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# Appendix D

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Stormwater  
Retention  
Credit  
Forms  
(Certification,  
Trading  
and  
Retirement)

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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
District Department of the Environment  
1200 First Street NE, Fifth Floor, Washington DC 20002



**Application for Certification of Stormwater Retention Credits (SRCs)**

**Application Date:** \_\_\_\_\_

**Address of Site with eligible retention capacity:**

\_\_\_\_\_

Lot: \_\_\_\_\_ Square: \_\_\_\_\_ Ward: \_\_\_\_\_

**Name of Owner of Proposed SRCs:** \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of owner of retention capacity:** \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of owner of site:** \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of agent for owner of proposed SRCs (if applicable):** \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**DDOE tracking number for Stormwater Management Plan (SWMP):** \_\_\_\_\_

**Retention capacity meeting volume eligibility (from DDOE SRC calculator):** \_\_\_\_\_

**Has DDOE previously certified SRCs for the retention capacity?** \_\_\_\_\_

If no, attach the following:

- As-built SWMP, including site plan showing pre-project site conditions and retention.
- Signed maintenance agreement or contract for the period for which SRCs are requested.
- Completed DDOE SRC calculator spreadsheet.

If yes, attach the following:

- Signed maintenance agreement or contract for the period for which SRCs are requested.

**Is this application for SRCs for the maximum three-year period?** \_\_\_\_\_

**If no, what is the period for which SRCs are requested?** \_\_\_\_\_

**Applicant's Signature**

A. Proposed SRC Owner: I hereby certify that I have the legal right to the SRCs proposed for certification above; that the application, including supporting documentation, is complete and correct to the best of my knowledge; that access will be provided for DDOE inspections; that the retention capacity will be maintained in accordance with the maintenance agreement or contract; and that, if the retention capacity is not maintained, I will, for the volume from the period of failed maintenance, forfeit the SRCs, purchase replacement SRCs, or pay in-lieu fee to DDOE.

Signature of SRC Owner

Date:

B. Agent: I hereby certify that I have the authority of the proposed SRC owner to make this application and that the application and plans are complete and correct to the best of my knowledge. The owner has assured me that access will be provided for DDOE inspections and that the retention capacity will be maintained in accordance with the maintenance agreement or contract. If the retention capacity is not maintained in good working order, the SRC owner has assured me that, for the volume from the period of failed maintenance, he will forfeit the SRCs, purchase replacement SRCs, or pay in-lieu fee to DDOE.

Signature of Agent

Date:

<b>FOR DEPARTMENT USE ONLY</b>	
Approved:	Approved in part:
Disapproved:	
Signature:	
Date:	
Total SRCs certified:	Total time period for which SRCs are certified:
SRCs certified year 1:	Serial numbers:
SRCs certified year 2:	Serial numbers:
SRCs certified year 3:	Serial numbers:
Notes:	



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## Application for Transfer of Stormwater Retention Credit Ownership

Application Date: \_\_\_\_\_

Number of Stormwater Retention Credits (SRCs) to Transfer: \_\_\_\_\_

Serial numbers of SRCs (may be listed as a range):

Purchase price of SRCs: \_\_\_\_\_

Name of current owner of SRCs: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of new owner of SRCs: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Signature of Current Owner

I hereby certify that I am the owner of the above SRCs; that I request the ownership of these SRCs to be transferred as stated above; and that this application is complete and correct to the best of my knowledge.

Signature:

Date:

**Signature of New Owner**

I hereby certify that this application is complete and correct to the best of my knowledge.

Signature:

Date:

<b>FOR DEPARTMENT USE ONLY</b>		
Approved:	Approved in part:	Disapproved:
Signature:		Date:
Notes:		



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## Application to Retire Stormwater Retention Credits

Application Date: \_\_\_\_\_

Number of Stormwater Retention Credits (SRCs) to Retire: \_\_\_\_\_

Serial numbers of SRCs (may be listed as a range):

Name of current owner of SRCs: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Signature of SRC Owner

I hereby certify that I am the owner of the above SRCs; that I request these SRCs to be retired; and that this application is complete and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR DEPARTMENT USE ONLY		
Approved:	Approved in part:	Disapproved:
Signature:		Date:
Notes:		

