ACT 167 STORMWATER MANAGEMENT PLAN

COVER SHEET

***Complete one cover sheet for every county covered by the Act 167 Plan.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| County Name: |  |  |  | New Act 167 Plan | |
| Watershed(s): |  |  |  | Revised Act 167 Plan | |
|  |  |  |  | Date Original Plan Approved: |  |
|  |  |  |  | Ordinance Revision Only | |

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| --- | --- | --- | --- | --- |
| **County Responsibilities**  *(At a minimum, a response of “Yes” to #1, #2, and #5 is needed for DEP to approve the plan. Explain any answers of “No” in your submission.)* | | | **Yes** | **No** |
| 1. **Did the county(ies) use a watershed plan advisory committee to develop the plan?**   *[Act 167 §§ 6(a), 6(b)]* | | |  |  |
| 1. **Were reviews of the plan completed by the county planning agency, the governing body of municipalities, the county planning commission and the regional planning agency? Attach a copy of each review.** *(Note that regional planning agencies cover only parts of the state). [Act 167 § 6(c)]* | | |  |  |
| 1. **Did the county(ies) hold a public hearing on the plan?** *[Act 167 § 8(a)]* | | |  |  |
| 1. **Did the county(ies) adopt the plan?** *[Act 167 § 8(b)]* | | |  |  |
| 1. **Have you reviewed Act 15 (P. L. 91, No. 15, H.B. 1486, Act of April 18, 2018) and confirmed that you avoid regulation or endorsement of regulation of High Tunnels as they are defined in the Act?**   *[Act 15]* | | |  |  |
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| **Signatures** | | | | |
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| Name of County Planning Director |  | Email Address | | |
|  |  |  | | |
| Signature |  | Date | | |
|  | | | | |
|  |  |  | | |
| Name of Solicitor |  | Email Address | | |
|  |  |  | | |
| Signature |  | Date | | |