

Please complete all information on this form. This is required in order for us to proceed with the design of the stormwater treatment system. **If this form is returned incomplete it will delay the production process.** If information is not available, please contact the Project Engineer.

Contractor: _____

Project Name: _____

Location: _____

Project Engineer: _____ Contact: _____

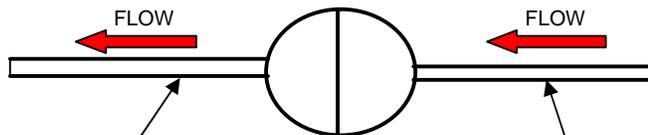
Phone Number _____

Structure Mark No.: _____

Site Engineer Specifications for Design Storm Hydrology:	
Return Interval, yrs: _____	Area, acres: _____
Intensity, in/hr: _____	% Paved: _____
Peak Runoff, cfs: _____	% Roof: _____
	% Vegetation: _____

Storm Treatment Unit
Rim Elev.: _____
Pipe Elev.: _____

Downstream
Manhole
CB
Pond
Stream
Ditch
Marsh
Rim Elev: _____
Invert Elev: _____



Upstream
Manhole
CB
Pond
Stream
Ditch
Marsh
Rim Elev: _____
Invert Elev: _____

Pipe Size(in): _____
Pipe Type _____
Pipe Length(ft) _____

Pipe Size(in): _____
Pipe Type _____
Pipe Length(ft) _____

Please attach a copy of the plan view for the Stormwater Treatment Chamber for pipe & structure orientation.