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

<table>
<thead>
<tr>
<th>Date: <strong>/</strong>/<strong>/</strong>_ __ __</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/ Site Name: ___________________________________________</td>
</tr>
<tr>
<td>County: ________________________________</td>
</tr>
</tbody>
</table>

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 __ __ __ - __ __ __ - __ __ __ __.

<table>
<thead>
<tr>
<th>Printed name of Project Owner/Operator</th>
<th>Signature of Project Owner/Operator</th>
<th>Title/ Position</th>
</tr>
</thead>
</table>

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 __ __ __ - __ __ __ - __ __ __ __.

<table>
<thead>
<tr>
<th>Printed name of SWPPP Preparer</th>
<th>Signature of SWPPP Preparer</th>
<th>S.C. Registration #</th>
</tr>
</thead>
</table>
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 DHEC 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 S.C. DHEC

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 __ __ __ -