

DIVISION OF MITIGATION SERVICES (DMS)
Nutrient Offset Payment REQUEST FORM (Dec2022)

Complete requested information, sign and date, email to kelly.williams@ncdenr.gov. Attachments are acceptable for clarification purposes (location map or lat long is required). Information submitted is subject to NC Public Records Law and may be requested by third parties.

1. Project Name			
2. Project Location City/Town:		County:	
3. Lat-Long Coordinates (or address if coordinates are not known)			
4. Watershed Information (select the basin and the corresponding 8-digit hydrologic unit code or special watershed area below)			
<u>Neuse</u>	<u>Tar-Pamlico</u>	<u>Falls Lake</u>	<u>Jordan Lake</u>
5. Nutrient Offset Requirements (enter below)			
Nitrogen (total <u>pounds</u> requested to buy down)		Phosphorus (total <u>pounds</u> requested to buy down)	
6. Local Government Info. (i.e. City, Town or County)		Name:	
Local Gov.:		Email:	
7. Project Type **check owner type and write in project type (e.g. school, church, retail, residential SD, apartments, road, utilities, office building, etc.)**		Government	Private
Project Type:			
CONTACT INFORMATION	APPLICANT'S AGENT		APPLICANT
8. Business Name			
9. Mailing Address			
10. City, State, Zip			
11. Contact Person			
12. Telephone Number			
13. E-Mail Address			
IMPORTANT		Signature of Applicant or Agent:	
Request form must be accompanied by statement indicating compliance with G.S. § 143-214.26. By signing this request form, you are indicating you have read and understand the DMS refund policy.		_____	
		Date: 	

Nutrient Offset Program Statement of Compliance with G.S. § 143-214.26

Prior to accessing the Division of Mitigation Services (DMS) Nutrient Offset Program, applicants are required by statute to comply with G.S. § 143-214.26 with regards to private bank nutrient credit availability. All requests MUST include this form signed and dated by the permit applicant or an authorized agent. [link to G.S. §143-214.26](#)

Compliance Statement:

I have read and understand G.S. § 143-214.26 and have, to the best of my knowledge, complied with its requirements. I understand that participation in the DMS In-Lieu Fee programs 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. 143-214.26 and is not required to purchase credits from a mitigation bank.

Mitigation bank(s) in the hydrologic unit where the impacts will occur have been contacted and credits are not currently available. Note: It is the applicant's responsibility to maintain documentation of any inquiries made to private mitigation banks regarding credit availability. [\(link to DWR list\)](#)

There are no listed mitigation banks located in the service area where this impact will take place that offer the credit type I need.

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

I have read and understand the Division's refund policies (attached)

initial here

Name of Applicant or Agent (please print)

Signature

Date

Project Name

Location (County)

Project Description

Refund Policy for Fees Paid to DMS 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 DMS is to allow for refunds under certain conditions.

1. All refund requests must be made in writing to the DMS In-Lieu Fee Program Coordinator at kelly.williams@ncdenr.gov.
2. All refund requests are subject to fund availability. DMS 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 over-payments, 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. DMS does not accept incremental payments.
6. Refund requests made within nine months of payment to DMS 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 canceled, 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 canceled, 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 DMS 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 DMS 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 the DMS In-Lieu fee Program Coordinator within two weeks in order to process the refund through the State Controller's Office.
11. All decisions shall be final.