the justification (need) for the project:

_____

_____

_____

15.   Please provide the basis for selecting the proposed erosion control method:

_____

_____

_____

16.   Are you seeking or have you already obtained permits from other local, state or federal

agencies in conjunction with this project? ____ Yes ____ No If yes, please describe:

_____

_____

_____

ATTACH plan with the following information:

- Current survey with dimensions of lot and location of any existing buildings, driveways, decks, sidewalks, etc.
- Location and method of construction access
- Two benchmark distances to each endpoint of the project and at 50-foot intervals
- Location of on-site sewage disposal system (if applicable)
- Location of shoreline, wetlands, stream and Resource Protection Area boundary
- Location and dimensions of proposed project
- Area of land disturbance, clearing, grading and fill
- Erosion and Sediment Control measures
- Location and dimensions of BMP and supporting calculations
- Location of permanent signs and temporary construction fencing
- Location, type and size of existing trees and vegetation in RPA
- Designation of trees to remain and trees to be removed in RPA
- Buffer restoration and replacement planting location and detail

Office Use Only

Recommendations:

_____

_____

Impact on RPA buffer:

_____

_____

CBPA Program Manager:

☐   Approved as requested.

☐   Approved with the following conditions:

_____

_____

_____

☐   Denied.

Date: _____

Signature: _____
            CBPA Program Manager