NORTH CAROLINA ECOSYSTEM ENHANCEMENT PROGRAM, NCEEP

Nutrient Offset Payment REQUEST FORM

Revised 8/11/2011

Print this form, fill in requested information, sign and date, and either mail to NCEEP, 1652 Mail Service Center, Raleigh, NC 27699-1652, fax to 919-715-2219, or email to kelly.williams@ncdenr.gov. Attachments are acceptable for clarification purposes (location map or lat long is required). Review meetings are held on Tuesday afternoons. Information submitted is subject to NC Public Records Law and may be requested by third parties.

PROJECT INFORMATION

1. Project Name			
2. Project Location	City/Town:	County:	
3. Lat-Long Coordinates *(or address if coordinates are not known)*			
4. River Basin and 8-digit Cataloging Unit *(circle one basin and one 8 digit hydrologic unit code at right)*	**Neuse** 03020201 (not Falls) 03020202 03020203 03020204 Falls Lake	**Tar-Pamlico** 03020101 03020103 03020104	**Cape Fear** (Jordan Lake)
5. Subwatershed Name (if applicable) *(circle one at right)*	**Falls Lake** Upper Falls Lower Falls	**Jordan Lake** Haw Upper New Hope Lower New Hope	
6. 10-digit Cataloging Unit (for help see www.nceep.net or contact kelly.williams@ncdenr.gov)			
7. Nutrient Offset Requirements *(enter below)*			
Nitrogen *(total pounds requested to buy down)*	**Phosphorus** *(total pounds requested to buy down)*		
8. Local Government *(i.e. City, Town or County)* **and Contact Info.**	**Name:** **Local Gov.:** **Email:**		
9. Project Type **specify owner type and write in project type (e.g. school, church, retail, residential SD, apartments, road, utilities, office building, etc.)**	____Government ____ Private		

APPLICANT INFORMATION	APPLICANT'S AGENT (as applicable)	APPLICANT
10. Business or Individual Name		
11. Street Address or P.O. Box		
12. City, State, Zip		
13. Contact Person		
14. Telephone Number		
15. Fax Number		
16. E-Mail Address		

IMPORTANT

Request form must be accompanied by Session Law 2009-337 compliance statement. By signing this request form, you are indicating you have read and understand EEP's refund policy.

Signature of Applicant or Agent:

_____

Date:

Nutrient Offset Program Statement of Compliance with Session Law 2009-337 An Act to Promote the Use of Compensatory Mitigation Banks and SL 2011-343.

(link to SL 2009-337) (link to SL 2011-343)

Prior to accessing the Ecosystem Enhancement Program (EEP) Nutrient Offset Program, all applicants are now required by law to comply with Session Law 2009-337 An Act to Promote the Use of Compensatory Mitigation Banks and also with SL 2011-343. All requests submitted on or after June 27, 2011 MUST include this form signed and dated by the permit applicant or an authorized agent. Please refer to DENR's Implementation Policy for more detailed guidance.

Compliance Statement:
I have read and understand SL-2009-337 and 2011-343 and have, to the best of my knowledge, complied with their requirements. I understand that participation in the NCEEP is voluntary.
Please check all that apply:

_____ **Applicant is a Federal or State Government Entity or a unit of local government meeting the requirements set forth in G.S. 143-214.11 (as amended by SL 2011-343) and is not required to purchase credits from a mitigation bank.**

_____ **There are no known mitigation banks with nutrient credits located in the hydrologic unit where this impact will take place (link to DWQ list)** (see "approved mitigation bank" link under "Options for compensatory mitigation" heading)

_____ **I have contacted the mitigation bank(s) in the hydrologic unit where the impacts will occur and credits are not available.**

_____ **Use of a mitigation bank was not approved to provide the required mitigation for this project. (written confirmation from permitting agency required)**

Note: It is the applicant's responsibility to document any inquiries made to private mitigation banks regarding the availability of credits.

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_____ **I have read and understand EEP's refund policies (attached)**
initial here

_____	_____
Name of Applicant or Agent (please print)	**Signature**
_____	_____
Date	**Project Name**
_____	_____
Location	**Project Description** (e.g. church, school, sewer, retail, residential, apartments, etc.)

Refund Policy for Fees Paid to EEP's In-Lieu Fee Programs (9/21/2009)

Purpose: The purpose of this policy is to make clear the circumstances and process under which a permittee can obtain a refund while simultaneously balancing customer service and responsible business practices. This policy applies to all refund requests made on or after the publication date of this policy.

Policy Statement: The policy of EEP is to allow for refunds under certain conditions.

1. All refund requests must be made in writing to EEP's In-Lieu Fee Program Coordinator at kelly.williams@ncdenr.gov.

2. All refund requests are subject to fund availability. EEP does not guarantee fund availability for any request.

3. The request must either come from the entity that made the payment or from an authorized agent. Third parties requesting refunds must provide written authorization from the entity that made the payment specifying the name and address of the authorized refund recipient.

4. Refund requests related to unintended overpayments, typographical errors or incorrect invoices should be brought the attention of the In-Lieu Fee Program Coordinator as soon as possible. Such requests are typically approved without delay.

5. Payments made under EEP's incremental payment procedure are not eligible for refunds.

6. Refund requests made within nine months of payment to EEP will only be considered for requests associated with projects that have been terminated or modified where the permittee's mitigation requirements have been reduced. Such requests must be accompanied by written verification from the permitting agency that the project has been cancelled, the permits have been rescinded or have been modified, or the mitigation requirements have been reduced.

7. Refund requests made more than nine months from the payment date will only be considered for permits that were terminated or modified to not require any mitigation. Such requests must be accompanied by written verification from the permitting agency that the project has been cancelled, the permits have been rescinded and/or mitigation is no longer required.

8. Refund requests not meeting the criteria specified above are not eligible for a refund.

9. Refund requests that meet the criteria above will be elevated to EEP Senior Management for review. The following considerations apply to all refund requests:

   a. availability of funds after consideration of all existing project and regulatory obligations
   b. the date the payment was made
   c. the likelihood EEP can use the mitigation procured using the payment to meet other mitigation requirements

10. Once a refund has been approved, the refund recipient must provide a completed W-9 form to EEP's In-Lieu fee Program Coordinator within two weeks in order to process the refund though the State Controller's Office.

11. All decisions shall be final.