



SUMMIT COUNTY  
SURFACE WATER MANAGEMENT DISTRICT  
PO BOX 1417  
AKRON, OH 44309-1417

## ERU CREDIT FORM

Owner Name \_\_\_\_\_  
Perm. Parcel No. \_\_\_\_\_  
Parcel Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Please describe the Private Runoff Control Measure that is present on the parcel, and describe the measurable benefit to Surface Water management and/or control. Acceptable measures reduce flooding and/or improve water quality. The Applicant must provide calculations and/or other documentation to substantiate the claim. The County Engineer will review the application and calculate the ERU credit in accordance with 942.09.

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Signature

Date

Phone: 330-643-8010  
Email: [SWMD@summitengineer.net](mailto:SWMD@summitengineer.net)  
Web: [www.summitengineer.net](http://www.summitengineer.net)  
Office Hours: 7:30 AM to 4:00 PM Monday through Friday, excl Holidays  
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