

Date: _____

PERMIT DETERMINATION

FROM _____ COMPANY _____

CONTACT INFO (phone and/or email) _____

SCDOT PROJECT ENGINEER _____

TO _____

Project Description _____

Route or Road No. _____ County _____

CONST. PIN _____ OTHER PINS or STRUCTURE # _____

RESPONSE:

It has been determined that no permits are required because:

The following permit(s) is/are necessary:

(Please check which type(s) of permit the project will need)

USACE Permit GP IP 401 JD

OCRM Permit CAP CZC

Navigable SCDHEC NAVGP – if checked a USCG and/or USACE navigable permit may also be required, but will be determined during the NEPA and Permitting stages.

Other _____

Water Classification: _____ *Print and attach the SCDHEC water quality report*

303(d) listed no yes, for * _____

TMDL developed no yes, for * _____

*List all that apply using the SCDHEC abbreviations

Comments: _____

The determination above was based on the most recently available information at the time. This is a preliminary determination and is subject to change if the design of the project is modified.

Biologist, SCDOT/Consultant

Date