



Expedited Review Agreement

This form must be delivered with the check on the day of the expedited review meeting.

Date: _____

Project/ Site Name: _____

County: _____

I have read the Expedited Review Standard Operating Procedures for Expedited Review and accept all of these terms and conditions. I understand that it is my responsibility to make sure my SWPPP Preparer meets all deadlines in order for my project to stay in the expedited review process. I also understand that if my SWPPP Preparer does not meet the appropriate deadlines, my project will be returned into the normal review process without refund of the expedited review fees.

If the Department is unable to get in touch with my SWPPP Preparer or myself, please contact:
_____ at (____)_____.

Printed name of Project Owner/Operator

Signature of Project Owner/Operator

Title/ Position

I have read the Expedited Review Standard Operating Procedures for Expedited Review and understand all of these terms and conditions. If I am unavailable when the Department requests information, my secondary contact is _____ who can be reached at (____)_____.

Printed name of SWPPP Preparer

Signature of SWPPP Preparer

S.C. Registration #

Expedited Review Fee Schedule

Please print or type. Do not send payment in window envelope. DO NOT MAIL CASH. This schedule should be attached to DES Form 2618. The Project Owner/Operator or SWPPP Preparer must submit this fee on the day they are selected to come in for the expedited review meeting.

Note: Initial Application Fee must have already been accepted by the Department for a project to be eligible for expedited review.

1. Expedited Review Fee

Circle One

- a. 0 - 10 Acre Project \$ 5,000.00
- b. 10.1 - 50 Acre Project \$ 7,500.00
- c. 50.1 Acres and Above \$ 10,000.00

Payment by Check:

If paying by check, fill out information and attach a **certified** check below. Make sure check is signed and is not past its presentment date. Make sure the check is for the entire amount of required fees.

STAPLE CERTIFIED CHECK HERE FACE UP

Make check payable to SCDES

Payment by Credit Card:

If paying by credit card, fill out information. Make sure that the authorized signature is complete.

Name as it appears on Card:

Mailing Address: _____ City: _____

State: ____ Zip: _____

Phone Number: (____) _____ Fax Number: (____) _____

Type of Card: Visa MasterCard Discover

Credit Card Number: _____

Authorized Signature: _____

Expiration Date: ____/____

For Official Use Only: Invoice Number YH _____ - _____