

Attachment D – Major Development Stormwater Summary

General Information			
1. Project Name:	295 Cedar Grove Lane		
2. Municipality:	Franklin	County:	Somerset
		Block(s):	508.02
		Lot(s):	.12
3. Site Location (State Plane Coordinates – NAD83):	E: 480,690	N: 608,730	
4. Date of Final Approval for Construction by Municipality:			
Date of Certificate of Occupancy:			
5. Project Type (check all that apply):	Residential <input checked="" 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 checked="" type="radio"/>	Land Use Permit #:
8. Did project require the use of any mitigation measures?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
If yes, which standard was mitigated?	_____		

Site Design Specifications	
1. Area of Disturbance (acres):	16.9
Area of Proposed Impervious (acres):	3.3
2. List all Hydrologic Soil Groups:	B & C
3. Please Identify the Amount of Each Best Management Practices (BMPs) Utilized in Design Below:	
Bioretention Systems	_____
Constructed Wetlands	_____
Dry Wells	4 _____
Extended Detention Basins	_____
Infiltration Basins	1 _____
Combination Infiltration/Detention Basins	_____
Manufactured Treatment Devices	5 _____
Pervious Paving Systems	6 _____
Sand Filters	_____
Vegetative Filter Strips	_____
Wet Ponds	_____
Grass Swales	_____
Subsurface Gravel Wetlands	_____
Other	_____

Storm Event Information			
Storm Event - Rainfall (inches and duration):	2 yr.: CA: 3.34" FA: 3.97" - 24 hrs	10 yr.: CA: 5.16" FA: 6.21" - 24 hrs	
	100 yr.: CA: 8.95" FA: 12.15" - 24 hrs	WQDS: 1.25" - 2 hrs	
Runoff Computation Method:	NRCS: Dimensionless Unit Hydrograph <input checked="" 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:	Infiltration _____ Surface/Subsurface (select one): Surface <input checked="" type="radio"/> Subsurface <input type="radio"/>
2. Owner (select one):	<input type="radio"/> Public <input checked="" type="radio"/> Private: If so, Name: _____ Phone number: _____
3. Basin Construction Completion Date:	
4. Drain Down Time (hr.):	6.9 hr
5. Design Soil Permeability (in./hr.):	1.125"
6. Seasonal High Water Table Depth from Bottom of Basin (ft.):	112.5
Date Obtained:	March 2024
7. Groundwater Recharge Methodology (select one):	2 Year Difference <input type="radio"/> NJGRS <input type="radio"/> Other <input type="radio"/> NA <input checked="" type="radio"/>
8. Groundwater Mounding Analysis (select one):	Yes <input checked="" type="radio"/> No <input type="radio"/> If, Yes Methodology Used: Hantush
9. Maintenance Plan Submitted:	Yes <input checked="" type="radio"/> No <input type="radio"/> Is the Basin Deed Restricted: Yes <input type="radio"/> No <input checked="" type="radio"/>

Comments:

Name of Person Filling Out This Form: Gregory Amen

Signature: [Signature]

Title: President

Date: 12/18/24