



**Environmental
Services**

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📠 919 743 4772

Water Quality Division
P.O. Box 550 • Raleigh, NC 27602
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wake.gov

Request for a "No Practical Alternatives" Determination

CONTACT INFORMATION	
Name of Project:	
Project Location:	
Owner Information	
Name(s) on Recorded Deed:	
Deed Book and Page No.:	
Responsible Party (LLC if applicable):	
Street address:	
City, State, ZIP:	
Telephone Number:	E-mail address:
Applicant Information (if different from Owner)	
Applicant is (check one): <input type="checkbox"/> Agent <input type="checkbox"/> Other, specify:	
Name:	
Business name (if applicable):	
Street address:	
City, State, ZIP:	
Telephone Number:	E-mail address:
Agent / Consultant Information (if applicable)	
Name:	
Business name (if applicable):	
Street address:	
City, State, ZIP:	
Telephone Number:	E-mail address:

PROJECT INFORMATION

Property ID / PIN:

Property size (acres):

Watershed Data

Watershed Protection Overlay District:

☐ Primary

☐ Secondary

River basin:

☐ Neuse

☐ Cape Fear

Jordan Lake watershed:

☐ Yes

☐ No

Nearest body of water:

Project Description

Describe the existing conditions and land use in the vicinity of the project:

List the total estimated linear footage of all existing streams (intermittent and perennial) on the property:

Explain the project purpose and describe construction techniques to be used (including type of equipment):

Jurisdictional Determinations

Have jurisdictional wetland or stream determinations by the USACE, DEQ, or the County been obtained for this property?

☐ Yes

☐ No

☐ Unknown

If yes, who delineated the jurisdictional areas?

☐ Agency

☐ Consultant

Name (if known):

☐ Other:

If yes, list the dates of the USACE jurisdictional determinations or DEQ or Town determinations and **attach documentation:**

Project History

Have permits or certifications been obtained for this project (including all prior phases) in the past?

☐ Yes

☐ No

☐ Unknown

If yes, explain:

BUFFER IMPACTS

Impacts Summary

Please list all buffer impacts as a line item below. (If any impacts require mitigation, then the Mitigation section of this application must be submitted.)

Buffers impacted (check all that apply):

☐ Neuse ☐ Jordan Lake ☐ Town of Apex

Stream name	Reason for impact	Mitigation required?	Zone 1 impact (ft ²)	Zone 2 impact (ft ²)	Zone 3 impact (ft ²)
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Total buffer impact:					

Mapping

Attach an overall map:

- Showing the extent of the project and all riparian buffers on site.
- Calling out each individual buffer impact listed in the table above.

Attach a map of each individual impact:

- Include shading of impact areas by zone (provide a legend for clarity).
- Call out the total area (SF) of each impact by zone.

BUFFER IMPACTS

Explanation & Justification

- Prove that the basic project purpose cannot be practically accomplished in a way that would better minimize buffer impacts than what is currently designed.
- Prove that the impacts shown cannot practically be reduced in area, reconfigured, or redesigned to better minimize disturbance.
- State the practices that will be used to minimize disturbance, preserve aquatic life and habitat, and protect water quality.

Certification

By my signature below, I (as the applicant) attest that the information provided is accurate and meets all criteria as specified in the Wake County UDO.

Name: _____

Title: _____

Signature: _____

Date: _____