Attachment D – Major Development Stormwater Summary

	General Infor	mation	
1. Project Name:			
	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 Commercial Inde	ustrial Other (please specify)	
6. Soil Conservation District Project Numb	er:		
7. Did project require an NJDEP Land Use		No Land Use	e Permit #:
8. Did project require the use of any mitig	ation measures?	Yes No	
If yes, which standard was mitigated? _			
	Site Design Spe	rifications	
1. Area of Disturbance (acres):		osed Impervious (acres):	
2. List all Hydrologic Soil Groups:			
3. Please Identify the Amount of Each Best	Management Pract	ices (BMPs) Utilized in De	esign Below:
Bioretention Systems Constru			
Infiltration Basins Combination			
Pervious Paving Systems			Wet Ponds
Grass Swales Subsurfa	ce Gravel Wetlands	Other	
	Storm Event Inf	ormation	
Storm Event - Rainfall (inches and duration)	: 2 yr.: _		10 yr.:
	100 yr.:		WQDS:
Runoff Computation Method:			
NRCS: Dimensionless Unit Hydrograph	NRCS: Delmarva U	nit Hydrograph Rat	ional Modified Rational
Oth	er:		
Basin	Specifications (ans	wer all that apply)	
If mo	ore than one basin, att	ach multiple sheets	
1. Type of Basin:	Surfac	ce/Subsurface (select one	e): Surface Subsurface
2. Owner (select one):			
Public	Private: If so, Na	me:	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	•		Obtained:
7. Groundwater Recharge Methodology (s	· · · · · · · · · · · · · · · · · · ·	ar Difference NJG	
8. Groundwater Mounding Analysis (select		No If, Yes Method	
9. Maintenance Plan Submitted: Yes	No Is the	Basin Deed Restricted:	Yes No

Comments:

Name of Person Filling Out This Form: _____

Signature: _____

Title: _____

Date: _____

Basin Specifications (answer all that apply) *If more than one basin, attach multiple sheets*					
1. Type of Basin:	Surface/Subsurface (select one): Surface Subsurface				
2. Owner (select one):					
Public	Private: I	f so, Name:	Phone n	number:	
3. Basin Construction Completion Date:					
4. Drain Down Time (hr.):					
5. Design Soil Permeability (in./hr.):					
6. Seasonal High Water Table Depth fror	n Bottom of Bas	sin (ft.):	Date Obtained	:	
7. Groundwater Recharge Methodology	(select one):	2 Year Difference	NJGRS	Other	NA
8. Groundwater Mounding Analysis (sele	ct one): Yes	No If, Ye	es Methodology Us	ed:	
9. Maintenance Plan Submitted: Yes	No	Is the Basin Deed Re	stricted: Yes	No	

Basin Specifications (answer all that apply) *If more than one basin, attach multiple sheets*					
1. Type of Basin:	Surface/Subsurface (select one): Surface Subsurface				
2. Owner (select one):					
Public	Private: I	f so, Name:	Phone r	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 Bas	sin (ft.):	Date Obtained	:	
7. Groundwater Recharge Methodology (select one):	2 Year Difference	NJGRS	Other	NA
8. Groundwater Mounding Analysis (select one): Yes No If, Yes Methodology Used:					
9. Maintenance Plan Submitted: Yes	No	Is the Basin Deed Res	stricted: Yes	No	

Basin Specifications (answer all that apply) *If more than one basin, attach multiple sheets*			
1. Type of Basin:	Surface/Subsurface (select one): Surface Subsurface		
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Public	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 fro	m Bottom of Basin (ft.):	Date Obtained:	
7. Groundwater Recharge Methodology	(select one): 2 Year Difference	NJGRS Other NA	
8. Groundwater Mounding Analysis (select one): Yes No If, Yes Methodology Used:			
9. Maintenance Plan Submitted: Yes	No Is the Basin Deed F	Restricted: Yes No	

Name of Person Filling Out This Form: _____

Title: _____

Signature:	

Date:_____