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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: _____ (Optional)

Project Name: _____

Location: _____

Engineering Firm: _____ Contact: _____

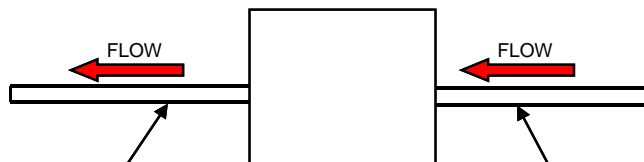
Phone Number _____ Email: _____

Structure Mark No.: _____

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

Specified System		Storm Treatment Unit
Specified Model		Rim Elev.: _____
		Pipe Elev.: _____

Downstream
Manhole
CB
Pond
Detention
Channel
WSE:
Rim Elev:
Invert Elev:



Upstream
Manhole
CB
Detention
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 Plan View