

Stormwater Treatment Project Inquiry Worksheet



PROJECT INFORMATION

Project Name: _____

Date: _____

City: _____

Province: _____ Postal Code: _____

Regulatory Agency: _____

DESIGNER INFORMATION

Name: _____

Company Name: _____

Email: _____

Address: _____ City: _____

Province: _____ Phone: _____

DESIGN DATA

Total Drainage Area (ha): _____

Percent Impervious (%): _____

Runoff Coefficient: _____

Time of Concentration (T_c) (min): _____

Peak Flow (L/s): _____

Frequency (eg. 10yr, 25yr or 100yr): _____

Water Quality Flow (L/s): _____

TSS Removal Goal (%): _____

Other Target Pollutants: _____

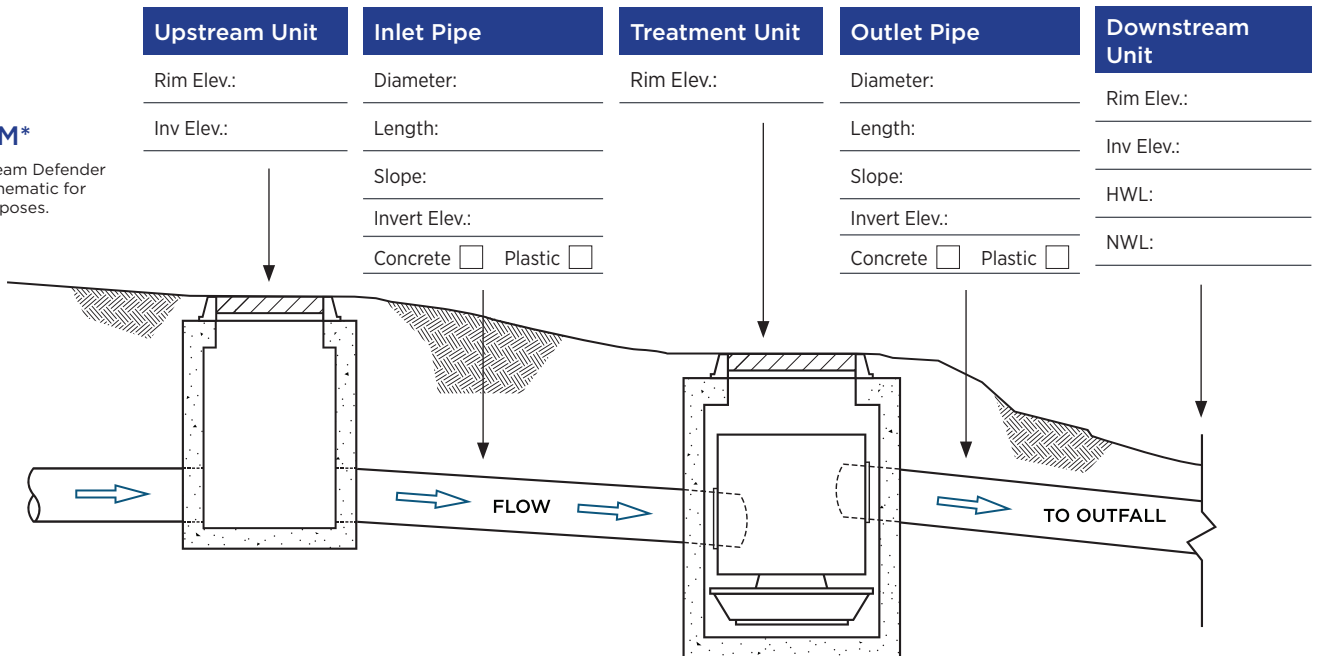
TSS Particle Size

OK-110 ETV (or NJDEP)

Fine Other: _____

DIAGRAM*

*The Downstream Defender is shown in schematic for illustrative purposes.



COMMENTS