

## Attachment D – Major Development Stormwater Summary

General Information			
1. Project Name:			
2. Municipality:	County:	Block(s):	Lot(s):
3. Site Location (State Plane Coordinates – NAD83):		E:	N:
4. Date of Final Approval for Construction by Municipality:			
Date of Certificate of Occupancy:			
5. Project Type (check all that apply): Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other (please specify) _____			
6. Soil Conservation District Project Number:			
7. Did project require an NJDEP Land Use Permit?		Yes <input type="radio"/> No <input type="radio"/>	Land Use Permit #:
8. Did project require the use of any mitigation measures?		Yes <input type="radio"/> No <input type="radio"/>	
If yes, which standard was mitigated? _____			

Site Design Specifications	
1. Area of Disturbance (acres):	Area of Proposed Impervious (acres):
2. List all Hydrologic Soil Groups:	
3. Please Identify the Amount of Each Best Management Practices (BMPs) Utilized in Design Below:	
Bioretention Systems _____	Constructed Wetlands _____
Dry Wells _____	Extended Detention Basins _____
Infiltration Basins _____	Combination Infiltration/Detention Basins _____
Manufactured Treatment Devices _____	
Pervious Paving Systems _____	Sand Filters _____
Vegetative Filter Strips _____	Wet Ponds _____
Grass Swales _____	Subsurface Gravel Wetlands _____
Other _____	

Storm Event Information	
Storm Event - Rainfall (inches and duration):	2 yr.: _____ 10 yr.: _____
	100 yr.: _____ WQDS: _____
Runoff Computation Method:	
NRCS: Dimensionless Unit Hydrograph <input type="checkbox"/> NRCS: Delmarva Unit Hydrograph <input type="checkbox"/> Rational <input type="checkbox"/> Modified Rational <input type="checkbox"/>	
Other: _____	

Basin Specifications (answer all that apply) *If more than one basin, attach multiple sheets*	
1. Type of Basin:	Surface/Subsurface (select one): Surface <input type="radio"/> Subsurface <input type="radio"/>
2. Owner (select one):	<input type="radio"/> Public <input type="radio"/> Private: If so, Name: _____ Phone number: _____
3. Basin Construction Completion Date:	
4. Drain Down Time (hr.):	
5. Design Soil Permeability (in./hr.):	
6. Seasonal High Water Table Depth from Bottom of Basin (ft.):	Date Obtained:
7. Groundwater Recharge Methodology (select one):	2 Year Difference <input type="radio"/> NJGRS <input type="radio"/> Other <input type="radio"/> NA <input type="radio"/>
8. Groundwater Mounding Analysis (select one):	Yes <input type="radio"/> No <input type="radio"/> If, Yes Methodology Used:
9. Maintenance Plan Submitted:	Yes <input type="radio"/> No <input type="radio"/> Is the Basin Deed Restricted: Yes <input type="radio"/> No <input type="radio"/>

Comments:

Name of Person Filling Out This Form: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

2/2/2018

Basin Specifications (answer all that apply) *If more than one basin, attach multiple sheets*	
1. Type of Basin:	Surface/Subsurface (select one): Surface <input type="radio"/> Subsurface <input type="radio"/>
2. Owner (select one):	<input type="radio"/> Public <input type="radio"/> Private: If so, Name: _____ Phone number: _____
3. Basin Construction Completion Date:	_____
4. Drain Down Time (hr.):	_____
5. Design Soil Permeability (in./hr.):	_____
6. Seasonal High Water Table Depth from Bottom of Basin (ft.):	Date Obtained: _____
7. Groundwater Recharge Methodology (select one):	2 Year Difference <input type="radio"/> NJGRS <input type="radio"/> Other <input type="radio"/> NA <input type="radio"/>
8. Groundwater Mounding Analysis (select one):	Yes <input type="radio"/> No <input type="radio"/> If, Yes Methodology Used: _____
9. Maintenance Plan Submitted:	Yes <input type="radio"/> No <input type="radio"/> Is the Basin Deed Restricted: Yes <input type="radio"/> No <input type="radio"/>

Basin Specifications (answer all that apply) *If more than one basin, attach multiple sheets*	
1. Type of Basin:	Surface/Subsurface (select one): Surface <input type="radio"/> Subsurface <input type="radio"/>
2. Owner (select one):	<input type="radio"/> Public <input type="radio"/> Private: If so, Name: _____ Phone number: _____
3. Basin Construction Completion Date:	_____
4. Drain Down Time (hr.):	_____
5. Design Soil Permeability (in./hr.):	_____
6. Seasonal High Water Table Depth from Bottom of Basin (ft.):	Date Obtained: _____
7. Groundwater Recharge Methodology (select one):	2 Year Difference <input type="radio"/> NJGRS <input type="radio"/> Other <input type="radio"/> NA <input type="radio"/>
8. Groundwater Mounding Analysis (select one):	Yes <input type="radio"/> No <input type="radio"/> If, Yes Methodology Used: _____
9. Maintenance Plan Submitted:	Yes <input type="radio"/> No <input type="radio"/> Is the Basin Deed Restricted: Yes <input type="radio"/> No <input type="radio"/>

Basin Specifications (answer all that apply) *If more than one basin, attach multiple sheets*	
1. Type of Basin:	Surface/Subsurface (select one): Surface <input type="radio"/> Subsurface <input type="radio"/>
2. Owner (select one):	<input type="radio"/> Public <input type="radio"/> Private: If so, Name: _____ Phone number: _____
3. Basin Construction Completion Date:	_____
4. Drain Down Time (hr.):	_____
5. Design Soil Permeability (in./hr.):	_____
6. Seasonal High Water Table Depth from Bottom of Basin (ft.):	Date Obtained: _____
7. Groundwater Recharge Methodology (select one):	2 Year Difference <input type="radio"/> NJGRS <input type="radio"/> Other <input type="radio"/> NA <input type="radio"/>
8. Groundwater Mounding Analysis (select one):	Yes <input type="radio"/> No <input type="radio"/> If, Yes Methodology Used: _____
9. Maintenance Plan Submitted:	Yes <input type="radio"/> No <input type="radio"/> Is the Basin Deed Restricted: Yes <input type="radio"/> No <input type="radio"/>

Name of Person Filling Out This Form: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_