



**NON-RESIDENTIAL  
EROSION AND SEDIMENT CONTROL INSTALLATION AND MAINTENANCE  
AGREEMENT**

ANY LAND DISTURBING ACTIVITY LESS THAN 12,000 SQUARE FEET

The Town of Waxhaw Erosion and Sediment Control Ordinance requires that anyone conducting land-disturbing activity control sediment and provide adequate measures to retain sediment at the disturbed site. The total disturbed area of the site includes any borrow or waste areas that are used for the residential site, if the borrow or waste areas are not currently permitted by the Town of Waxhaw or NCDEQ. Land-disturbing activities include demolition and land clearing. Erosion Control measures must be installed in accordance with the Town of Waxhaw Engineering, Standards and Procedures Manual. A stabilized entrance pad of filter fabric, #5 washed stone and railroad ballast shall be located where construction traffic will enter or leave the construction site onto a street. The construction entrance shall be a minimum of twenty feet in depth and be a minimum of 12 feet in width. The filter fabric shall extend the full length and width of the construction entrance. The construction entrance shall be maintained in a condition which will prevent tracking or flowing of sediment onto streets or existing pavement. This may require periodic top dressing with additional stone as conditions warrant and repair or cleanout of any measures used to trap sediment.

Any sediment spilled, dropped, washed, or tracked onto streets must be removed immediately. Any aggregate tracked into the street must be swept back onsite on a nightly basis.

Following installation of these measures, please contact the Town of Waxhaw Permitting Office at 704-843-2195 to schedule an erosion and sedimentation control inspection prior to initiating any further construction activities.

Failure to install or maintain erosion control measures may result in penalties of up to \$5000 per day.

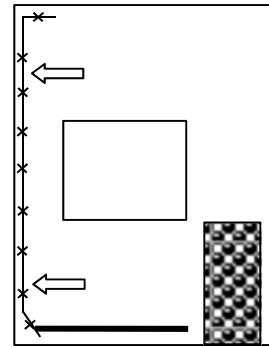
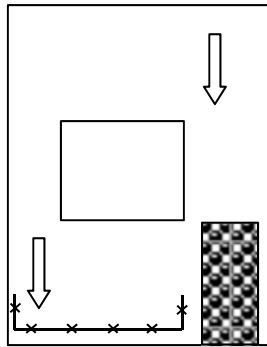
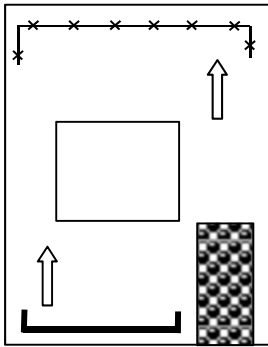
If any indicated Erosion and Sedimentation Control (ESC) measures are not installed, a re-inspection fee will be required.



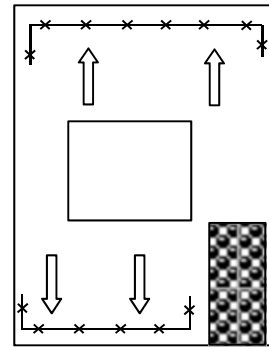
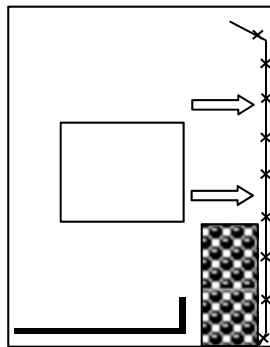
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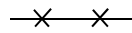

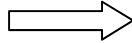

ANY LAND DISTURBING ACTIVITY LESS THAN 12,000 SQUARE FEET

Option 1 Flow to the Rear    Option 2 Flow to the Front    Option 3 Flow to the Left



Option 4 Flow to the Right    Option 5 Flow to the Front and Rear



-  Silt Fence
-  Construction Entrance
-  Direction of Flow
-  Vehicle Barrier



# EROSION CONTROL FINANCIAL RESPONSIBILITY FORM

No person may initiate any land-disturbing activity as defined in Chapter 159 of the Town of Waxhaw Town Code prior to completion of this form, and an applicable and acceptable erosion and sedimentation control plan has been approved by the Development Services Department.  
(Please type or print)

## Part I

Name of Project: \_\_\_\_\_

Address where land disturbing activity will take place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate date disturbing activity will commence: \_\_\_\_\_

Purpose of development (residential, commercial, industrial, etc.): \_\_\_\_\_

Total acreage of land to be disturbed or uncovered: \_\_\_\_\_

Amount of fee enclosed (show calculation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent to contact should sediment control issues arise during land disturbing activity:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Landowner(s):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate Book and Page where deed of the property where land disturbing activity will take place is recorded:

Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Book: \_\_\_\_\_ Page: \_\_\_\_\_



# EROSION CONTROL FINANCIAL RESPONSIBILITY FORM

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Indicate tax map and parcel number of the property where land disturbing activity will take place is recorded:

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

## Part II

Person(s) or firm(s) who are financially responsible for the land disturbing activity:

Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If the financially responsible party is not a resident of North Carolina, give the name and address of a North Carolina Agent:

Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If the financially responsible party is a partnership or other person engaging in business under an assumed name, attach a copy of the Certificate of Assumed Name. If the financially responsible party is a corporation, give the name and address of the registered agent.

Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## EROSION CONTROL FINANCIAL RESPONSIBILITY FORM

The above information is true and correct to the best of my knowledge and belief and was provided by me under oath. I agree to provide corrected information should there be any change in the information provided herein. (This form must be signed by the financially responsible person if an individual or his attorney in fact, or if not an individual, by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of \_\_\_\_\_  
County, North Carolina, do hereby certify that \_\_\_\_\_ personally  
appeared before me this day, and being duly sworn, stated that in his presence \_\_\_\_\_  
\_\_\_\_\_ (signed) (acknowledged the execution of) the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Official Seal) \_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20\_\_.