

Minimize, Mitigate and Repair (MMR) Assessment Form
(May be included as Part of Exhibit A-6.4 Stormwater Mitigation Plan)

Applicant Contact Information

Company: _____
Name: _____
Address: _____
Phone: _____
Email: _____

Drain Commissioner Contact Information

County: _____
Name: _____
Address: _____
Phone: _____
Email: _____

Project Information

Name: _____ Project Address: _____
Parcel ID(s): _____ County: _____
Township / City / Village: _____ Township / Range: _____ Section(s): _____
Impacted County / Intercounty Drain(s): _____

MMR Summary (attach additional reports as needed for each impacted drain)

Rate of Runoff Generated: _____ Volume of Runoff Generated: _____
Water Quality of Runoff Generated: _____
Downstream Receiving System: _____ Capacity: _____
Impact on Neighboring Properties: _____
Decommissioning Plan: _____
List of Attachments: _____

Measures to Minimize Impacts (attach additional reports as needed for each impacted drain)

Summary of measures implemented to minimize / avoid stormwater impacts: _____

List of Attachments: _____

Activities to Mitigate Impacts (attach additional reports as needed for each impacted drain)

Summary of activities to mitigate unavoidable stormwater impacts: _____

List of Attachments: _____

Plan to Repair Impacts (attach additional reports as needed for each impacted drain)

Summary of approach to repair stormwater impacts encountered during and after construction: _____

List of Attachments: _____

Requirements to be Included in Submission for "Provisional Plan Approval"

If applicable, include County Requirements as Attachment.

(This Section to be Completed after initial consultation with Drain Commissioner)

Permit Application to be Submitted

Security / Bond Agreement: Yes N/A Timeline: _____

Individual Drain Crossing Permit(s): Yes N/A Timeline: _____

Blanket Drain Crossing Agreements: Yes N/A Timeline: _____

Stormwater Plan Approval Letter(s): Yes N/A Timeline: _____

Stormwater Maintenance Agreement: Yes N/A Timeline: _____

Additional Easement(s) Required: Yes N/A Timeline: _____

Relocation Agreement(s): Yes N/A Timeline: _____

Drain Extension Agreement(s): Yes N/A Timeline: _____

Other: _____ Yes N/A Timeline: _____

Other: _____ Yes N/A Timeline: _____

Other: _____ Yes N/A Timeline: _____

Impacted County Drains: _____

(This Section to be Completed after initial consultation with Drain Commissioner)

Fees to be Paid (refer to County Drain Commissioner Fee Schedule)

Bond / Escrow Amount _____ Bond / Escrow Duration _____

Individual Drain Crossing Permit(s): Yes Total Fee: _____ N/A

Blanket Drain Crossing Agreements: Yes Total Fee: _____ N/A

Stormwater Plan Approval Letter(s): Yes Total Fee: _____ N/A

Stormwater Maintenance Agreement: Yes Total Fee: _____ N/A

Additional Easement(s) Required: Yes Total Fee: _____ N/A

Relocation Agreement(s): Yes Total Fee: _____ N/A

Drain Extension Agreement(s): Yes Total Fee: _____ N/A

Other: _____

Other: _____

Other: _____

Inspection, Testing and As-Built Submission Requirements

Inspection Required: Yes No Roles and Responsibilities: _____

Testing Required: Yes No Description: _____

As-Built Information Required: Yes No Description: _____

Design standards to Use for Stormwater Management

Summary of County Standards: _____

Design Standards to Use for Drain Improvement

Summary of County Standards: _____

Attachments

- 1. Requirements to be Included in Submission for "Provisional Plan Approval"
- 2. Preliminary Plans
- 3. County Drain Commissioner Consultation Summary
- 4. _____
- 5. _____
- 6. _____

Michigan Public Service Commission (MPSC) Application approval is contingent upon receiving approval for all necessary applicable state, federal, and local permits and all permits need to be obtained before beginning construction on the portion of the project for which the permit is necessary.

Developer

County Drain Commissioner

Signature

Signature

Name

Name

Title

_____ County Drain Commissioner

Date

Date

SAMPLE - CONTACT APPROPRIATE COUNTY FOR OFFICIAL FORM