

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: _____

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