PROJECT INFORMATION		
	The DSC File Number is assigned by the Planning Department -	
DSC FILE NO. OR CIP NO.	Development Services Center (DSC) when the plan application i	
	initially submitted. For public projects that are not reviewed by	
	DSC, the Capital Improvement Project (CIP) Number shall be	
	used.	
TITLE OF PLANS	Use the Title of the plan set from the Cover Sheet.	
	The GPIN of the parcel on which the SWMF is located upon. If	
GPIN NUMBER (1234-56-7890)	there are multiple SWMFs then include the GPIN associated	
	with each SWMF.	
ADDRESS OF PROJECT	Physical address of project, also please include the name of the	
	subdivision or commercial development.	
PROJECT DATUM	The survey datum used for the project design.	
	Provide the total area (to the nearest one-hundredth acre) of	
TOTAL PROJECT AREA (IN ACRES)	the development (i.e. the total acreage of the larger common	
	plan of development or sale).	
TOTAL DISTURBED AREA OF PROJECT (IN ACRES)	Provide the estimated area (to the nearest one-hundredth acre)	
,	to be disturbed by the construction activity.	
	The Virginia 6th Order hydrologic unit code (VAHU6) for the	
STORMWATER MANAGEMENT TECHNICAL CRITERIA USED	discharge point of the facility shall be chosen from the	
	dropdown list. These codes are available from the Virginia	
	Hydrologic Explorer at	
	http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.	
	In direct the contempt of court of the CN/NE is been directly	
CITY WATERSHED NUMBER	Indicate the watershed number the SWMF is located in. Use	
CITY WATERSTIES HOMSER	the City GIS Map (https://gisapps.vbgov.com/map/) and select	
	Stormwater Drainage Basins under the Stormwater Map Contents section.	
	Contents section.	
PROJECT DRAINS TO ANOTHER MUNICIPALITY (YES OR NO)	Indicate with a Yes or No whether the stormwater collected on-	
	site discharges into a MS4 outside of the City of Virginia Beach.	
2-YEAR RAINFALL EVENT (IN INCHES)	Refer to Chapter 8 of the most recent version of the	
	Department of Public Works Specifications and Standards.	
10-YEAR RAINFALL EVENT (IN INCHES)	Refer to Chapter 8 of the most recent version of the	
	Department of Public Works Specifications and Standards.	
OF VEAD DAINEAU EVENT (IN INICHES)		
25-YEAR RAINFALL EVENT (IN INCHES)	Refer to Chapter 8 of the most recent version of the	
	Department of Public Works Specifications and Standards.	
50-YEAR RAINFALL EVENT (IN INCHES)	Defer to Chapter 9 of the most recent version of the	
	Refer to Chapter 8 of the most recent version of the Department of Public Works Specifications and Standards.	
	Department of rubile works specifications and standards.	
100-YEAR RAINFALL EVENT (IN INCHES)	Refer to Chapter 8 of the most recent version of the	
100 TEXIL TO MAN THE EVENT (IN MOTIES)	Department of Public Works Specifications and Standards.	
	Department of Fubile Works Specifications and Standards.	

SWMF DETAILS- RT Disconnect			
TENNES IN DISCOMMEN	Chaose from the Drandown for the Applicable DEO		
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Choose from the Dropdown for the Applicable DEQ Clearinghouse Specification Year		
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed Di Specification		
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6		
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address, enter it here.		
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both		
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.		
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above		
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	The Virginia 6th Order hydrologic unit code (VAHU6) for to discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virgin Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.		
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be public or privately maintained. If there is a dual responsibility, the choose Public.		
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWMF		
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be recently high risk runoff. Refer to attached List of Potential High Foundations.		
	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans.		
	DESIGN AS-BUILT		
NOTE: Fo	r As-built design, cross out any design changes on the plan sheet.		
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	Yes or No, does the SWMF tie into another downstream SWMF.		
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	If yes above, what is the name of the downstream SWMF Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhol inlet, pipe or ditch. If it discharges directly into state waters then it is not part of the MS4 system.		
TYPES OF SOILS	If the rooftop disconnect does not discharge into a alternative practice, choose from the dropdown what type of soil the rooftop disconnect discharges onto.		
TYPE OF PRETREATMENT, IF APPLICABLE	External, such as leaf screens in the gutters, etc.		
IMPERVIOUS AREA TREATED (IN SQUARE FEET)	Total rooftop area (to the nearest whole square foot) applicable to the rooftop disconnect.		
NUMBER OF DISCONNECTS	Enter the whole number of downspouts that have been disconnected.		

AVERAGE IMPERVIOUS AREA PER DISCONNECT	This calculates automatically. The DEQ requirement is that a single rooftop disconnection does not accept more than 100 square feet of impervious rooftop.	
ALTERNATIVE PRACTICE, IF APPLICABLE	Choose from the dropdown list, if applicable, what type of alternative practice the rooftop disconnect discharges into.	
FLOW PATH LENGTH (IN FEET)	Longest flow path shall be 75 feet (roof gutter or small residential impervious area)	
WIDTH OF DISCONNECT (IN FEET)	Width of the flow path should be at a minimum 10 feet wide and have a flow path no less than 40 feet	
DISCONNECTION SLOPE (IN PERCENTAGE)	Shall be <2%, or <5% with turf reinforcement	
DISCONNECT DISTANCE FROM BUILDING (IN FEET)	Extend downspouts 5 feet for simple building foundations.	
LATITUDE OF CENTER OF FACILITY	Provide the latitude to nine decimal places for the approximate center of the facility.	
LONGITUDE OF CENTER OF FACILITY	Provide the longitude to nine decimal places for the approximate center of the facility.	
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project, from the Runoff Reduction Spreadsheet.	
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet.	
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the Runoff Reduction Spreadsheet.	
OWNER OF SWMF FACILITY (FOR MAINTENANCE)		
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately	
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of	
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.	
OWNER'S E-MAIL ADDRESS	, i	

SWMF DETAILS		
STATES		
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Choose from the Dropdown for the Applicable DEQ Clearinghouse Specification Year	
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed DE Specification	
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6	
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address enter it here.	
PURPOSE	Choose from the dropdown whether the SWMF is designed f Water Quality, Water Quantity, or Both	
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for t discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virgin Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.	
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above	
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at	
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be publicly or privately maintained. If there is a dual responsibility, then choose Public.	
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SW	
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be received high risk runoff. Refer to attached List of Potential High Risk Runoff Operations.	
NOTE: E	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans. DESIGN AS-BUILT OF AS built design errors out any design changes on the plan shoot.	
NOTE. F	or As-built design, cross out any design changes on the plan sheet. • Output	
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	Yes or No, does the SWMF tie into another downstream SWMF.	
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF	
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhor inlet, pipe or ditch. If it discharges directly into state water then it is not part of the MS4 system.	
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharg to. Leave this cell blank if you answered yes to it discharging the City of Virginia Beach MS4 or if it discharges directly int state waters.	
TYPES OF SOILS	Choose from the dropdown list, type of soils in the conserved open space or filter strip area.	
FILTER STRIP OVERALL SLOPE (PERCENTAGE)	Provide the average slope of the filter strip, to the nearest one-tenth percentage.	
LENGTH OF FILTER STRIP (IN FEET)	The length of the filter strip in feet parallel to the stormwater flow.	
	-	

TOTAL AREA TREATED (IN SQUARE FEET)	The total area treated by the filter strip or conserved open	
	space, to the nearest whole square foot.	
IMPERVIOUS AREA TREATED (IN SQUARE FEET)	The portion of the total area treated from that is impervious, to	
	the nearest whole square foot.	
(1)	The portion of the total area treated from that is pervious, to	
PERVIOUS AREA TREATED (IN SQUARE FEET)	the nearest whole square foot.	
	·	
	List for both pervious and impervious area to the nearest whole	
CONTRIBUTING FLOW PATH TO FILTER (IN FEET)	foot. The maximum allowable flow length from adjacent	
	impervious area is 75 feet and 150 feet for adjacent pervious	
	area.	
IF APPLICABLE, LENGTH OF LEVEL SPREADER (IN FEET)	If applicable, provide the length of the engineered level	
IF AFFLICABLE, LENGTH OF LEVEL SPREADER (III FELT)	spreader to the nearest whole foot.	
IF APPLICABLE, TYPE OF LEVEL SPREADER	Choose from the dropdown list if applicable.	
UE ADDUCADLE TVOS OF DOLUMBADY CODE ADED (DOS TOS ATA 45 MT)	If applicable, choose from the dropdown list the type of pre-	
IF APPLICABLE, TYPE OF BOUNDARY SPREADER (PRE-TREATMENT)	treatment boundary spreader utilized.	
	, ,	
	Provide the latitude to nine decimal places for the approximate	
LATITUDE OF CENTER OF FACILITY	center of the facility.	
	Provide the longitude to nine decimal places for the	
LONGITUDE OF CENTER OF FACILITY		
	approximate center of the facility.	
	Dustrials the Astellahessahessas assessed as suited for the same is at	
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project,	
	from the Runoff Reduction Spreadsheet.	
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the	
(235, 121)	Runoff Reduction Spreadsheet.	
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the	
OWNER OF SWMF FACILITY (FOR MAINTENANCE)		
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately	
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of	
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.	
OWNER'S E-MAIL ADDRESS	1	
	1	

SWMF DETAILS			
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Choose from the Dropdown for the Applicable DEQ Clearinghouse Specification Year		
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed D Specification		
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6		
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address, enter it here.		
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both		
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.h		
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above		
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at		
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be public or privately maintained. If there is a dual responsibility, there choose Public.		
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWMF		
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be receivi high risk runoff. Refer to attached List of Potential High Risk Runoff Operations.		
	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans.		
	DESIGN AS-BUILT		
NOTE: For	r As-built design, cross out any design changes on the plan sheet.		
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	Yes or No, does the SWMF tie into another downstream SWMF.		
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF		
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhol inlet, pipe or ditch. If it discharges directly into state waters then it is not part of the MS4 system.		
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharges to. Leave this cell blank if you answered yes to it discharging to the City of Virginia Beach MS4 or if it discharges directly into state waters.		
TOTAL AREA TREATED (IN ACRES)	The total area treated by the filter strip or conserved open space, to the nearest whole square foot.		
IMPERVIOUS AREA TREATED (IN ACRES)	The portion of the total area treated from that is impervious, to the nearest whole square foot.		

	The portion of the total area treated from that is pervious, to
PERVIOUS AREA TREATED (IN ACRES)	the nearest whole square foot.
PERVIOUS AREA TREATED (IN ACRES)	Treatment volume required for the site in the nearest whole
TREATMENT VOLUME REQUIRED (IN CUBIC FEET)	cubic foot.
THE MINE WE VOLOME REQUIRED (IN CODIC FEET)	Treatment volume provided by the SWMF in the nearest cubic
TREATMENT VOLUME PROVIDED (IN CUBIC FEET)	foot.
(Provide the length of the grass channel to the nearest whole
LENGTH OF GRASS CHANNEL (IN FEET)	foot.
· · ·	Due tide the heathers width of the succession and to the succession
	Provide the bottom width of the grass channel to the nearest whole foot. The width shall be between 4 & 8 feet.
BOTTOM WIDTH OF GRASS CHANNEL (IN FEET)	whole foot. The width shall be between 4 & 8 feet.
	Provide the overall longitudinal slope of the grass channel to
LONGITUDINAL SLOPE (PERCENTAGE)	the nearest tenth of a percent.
	Enter the ratio of the side slopes for the grass channel,
SIDE SLOPES (H:V RATIO)	horizontal to vertical, to the nearest tenth of a foot.
	See Equation 3.5 from Specification No. 3 from the BMP
HYDRAULIC RESIDENCE TIME (MINUTES)	Clearinghouse to calculate the Hydraulic Residence Time for the
	Grass Channel in minutes.
	If applicable, choose from the dropdown list the type of
IF APPLICABLE, TYPE OF PRETREATMENT PROVIDED	pretreatment provided.
CHECK DAMS PROVIDED (YES OR NO)	Yes or No, are check dams provided in the grass channel.
NUMBER OF CHECK DAMS PROVIDED	If check dams are provided, enter the number of check dams.
LATITUDE OF CENTER OF FACILITY	Provide the latitude to nine decimal places for the approximate center of the facility.
LONGITUDE OF CENTER OF FACILITY	Provide the longitude to nine decimal places for the
LONGITUDE OF CENTER OF FACILITY	approximate center of the facility.
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project from, the Runoff Reduction Spreadsheet.
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet.
TOTAL NUTDO CENI DENAOVAL DV CNAME (LDC A/EAD)	Provide the total nitrogen removed by the SWMF, from the
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Runoff Reduction Spreadsheet.
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.
OWNER'S E-MAIL ADDRESS	viigiilia beacii bepartiileiit.
OWNER 3 E-IVIALE ADDICESS	

SWMF DETAILS		
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Choose from the Dropdown for the Applicable DEQ Clearinghouse Specification Year	
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed DEQ Specification	
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6	
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address, enter it here.	
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both	
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virgin Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.	
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above	
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virgir Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.	
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be publ or privately maintained. If there is a dual responsibility, the choose Public.	
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWMF	
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be received high risk runoff. Refer to attached List of Potential High Risk Runoff Operations.	
NOTE: Fo	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans. DESIGN AS-BUILT r As-built design, cross out any design changes on the plan sheet.	
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	Yes or No, does the SWMF tie into another downstream SWMF.	
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF	
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhold inlet, pipe or ditch. If it discharges directly into state waters then it is not part of the MS4 system.	
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharge to. Leave this cell blank if you answered yes to it discharging the City of Virginia Beach MS4 or if it discharges directly into state waters.	
TYPE OF SOILS	Choose the existing soil type from the dropdown menu of the existing soils for the area being amended.	
TOTAL AREA TREATED (IN ACRES)	The total area treated by the filter strip or conserved open space, to the nearest whole square foot.	
TOTAL MEATER (INVACALS)	space, to the nearest whole square foot.	

PERVIOUS AREA TREATED (IN SQUARE FEET)	The portion of the total area treated from that is pervious, to the nearest whole square foot.		
IMPERVIOUS AREA TREATED (IN SQUARE FEET)	The portion of the total area treated from that is impervious the nearest whole square foot.		
SURFACE AREA OF COMPOST TREATEMENT (IN SQUARE FEET)	Provide the surface area of the compost amended soils to nearest whole square foot.		
IC/SA RATIO	The ratio will calculate after the Impervious Area Treated and Surface Area of Compost Treatment is entered.		
AVERAGE DEPTH OF COMPOST ADDED (IN INCHES)	The average design/as-built depth of compost added to the nearest inch.		
INCORPORATION DEPTH (IN INCHES)	The average design/as-built incorporation depth to the nearest whole inch. See Table 4.3 in the applicable DEQ Clearinghouse for Specification 4.		
INCORPORATION METHOD	Choose the incorporation method from the dropdown menu.		
SOIL TESTING CONDUCTED PRE & POST CONSTRUCTION	Is soil testing for infiltration rates being conducted pre- and post construction. Answer yes or no for pre-construction in the design column, and answer yes or no for post-construction in the as-built column		
LATITUDE OF CENTER OF FACILITY	Provide the latitude to nine decimal places for the approximate center of the facility.		
LONGITUDE OF CENTER OF FACILITY	Provide the longitude to nine decimal places for the approximate center of the facility.		
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project, from the Runoff Reduction Spreadsheet.		
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet.		
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the Runoff Reduction Spreadsheet.		
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	+		
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately		
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of		
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.		
OWNER'S E-MAIL ADDRESS			
7.7			

SWMF DETAILS		
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Choose from the Dropdown for the Applicable DEQ Clearinghouse Specification Year	
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed DEC Specification	
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6	
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address, enter it here.	
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both	
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.ht	
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above	
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at	
MAINTENANCE RESPONSIBILITY	http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer. Choose from the dropdown whether the SWMF will be put or privately maintained. If there is a dual responsibility, the choose Public.	
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN	• • • • • • • • • • • • • • • • • • • •	
RECORDED (YES OR NO) HIGH RISK RUNOFF TO SWMF (YES OR NO)	dropdown whether a maintenance agreement for the SWI Choose from the dropdown whether the SWMF will be received high risk runoff. Refer to attached List of Potential High Runoff Operations.	
NOTE: Fo	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans. DESIGN AS-BUILT or As-built design, cross out any design changes on the plan sheet.	
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	Yes or No, does the SWMF tie into another downstream SWMF.	
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF	
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhorinlet, pipe or ditch. If it discharges directly into state water then it is not part of the MS4 system.	
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharg to. Leave this cell blank if you answered yes to it discharging the City of Virginia Beach MS4 or if it discharges directly int state waters.	
AREA OF ROOF (IN ACRES) DEPTH OF MEDIA (IN INCHES)	Surface area of the vegetated roof to the nearest hundredth of an acre. Provide the depth of media to the nearest whole inch.	
DEL TIT OF MILDIN (IN INCIDED)	Trovide the depth of media to the hearest whole men.	

	Vegetated roof volume is the roof area storage volume	
	provided in the media. Provide this volume to the nearest	
VEGETATED ROOF VOLUME (IN CUBIC FEET)	whole cubic foot.	
LATITUDE OF CENTER OF FACILITY	Provide the latitude to nine decimal places for the approximate	
LATITODE OF CENTER OF FACILITY	center of the facility.	
LONGITUDE OF CENTER OF FACILITY	Provide the longitude to nine decimal places for the	
LONGITUDE OF CENTER OF FACILITY	approximate center of the facility.	
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project,	
TO THE THOSE HOROS KENIO VILE REQUIRED (EBS) TEXIN)	from the Runoff Reduction Spreadsheet.	
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the	
TOTAL THOSI HOROS KLINIOVAL BY SWIMI (LBS) TEAK)	Runoff Reduction Spreadsheet.	
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the	
TOTAL NITROGEN REMOVAL BY SWIMI (LBS/TEAR)	Runoff Reduction Spreadsheet.	
OWNER OF SWMF FACILITY (FOR MAINTENANCE)		
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately	
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of	
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.	
OWNER'S E-MAIL ADDRESS		

SWMF DETAILS			
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Choose from the Dropdown for the Applicable DEQ Clearinghouse Specification Year		
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed DEC Specification		
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6		
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address, enter it here.		
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both		
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htr		
6TH LEVEL HUC NAME		omatically once the HUC Code is	
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.ht		
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be public or privately maintained. If there is a dual responsibility, then choose Public.		
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEF			
RECORDED (YES OR NO) HIGH RISK RUNOFF TO SWMF (YES OR NO)	dropdown whether a maintenance agreement for the SWMI Choose from the dropdown whether the SWMF will be receivi high risk runoff. Refer to attached List of Potential High Risk Runoff Operations.		
NOTE: E	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans. DESIGN AS-BUILT or As-built design, cross out any design changes on the plan sheet.		
SWMF PART OF A TREATMENT TRAIN (YES OR NO)			
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF		into another downstream SWMF.	
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	If yes above, what is the name of the downstream SWMF Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhol inlet, pipe or ditch. If it discharges directly into state waters then it is not part of the MS4 system.		
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharge to. Leave this cell blank if you answered yes to it discharging the City of Virginia Beach MS4 or if it discharges directly into state waters.		
ROOF AREA CAPTURED (IN SQUARE FEET)	Provide the footprint area of the roof that will capture wate into the Rainwater Harvesting System, to the nearest whole square foot.		
WATER USED FOR FLUSHING TOILETS/URINALS (YES OR NO)	Yes or No, will the captured water be used for flushing toilets/urinals.		
WATER USED FOR LAUNDRY (YES OR NO)	Yes or No, will the captured water be used for laundry facilities.		

WATER USED FOR IRRIGATION (YES OR NO)	Yes or No, will the captured water be used for irrigation.
WATER DIRECTED TO SECONDARY PRACTICE (YES OR NO)	Yes or No, will the captured water be diverted to a secondary practice.
WATER USED FOR COOLING TOWERS (YES OR NO)	Yes or No, will the captured water be used for cooling towers.
OTHER ADDITIONAL USES FOR THE WATER	Please list any additional uses for the captured water.
IS THERE A MUNICIPAL BACK UP SUPPLY (YES OR NO)	Yes or No, will the cistern used for the above practices have a back-up supply provided by a municipality.
LATITUDE OF CENTER OF FACILITY	Provide the latitude to nine decimal places for the approximate center of the facility.
LONGITUDE OF CENTER OF FACILITY	Provide the longitude to nine decimal places for the approximate center of the facility.
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project, from the Runoff Reduction Spreadsheet.
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet.
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the Runoff Reduction Spreadsheet.
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.
OWNER'S E-MAIL ADDRESS	

SWMF DETAILS	
	Choose from the Dropdown for the Applicable DEQ
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Clearinghouse Specification Year
DEO DECICAL ODECIFICATION MANAGE	Choose from the dropdown for the applicable designed DEQ
DEQ DESIGN SPECIFICATION NAME	Specification
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6
CHANG ADDRESS (IS DISSEDENT EDONA DROJECT ADDRESS)	If the SWMF address differs from the given Project Address,
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	enter it here.
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be publicly or privately maintained. If there is a dual responsibility, then choose Public.
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWMF has been recorded with the City of Virginia Beach.
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be receiving high risk runoff. Refer to attached List of Potential High Risk Runoff Operations.
	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans. DESIGN AS-BUILT
NOTE: F	or As-built design, cross out any design changes on the plan sheet.
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	Yes or No, does the SWMF tie into another downstream SWMF.
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhole, inlet, pipe or ditch. If it discharges directly into state waters then it is not part of the MS4 system.
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharges
TYPE OF PAVEMENT	Choose from the dropdown menu for the type of permeable pavement being used.
DESIGN SCALE OF PAVEMENT	Choose from the dropdown menu for the scale of pavement being used. Micro = 250-1000 sq. ft., Small = 1000 - 10,000 sq.
EXPECTED LOAD BEARING CAPACITY	Choose from the dropdown menu, the typical and expected loadings the pavement will subject to.
AREA OF PAVEMENT (IN ACRES)	The area of permeable pavement to the nearest hundredth of an acre.

TOTAL TREATED AREA (IN ACRES) The drainage area, including the pavement area, to the hundredth of an acre. The impervious area draining to the permeable pavement not include the permeable pavement area, to the not including the permeable pavement area, to the not include the	nent, does nearest nt, not earest avement This ratio ne nearest rest tenth
IMPERVIOUS DRAINAGE AREA TO PAVMENT (IN ACRES) not include the permeable pavement area, to the nundredth of an acre. The total drainage area to the permeable pavement area, to the new including the permeable pavement area, to the new hundredth of an acre. RATIO OF EXTERNAL DRAINAGE AREA TO PAVEMENT AREA TREATMENT VOLUME REQUIRED (IN CUBIC FEET) TREATMENT VOLUME PROVIDED (IN CUBIC FEET) INFILTRATION RATE OF IN-SITU SOULS (INCHES/HOUR) UNDERDRAIN PROVIDED (YES OR NO) not include the permeable pavement area, to the new hundredth of an acre. Formula will compute this automatically once the parea and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area are entered above. The area and external drainage area area entered above. The area and external drainage area area entered above. The area and external drainage area area entered above. The area and external drainage area area entered above. The area and external drainage area area area entered above. The area and external drainage area area area area area area area a	nt, not earest avement This ratio ne nearest rest tenth
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TREATMENT VOLUME REQUIRED (IN CUBIC FEET) TREATMENT VOLUME PROVIDED (IN CUBIC FEET) Whole cubic foot. Treatment volume provided by this SWMF to the near of a cubic foot. Provide the infiltration rate of the in-situ soils whe permeable pavement was constructed in inches/I UNDERDRAIN PROVIDED (YES OR NO) Whole cubic foot. Provide the infiltration rate of the in-situ soils whe permeable pavement was constructed in inches/I Yes or No, has an underdrain been provided for the permeable pavement.	rest tenth
INFILTRATION RATE OF IN-SITU SOULS (INCHES/HOUR) UNDERDRAIN PROVIDED (YES OR NO) of a cubic foot. Provide the infiltration rate of the in-situ soils whe permeable pavement was constructed in inches/lyses or No, has an underdrain been provided for the permeable pavement.	
INFILTRATION RATE OF IN-SITU SOULS (INCHES/HOUR) permeable pavement was constructed in inches/f Yes or No, has an underdrain been provided for the po	re the
UNDERDRAIN PROVIDED (YES OR NO)	
parameter	ermeable
SIZE OF UNDERDRAIN, IF PROVIDED (IN INCHES) If an underdrain is provided, please provide the size	e of the
PAVEMENT THICKNESS (IN INCHES) Provide the permeable pavement thickness in inc	ches.
BEDDING LAYER THICKNESS (IN INCHES) Provide the bedding layer thickness in inches	
RESERVOIR LAYER THICKNESS REQUIRED (IN INCHES) Provide the required reservoir layer thickness in ir	nches.
RESERVOIR LAYER THICKNESS PROVIDED (IN INCHES) Provide the provided reservoir layer thickness in ir	nches.
DEPTH TO GROUNDWATER (IN FEET) Provide the depth to the nearest tenth of a foot betw	
NUMBER OF OBSERVATION WELLS PROVIDED Enter the number of observation wells provide	
LATITUDE OF CENTER OF FACILITY Provide the latitude to nine decimal places for the appropriate to the facility.	oroximate
LONGITUDE OF CENTER OF FACILITY Provide the longitude to nine decimal places for	the
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR) Provide the total phosphorus removed required for th from the Runoff Reduction Spreadsheet.	e project,
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR) Provide the total phosphorus removed by the SWMF, Runoff Reduction Spreadsheet.	from the
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR) Provide the total nitrogen removed by the SWMF, fr	rom the
CHANGE OF CHANGE ACTUATY (FOR MAINTENANCE)	
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	National - 1
OWNER'S STREET ADDRESS See the Maintenance Agreement for the Owner of P	-
OWNER'S CITY, STATE AND ZIP CODE maintained SWMFs. Otherwise list the applicable of the state of	City of
OWNER'S TELEPHONE NUMBER Virginia Beach Department.	
OWNER'S E-MAIL ADDRESS	

SWMF DETAILS	
	Choose from the Dropdown for the Applicable DEQ
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Clearinghouse Specification Year
	Choose from the dropdown for the applicable designed DEQ
DEQ DESIGN SPECIFICATION NAME	Specification
ASSET CODE	See attached for Asset Code Selection for all SWMF types
ASSET CODE	except for DEQ Clearinghouse Specs 1-6
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address, enter it here.
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be publicly or privately maintained. If there is a dual responsibility, then choose Public.
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWMF has been recorded with the City of Virginia Beach.
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be receiving high risk runoff. Refer to attached List of Potential High Risk Runoff Operations.
NOTE: FO	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans. DESIGN AS-BUILT r As-built design, cross out any design changes on the plan sheet.
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	Yes or No, does the SWMF tie into another downstream SWMF.
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhole,
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	inlet, pipe or ditch. If it discharges directly into state waters then it is not part of the MS4 system.
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharges
SCALE OF INFILTRATION	practice; Micro = 250 - 2,500 sq. ft., Small = 2,500 - 20,000 sq. ft., Conventional 20,000 - 100,000 sq. ft.
SURFACE AREA OF FACILITY (IN SQUARE FEET)	Provide the surface area of the infiltration facility to the nearest whole square foot.
INFILTRATION TYPE	Choose from the dropdown menu for the type of infiltration practices used.
PRETREATMENT TECHNIQUES	Choose from the dropdown list for the type of pretreatment technique used.

PRETREATMENT TECHNIQUES (3 REQUIRED FOR LEVEL 2) Choose from the dropdown list for the type of pretreatment technique used. TOTAL AREA TREATED (IN ACRES) IMPERVIOUS AREA TREATED (IN ACRES) TREATMENT VOLUME REQUIRED (IN CUBIC FEET) TREATMENT VOLUME PROVIDED (IN CUBIC FEET) INFILTRATION RATE OF IN-SITU SOILS (INCHES/HOUR) DEPTH OF INFILTRATION PRACTICE (IN FEET) DEPTH OF INFILTRATION PRACTICE (IN FEET) DEPTH OF GROUNDWATER TABLE (IN FEET) DEPTH OF GROUNDWATER TABLE (IN FEET) DEPTH OF ROVIDED (YES OR NO) DEPTH OF ORDINDWATER TABLE (IN FEET) Provide the depth of the infiltration practice to the nearest tenth of a foot. DEPTH OF ORDINDWATER TABLE (IN FEET) Provide the depth of the infiltration practice to the nearest tenth of a foot. The provide the depth of the infiltration fractice to the nearest tenth of a foot. DEPTH OF ORDINDWATER TABLE (IN FEET) Provide the depth of the infiltration fractice to the nearest tenth of a foot. The provide the depth of the infiltration fractice to the nearest tenth of a foot. The provide the depth of the infiltration fractice to the nearest tenth of a foot. The provide the depth of the infiltration fractice to the nearest tenth of a foot. The provide the depth of the infiltration fractice to the nearest tenth of a foot. The provide the depth of the infiltration fractice to the nearest tenth of a foot. The provide the depth of the infiltration fractice to the nearest tenth of a foot. The provide the depth of the infiltration fractice to the nearest tenth of a foot. The provide the depth of the infiltration fra		
TOTAL AREA TREATED (IN ACRES) TOTAL AREA TREATED (IN ACRES) TOTAL AREA TREATED (IN ACRES) IMPERVIOUS AREA TREATED (IN ACRES) Total drainage area flowing to the filtering practice to the nearest hundredth of an acre. Amount of the total drainage area that is from impervious area to the nearest hundredth of an acre. TREATMENT VOLUME REQUIRED (IN CUBIC FEET) TREATMENT VOLUME PROVIDED (IN CUBIC FEET) TREATMENT VOLUME PROVIDED (IN CUBIC FEET) TREATMENT VOLUME PROVIDED (IN CUBIC FEET) TOTAL ARTON RATE OF IN-SITU SOILS (INCHES/HOUR) TOTAL ARTON RATE OF IN-SITU SOILS (INCHES/HOUR) DEPTH OF INFILTRATION PRACTICE (IN FEET) DEPTH OF INFILTRATION PRACTICE (IN FEET) DEPTH TO GROUNDWATER TABLE (IN FEET) Provide the depth of the insiltration practice to the nearest tenth of a foot. SIZE OF UNDERDRAIN (IN INCHES) If an underdrain is provided, provide the size of the underdrain pipe in inches. IS FACILITY OFF-LINE OR ON-LINE Choose from the dropdown menu whether the infiltration TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR) TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR) Provide the total phosphorus removed required for the project, from the Runoff Reduction Spreadsheet. TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR) Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet. TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR) Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet. TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR) Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet. TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR) Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet. TOTAL NITROGEN RE	PRETREATMENT TECHNIQUES (2 REQUIRED FOR LEVEL 1)	
IMPERVIOUS AREA TREATED (IN ACRES) Amount of the total drainage area that is from impervious area to the nearest hundredth of an acre. Amount of the total drainage area that is from impervious area to the nearest hundredth of an acre. Amount of the total drainage area that is from impervious area to the nearest hundredth of an acre. TREATMENT VOLUME REQUIRED (IN CUBIC FEET) TREATMENT VOLUME PROVIDED by this SWMF to the nearest tenth of a cubic foot. INFILTRATION RATE OF IN-SITU SOILS (INCHES/HOUR) Provide the infiltration rate of the in-situ soils at the location of the permeable pavement in inches/hour. Provide the depth of the infiltration practice to the nearest tenth of a foot. DEPTH OF INFILTRATION PRACTICE (IN FEET) Provide the depth to the nearest tenth of a foot. DEPTH OF INFILTRATION PRACTICE (IN FEET) Provide the depth to the nearest tenth of a foot. DEPTH OF OROUNDWATER TABLE (IN FEET) Provide the depth to the nearest tenth of a foot. DEPTH OF INFILTRATION PRACTICE (IN FEET) Provide the depth to the nearest tenth of a foot. DEPTH OF INFILTRATION PRACTICE (IN FEET) Provide the depth to the nearest tenth of a foot. DEPTH OF INFILTRATION PRACTICE (IN FEET) Provide the depth to the nearest tenth of a foot. DEPTH OF INFILTRATION PRACTICE (IN FEET) Provide the depth to the nearest tenth of a foot. DEPTH OF INFILTRATION PRACTICE (IN FEET) Provide the depth to the nearest tenth of a foot. DEPTH OF INFILTRATION PRACTICE (IN FEET) Provide the depth of the infiltration practice to the nearest tenth of a foot. Provide the depth of the nearest tenth of a foot. Provide the depth of the nearest tenth of a foot. Provide the depth of the nearest tenth of a foot. Provide the depth of the nearest tenth of a foot. Provide the depth of the nearest tenth of a foot. Provide the depth of the nearest tenth of a foot. Provide the depth of the nearest tenth of a foot.	PRETREATMENT TECHNIQUES (3 REQUIRED FOR LEVEL 2)	
TREATMENT VOLUME REQUIRED (IN ACRES) Amount of the total drainage area that is from pervious area to the nearest hundredth of an acre. TREATMENT VOLUME REQUIRED (IN CUBIC FEET) TREATMENT VOLUME PROVIDED (IN CUBIC FEET) Treatment volume required for the entire project to the nearest whole cubic foot. Provide the infiltration rate of the in-situ soils at the location of the permeable pavement in inches/hour. DEPTH OF INFILTRATION PRACTICE (IN FEET) DEPTH OF ROUNDWATER TABLE (IN FEET) Provide the depth of the infiltration practice to the nearest tenth of a foot. DEPTH OF GROUNDWATER TABLE (IN FEET) Provide the depth to the nearest tenth of a foot between the OBSERVATION WELL PROVIDED (YES OR NO) Yes or No, is an observation well provided. UNDERDRAIN (IN INCHES) If an underdrain is provided, provide the size of the underdrain pipe in inches. IS FACILITY OFF-LINE OR ON-LINE Choose from the dropdown menu whether the infiltration LATITUDE OF CENTER OF FACILITY Provide the latitude to nine decimal places for the approximate center of the facility. Provide the total phosphorus removed required for the project, from the Runoff Reduction Spreadsheet. TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR) Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total nitrogen removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total nitrogen removed by the SWMF, from the Runoff Reduction Spreadsheet. TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR) Provide the total nitrogen removed by the SWMF, from the Runoff Reduction Spreadsheet. See the Maintenance Agreement for the Owner of Privately OWNER'S STREET ADDRESS OWNER'S STREET ADDRESS See the Maintenance Agreement for the Owner of Privately OWNER'S CITY, STATE AND ZIP CODE OWNER'S TALEPHONE NUMBER	TOTAL AREA TREATED (IN ACRES)	
TREATMENT VOLUME REQUIRED (IN CUBIC FEET) Treatment volume required for the entire project to the nearest whole cubic foot. TREATMENT VOLUME PROVIDED (IN CUBIC FEET) TREATMENT VOLUME PROVIDED (IN CUBIC FEET) TREATMENT VOLUME PROVIDED (IN CUBIC FEET) Treatment volume provided by this SWMF to the nearest tenth of a cubic foot. Provide the infiltration rate of the in-situ soils at the location of the permeable pavement in inches/hour. DEPTH OF INFILTRATION PRACTICE (IN FEET) DEPTH TO GROUNDWATER TABLE (IN FEET) DEPTH TO GROUNDWATER TABLE (IN FEET) DEPTH TO GROUNDWATER TABLE (IN FEET) Provide the depth of the infiltration practice to the nearest tenth of a foot. Provide the depth to the nearest tenth of a foot between the Yes or No, is an observation well provided. UNDERDRAIN PROVIDED (YES OR NO) Yes or No, is an underdrain provided. If an underdrain is provided, provide the size of the underdrain pipe in inches. SEACILITY OFF-LINE OR ON-LINE LATITUDE OF CENTER OF FACILITY Provide the latitude to nine decimal places for the approximate center of the facility. Provide the longitude to nine decimal places for the TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR) Provide the total phosphorus removed required for the project, from the Runoff Reduction Spreadsheet. Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total nitrogen removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total nitrogen removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total nitrogen removed by the SWMF, from the Runoff Reduction Spreadsheet. See the Maintenance Agreement for the Owner of Privately OWNER'S STREET ADDRESS OWNER'S STREET ADDRESS See the Maintenance Agreement for the Owner of Privately OWNER'S STREET ADDRESS See the Maintenance Agreement for the Open of Privately OWNER'S STREED HONE NUMBER	IMPERVIOUS AREA TREATED (IN ACRES)	
TREATMENT VOLUME REQUIRED (IN CUBIC FEET) Treatment volume provided by this SWMF to the nearest tenth of a cubic foot. Provide the infiltration rate of the in-situ soils at the location of the permeable pavement in inches/hour. Provide the depth of the infiltration practice to the nearest tenth of a foot. DEPTH OF INFILTRATION PRACTICE (IN FEET) DEPTH TO GROUNDWATER TABLE (IN FEET) Provide the depth to the nearest tenth of a foot between the OBSERVATION WELL PROVIDED (YES OR NO) Yes or No, is an underdrain provided. If an underdrain is provided, provide the size of the underdrain pipe in inches. IS FACILITY OFF-LINE OR ON-LINE Choose from the dropdown menu whether the infiltration LATITUDE OF CENTER OF FACILITY Provide the latitude to nine decimal places for the approximate center of the facility. Provide the longitude to nine decimal places for the TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR) Provide the total phosphorus removed required for the project, from the Runoff Reduction Spreadsheet. Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total introgen removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total introgen removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total introgen removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total introgen removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total introgen removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total introgen removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total introgen removed by the SWMF, from the Runoff Reduction Spreadsheet. Provide the total introgen removed by the SWMF, f	PERVIOUS AREA TREATED (IN ACRES)	
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TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR) Runoff Reduction Spreadsheet. Provide the total nitrogen removed by the SWMF, from the OWNER OF SWMF FACILITY (FOR MAINTENANCE) OWNER'S STREET ADDRESS OWNER'S CITY, STATE AND ZIP CODE OWNER'S TELEPHONE NUMBER Runoff Reduction Spreadsheet. Provide the total nitrogen removed by the SWMF, from the See the Maintenance Agreement for the Owner of Privately maintained SWMFs. Otherwise list the applicable City of Virginia Beach Department.	TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	
OWNER OF SWMF FACILITY (FOR MAINTENANCE) OWNER'S STREET ADDRESS OWNER'S CITY, STATE AND ZIP CODE OWNER'S TELEPHONE NUMBER See the Maintenance Agreement for the Owner of Privately maintained SWMFs. Otherwise list the applicable City of Virginia Beach Department.	TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	
OWNER'S STREET ADDRESS See the Maintenance Agreement for the Owner of Privately maintained SWMFs. Otherwise list the applicable City of OWNER'S TELEPHONE NUMBER See the Maintenance Agreement for the Owner of Privately maintained SWMFs. Otherwise list the applicable City of Virginia Beach Department.	TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the
OWNER'S STREET ADDRESS See the Maintenance Agreement for the Owner of Privately maintained SWMFs. Otherwise list the applicable City of OWNER'S TELEPHONE NUMBER See the Maintenance Agreement for the Owner of Privately maintained SWMFs. Otherwise list the applicable City of Virginia Beach Department.	OWNER OF CAMPAF FACULTY (FOR A AND TENANCE)	
OWNER'S CITY, STATE AND ZIP CODE maintained SWMFs. Otherwise list the applicable City of Virginia Beach Department.	·	Continue Maintenance Assessment Continue Continu
OWNER'S TELEPHONE NUMBER Virginia Beach Department.		
OWNER'S E-MAIL ADDRESS		Virginia Beach Department.
	OWNER'S E-MAIL ADDRESS	

SWMF DETAILS	
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Choose from the Dropdown for the Applicable DEQ Clearinghouse Specification Year
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed DEQ Specification
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address, enter it here.
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be publicly or privately maintained. If there is a dual responsibility, then choose Public.
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWMF has been recorded with the City of Virginia Beach.
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be receiving high risk runoff. Refer to attached List of Potential High Risk Runoff Operations.
NOTE: Fo	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans. DESIGN AS-BUILT or As-built design, cross out any design changes on the plan sheet.
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	Yes or No, does the SWMF tie into another downstream SWMF. If yes above, what is the name of the downstream SWMF
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhole, inlet, pipe or ditch. If it discharges directly into state waters then it is not part of the MS4 system.
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharges to. Leave this cell blank if you answered yes to it discharging to the City of Virginia Beach MS4 or if it discharges directly into state waters.
SCALE OF BIORETENTION PRACTICE	Choose from the dropdown menu the scale of the bioretention practice; Micro = small practices designed to treat small areas such as rooftops, driveways and other on-lot features in single-

PRETREATMENT FOR MICRO-BIORETENTION	If using a micro-bioretention scale practice, choose from the dropdown menu which pretreatment practice is being used.
PRETREATMENT FOR BIORETENTION BASIN, ALONG WITH	If using a bioretention basin scale practice, choose from the
PRETREATMENT CELL	dropdown menu which pretreatment practice is being used
TOTAL ADDA TREATER (IN A CRES)	Total drainage area flowing to the filtering practice to the
TOTAL AREA TREATED (IN ACRES)	nearest hundredth of an acre.
INADED/JOLIC ADEA TDEATED (INLACRES)	Amount of the total drainage area that is from impervious area
IMPERVIOUS AREA TREATED (IN ACRES)	to the nearest hundredth of an acre.
PERVIOUS AREA TREATED (IN ACRES)	Amount of the total drainage area that is from pervious area to the nearest hundredth of an acre.
	Treatment volume required for the entire project to the nearest
TREATMENT VOLUME REQUIRED (IN CUBIC FEET)	whole cubic foot.
TREATMENT VOLUME REQUIRED (IN CURIO FEET)	Treatment volume provided by this SWMF to the nearest tenth
TREATMENT VOLUME PROVIDED (IN CUBIC FEET)	of a cubic foot.
INITIATION DATE OF INICITIA COURT (INICITES (LIQUID)	Provide the infiltration rate of the in-situ soils at the location of
INFILTRATION RATE OF IN-SITU SOILS (INCHES/HOUR)	the permeable pavement in inches/hour.
SURFACE AREA OF FACILITY (IN SQUARE FEET)	Provide the surface area of the bioretention practice to the
DEPTH OF PLANTING MEDIA (IN INCHES)	
DEFIT OF FLANTING WEDIA (IN INCIES)	Provide the depth of the planting media in inches.
ELEVATION OF TOP OF FACILITY	Provide the surface elevation of the bioretention practice to the
ELEVATION OF BOTTOM OF PLANTING MEDIA	Provide the elevation of the bottom of the planting media to
ELEVATION OF BOTTOW OF FLANTING WEDIA	the nearest hundredth of a foot.
DEPTH OF GRAVEL STORAGE BELOW PLANTING MEDIA	If applicable, provide the depth of the gravel storage below the planting media to the nearest inch. Provide the shortest flow path in the nearest whole foot. The
	•
LENGTH OF SHORTEST FLOW PATH (IN FEET)	shortest flow path is defined as the shortest length stormwater travels from entering the facility to the outlet structure. Refer to
LENGTH OF SHOKIEST FLOW FATH (IN FLET)	Section 6.3-BMP Geometry in DEQ Clearinghouse under
	Specification 9, Bioretention.
	Provide the overall length of the facility to the nearest whole
OVERALL LENGTH OF FACILITY (IN FEET)	foot. The overall length is defined as the length from the
OVERALL LENGTH OF FACILITY (INVILLY)	furthest away inlet to the outlet structure. Refer to Section 6.3-
RATIO OF SHORTEST FLOW PATH TO OVERALL LENGTH	This ratio is calculated automatically once the length of the
	, ,
UNDERDRAIN PROVIDED (YES OR NO)	Yes or No, is an underdrain provided in the facility.
SIZE OF UNDERDRAIN (IN INCHES)	If an underdrain is provided, provide the size of the underdrain pipe in inches.
IS PRACTICE ON-LINE OR OFF-LINE	Choose from the dropdown menu whether the bioretention
IS FINACTICE ON-LINE OR OFF-LINE	practice was designed/built to be on-line or off-line.
TYPE OF OVERFLOW STRUCTURE	Choose from the dropdown menu what type of overflow
THE OF OVERILOW STRUCTURE	structure is provided.
ELEVATION OF OVERFLOW STRUCTURE	Provide the elevation of the top of the overflow structure to the nearest hundredth of a foot.
MAXIMUM PONDING DEPTH (INCHES)	This calculates automatically once the elevation of the top of
	·
LATITUDE OF CENTER OF FACILITY	Provide the latitude to nine decimal places for the approximate
E. MODE OF CENTER OF FACILITY	center of the facility.
LONGITUDE OF CENTER OF FACILITY	Provide the longitude to nine decimal places for the

TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project, from the Runoff Reduction Spreadsheet.
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet.
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.
OWNER'S E-MAIL ADDRESS	

SWMF DETAILS	
	Choose from the Dropdown for the Applicable DEQ
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Clearinghouse Specification Year
	Choose from the dropdown for the applicable designed DEQ
DEQ DESIGN SPECIFICATION NAME	Specification
ACCET CODE	See attached for Asset Code Selection for all SWMF types
ASSET CODE	except for DEQ Clearinghouse Specs 1-6
CIMINAL ADDRESS (IE DIELEBENT EDOM DROIECT ADDRESS)	If the SWMF address differs from the given Project Address,
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	enter it here.
PURPOSE	Choose from the dropdown whether the SWMF is designed for
FORFOSE	Water Quality, Water Quantity, or Both
	The Virginia 6th Order hydrologic unit code (VAHU6) for the
	discharge point of the facility shall be chosen from the
HUC CODE (VAHU6)	dropdown list. These codes are available from the Virginia
	Hydrologic Explorer at
	http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.
	This is for each in a 10 City on the control of the
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is
	chosen above The Virginia 6th Order hydrologic unit code (VAHU6) for the
	discharge point of the facility shall be chosen from the
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	dropdown list. These codes are available from the Virginia
	Hydrologic Explorer at
	Choose from the dropdown whether the SWMF will be publicly
MAINTENANCE RESPONSIBILITY	or privately maintained. If there is a dual responsibility, then
MAINTENANCE RESPONSIBILITY	choose Public.
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWMF
RECORDED (YES OR NO)	has been recorded with the City of Virginia Beach.
	Choose from the dropdown whether the SWMF will be receiving
HIGH RISK RUNOFF TO SWMF (YES OR NO)	high risk runoff. Refer to attached List of Potential High Risk
	Runoff Operations.
	The Facility ID number is an alphanumeric designation chosen
	by the designer to identify the facility on the construction plans. DESIGN AS-BUILT
NOTE: FO	r As-built design, cross out any design changes on the plan sheet.
NOTE.TO	As built design, cross out any design changes on the plan sheet.
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	Yes or No, does the SWMF tie into another downstream SWMF.
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF
	Yes or No, does the SWMF discharge into a portion of the
DISCULADORS TO CITY OF MECIANA REACHASSA MES OR NO.	system owned by the City of Virginia Beach, such as a manhole,
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	inlet, pipe or ditch. If it discharges directly into state waters
	then it is not part of the MS4 system.
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharges
	to. Leave this cell blank if you answered yes to it discharging to
	the City of Virginia Beach MS4 or if it discharges directly into
	state waters.
TYPE OF SOILS	Choose the existing soil type from the dropdown menu of the
	existing soils for the site.
TOTAL AREA TREATED (IN ACRES)	Total drainage area to the swale to the nearest hundredth of an
	acre.

IMPERVIOUS AREA TREATED (IN ACRES)	Amount of the total drainage area that is from impervious area to the nearest hundredth of an acre.
PERVIOUS AREA TREATED (IN ACRES)	Amount of the total drainage area that is from pervious area to the nearest hundredth of an acre.
SURFACE AREA OF FACILITY (IN SQUARE FEET)	Surface area of the facility to the nearest whole square foot.
LONGITUDNAL SLOPE OF FACILITY (PERCENTAGE)	Longitudinal slope of the swale to in a percentage to the nearest tenth of a percent.
BOTTOM WIDTH OF SWALE (IN FEET)	Provide the bottom width of the swale to the nearest tenth of a foot.
SIDE SLOPES OF SWALE (H:V)	Provide the horizontal to vertical slope of the swale sides to the nearest tenth of a foot.
IS THE FACILITY ON-LINE OR OFF-LINE	Choose from the dropdown menu whether the dry swale was designed/built to be on-line or off-line.
DEPTH OF MEDIA (IN INCHES)	Provide the depth of the soil media in inches.
INFILTRATION RATE OF IN-SITU SOILS (INCHES/HOUR)	Provide the infiltration rate of the existing soils where the dry swale is to be constructed.
MAXIMUM DEPTH OF FACILITY (IN FEET)	The maximum depth of the swale to the nearest tenth of a foot, measured from the top of bank to the elevation of the channel at that point.
UNDERDRAIN PROVIDED (YES OR NO)	Yes or No, is an underdrain being provided.
NUMBER OF CLEANOUTS PROVIDED	If an underdrain is provided, enter the number of underdrain cleanouts provided.
NUMBER OF CHECK DAMS PROVIDED	If check dams are provide, enter the number of check dams provided.
DEPTH TO GROUNDWATER TABLE (IN FEET)	Enter the depth to the nearest tenth of a foot from the bottom of the dry swale to the elevation of the groundwater table.
IF APPLICABLE, TYPE OF PRETREATMENT PROVIDED	If pretreatment is provided, choose from the dropdown menu for the type of pretreatment provided.
LATITUDE OF CENTER OF FACILITY	Provide the latitude to nine decimal places for the approximate center of the facility.
LONGITUDE OF CENTER OF FACILITY	Provide the longitude to nine decimal places for the approximate center of the facility.
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project, from the Runoff Reduction Spreadsheet.
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the Runoff Reduction Spreadsheet.
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the Runoff Reduction Spreadsheet.
OWNED OF SWIME FACILITY/FOR ANY VITEWAYOR	
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	Coo the Meintenance Agreement for the Course of Division
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately
OWNER'S CITY, STATE AND ZIP CODE OWNER'S TELEPHONE NUMBER	maintained SWMFs. Otherwise list the applicable City of
OWNER'S TELEPHONE NOMBER OWNER'S E-MAIL ADDRESS	Virginia Beach Department.
OWINER 3 E-IVIAIL ADDRESS	

SWMF DETAILS	
	Choose from the Dropdown for the Applicable DEQ
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Clearinghouse Specification Year
DEO DECICAL ODECIFICATION MANAGE	Choose from the dropdown for the applicable designed DEQ
DEQ DESIGN SPECIFICATION NAME	Specification
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address, enter it here.
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be publicly or privately maintained. If there is a dual responsibility, then choose Public.
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWMF has been recorded with the City of Virginia Beach.
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be receiving high risk runoff. Refer to attached List of Potential High Risk Runoff Operations.
	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans. DESIGN AS-BUILT
NOTE: Fo	or As-built design, cross out any design changes on the plan sheet.
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	Yes or No, does the SWMF tie into another downstream SWMF.
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhole, inlet, pipe or ditch. If it discharges directly into state waters then it is not part of the MS4 system.
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharges to. Leave this cell blank if you answered yes to it discharging to the City of Virginia Beach MS4 or if it discharges directly into state waters.
TOTAL AREA TREATED (IN ACRES)	Total drainage area to the swale to the nearest hundredth of an acre.
IMPERVIOUS AREA TREATED (IN ACRES)	Amount of the total drainage area that is from impervious area to the nearest hundredth of an acre.
PERVIOUS AREA TREATED (IN ACRES)	Amount of the total drainage area that is from pervious area to the nearest hundredth of an acre.

	Treatment volume required for the entire project to the nearest
TREATMENT VOLUME REQUIRED (IN CUBIC FEET)	whole cubic foot.
	Treatment volume provided by this SWMF to the nearest tenth
TREATMENT VOLUME PROVIDED (IN CUBIC FEET)	of a cubic foot.
THE THE TOTAL THOUSE (IT GOSTOTELT)	01 d 6d516 1000
SURFACE AREA OF FACILITY (IN SQUARE FEET)	Surface area of the facility to the nearest whole square foot.
	Choose from the dropdown menu whether the dry swale was
IS THE FACILITY ON-LINE OR OFF-LINE	designed/built to be on-line or off-line.
	Provide the bottom width of the swale to the nearest tenth of a
BOTTOM WIDTH OF WET SWALE (IN FEET)	foot.
	Longitudinal slope of the swale to in a percentage to the
LONGITUDINAL SLOPE (PERCENTAGE)	nearest tenth of a percent.
,	Provide the horizontal to vertical slope of the swale sides to the
SIDE SLOPES (H:V RATIO)	nearest tenth of a foot.
,	If pretreatment is provided, choose from the dropdown menu
IF APPLICABLE, TYPE OF PRETREATMENT PROVIDED	for the type of pretreatment provided.
PLANTING PROVIDED WITHIN SWALE (YES OR NO)	Yes or No, are plantings provided within the swale.
,	If applicable, please provide the common names of the
TYPE OF PLANTINGS, IF APPLICABLE	plantings used.
CHECK DAMS PROVIDED (YES OR NO)	Yes or No, are check dams provided.
NUMBER OF CHECK DAMS PROVIDED	If Yes, enter the number of check dams.
LATITUDE OF OFFITER OF FACULTY	Provide the latitude to nine decimal places for the approximate
LATITUDE OF CENTER OF FACILITY	center of the facility.
LONGITUDE OF CENTED OF FACILITY	Provide the longitude to nine decimal places for the
LONGITUDE OF CENTER OF FACILITY	approximate center of the facility.
TOTAL BLIOCOLIODLIC DEMOVAL DECLUBED (LDC/VEAD)	Provide the total phosphorus removed required for the project,
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	from the Runoff Reduction Spreadsheet.
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the
TOTAL PHOSPHOROS REIVIOVAL BY SWIVIP (LBS/TEAR)	Runoff Reduction Spreadsheet.
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the
TOTAL NITHOGEN REMOVAL BY SWIMI (LBS) TEAR)	Runoff Reduction Spreadsheet.
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately
·	See the Maintenance Agreement for the Owner of Privately maintained SWMFs. Otherwise list the applicable City of
OWNER'S STREET ADDRESS	

SWMF DETAILS	
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Choose from the Dropdown for the Applicable DEQ Clearinghouse Specification Year
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed DEQ Specification
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address, enter it here.
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be publicly or privately maintained. If there is a dual responsibility, then choose Public.
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWMF has been recorded with the City of Virginia Beach.
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be receiving high risk runoff. Refer to attached List of Potential High Risk Runoff Operations.
NOTE: Fo	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans. DESIGN AS-BUILT or As-built design, cross out any design changes on the plan sheet.
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	Yes or No, does the SWMF tie into another downstream SWMF. If yes above, what is the name of the downstream SWMF
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhole, inlet, pipe or ditch. If it discharges directly into state waters then it is not part of the MS4 system.
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharges to. Leave this cell blank if you answered yes to it discharging to the City of Virginia Beach MS4 or if it discharges directly into state waters.
TOTAL TREATED AREA (IN ACRES)	Total drainage area to the filtering practice to the nearest hundredth of an acre.
IMPERVIOUS AREA TREATED (IN ACRES)	Amount of the total drainage area that is from impervious area to the nearest hundredth of an acre.

	Amount of the total drainage area that is from pervious area to
PERVIOUS AREA TREATED (IN ACRES)	the nearest hundredth of an acre.
PERVIOUS AREA TREATED (IN ACRES)	Treatment volume required for the entire project to the nearest
TREATMENT VOLUME REQUIRED (IN CUBIC FEET)	whole cubic foot.
TREATMENT VOLUME REQUIRED (IN COBIC FEET)	Treatment volume provided by this SWMF to the nearest tenth
TREATMENT VOLUME PROVIDED (IN CLIDIC FEET)	of a cubic foot.
TREATMENT VOLUME PROVIDED (IN CUBIC FEET)	If pretreatment is provided, choose from the dropdown menu
IF ADDUCADLE TYPE OF DEEDS ATMENT DROVIDED	
IF APPLICABLE, TYPE OF PRETREATMENT PROVIDED	the type of pretreatment provided. If a proprietary device is used, enter the make and model of the
IE DDODDIETADY DDETDEATMENT MAYE AND MODEL LISED	pretreatment device.
IF PROPRIETARY PRETREATMENT, MAKE AND MODEL USED	Choose from the dropdown menu the type of filtering practice
TVDE OF FILTED DDACTICE	
TYPE OF FILTER PRACTICE	employed.
	Enter the depth of the filtering media to the nearest tenth of a
FILTER MEDIA DEPTH (IN FEET)	foot.
	Enter the surface area of the filtering practice to the nearest
SURFACE AREA OF FILTERING PRACTICE (IN SQUARE FEET)	whole square foot.
	Choose from the dropdown menu Yes or No whether an
UNDERDRAIN PROVIDED (YES OR NO)	underdrain is provided.
	If an underdrain is provided, enter the number of observation
NUMBER OF OBSERVATION WELLS PROVIDED	wells provided.
	Enter the top elevation of the filtering practice surface to the
ELEVATION OF FILTERING PRACTICE SURFACE	nearest hundredth of a foot.
	Enter the top bank elevation for the filtering practice
TOP BANK ELEVATION OF IMPOUNDMENT	impoundment to the nearest hundredth of a foot.
TYPE OF OUTFALL	Choose from the dropdown menu the type of outfall provided.
LATITUDE OF CENTER OF FACILITY	Provide the latitude to nine decimal places for the approximate
2	center of the facility.
LONGITUDE OF CENTER OF FACILITY	Provide the longitude to nine decimal places for the
ESTAGRADE OF SERVER OF FACILITY	approximate center of the facility.
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project,
TOTAL FITOSFITOROS KLINIOVAL KLQOIKED (LBS/TEAK)	from the Runoff Reduction Spreadsheet.
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the
TOTAL FITOSPHONUS NEIVIOVAL BY SWIVIF (LBS/YEAK)	Runoff Reduction Spreadsheet.
TOTAL NITROCEN DEMONAL BY CLANAT (LDC (VEAD)	Provide the total nitrogen removed by the SWMF, from the
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Runoff Reduction Spreadsheet.
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.
OWNER'S E-MAIL ADDRESS	
OAALAFIL 2 F IAIUIF UDDIIF22	

SWMF DETAILS	
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Choose from the Dropdown for the Applicable DEQ
DEG DESIGN ST ECHTONTION (INCEED DING TENN)	Clearinghouse Specification Year
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed DEQ
	Specification See attached for Asset Code Selection for all SWMF types
ASSET CODE	except for DEQ Clearinghouse Specs 1-6
	If the SWMF address differs from the given Project Address,
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	enter it here.
DUDDOCE	Choose from the dropdown whether the SWMF is designed for
PURPOSE	Water Quality, Water Quantity, or Both
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be publicly or privately maintained. If there is a dual responsibility, then choose Public.
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWMF has been recorded with the City of Virginia Beach.
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be receiving high risk runoff. Refer to attached List of Potential High Risk Runoff Operations.
NOTE: Fo	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans. DESIGN AS-BUILT r As-built design, cross out any design changes on the plan sheet.
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	
` '	Yes or No, does the SWMF tie into another downstream SWMF.
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhole, inlet, pipe or ditch. If it discharges directly into state waters then it is not part of the MS4 system.
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharges to. Leave this cell blank if you answered yes to it discharging to the City of Virginia Beach MS4 or if it discharges directly into state waters.
	Total distance and the file of the state of
TOTAL TREATED AREA (IN ACRES)	Total drainage area to the filtering practice to the nearest hundredth of an acre.
	Amount of the total drainage area that is from impervious area
IMPERVIOUS AREA TREATED (IN ACRES)	to the nearest hundredth of an acre.

	Amount of the total drainage area that is from pervious area to
PERVIOUS AREA TREATED (IN ACRES)	the nearest hundredth of an acre.
	Treatment volume required for the entire project to the nearest
TREATMENT VOLUME REQUIRED (IN CUBIC FEET)	whole cubic foot.
	Treatment volume provided by this SWMF to the nearest tenth
TREATMENT VOLUME PROVIDED (IN CUBIC FEET)	of a cubic foot.
	Enter the maximum depth of the forebay to the nearest tenth of
FOREBAY MAXIMUM DEPTH (IN FEET)	a foot.
FOREBAY AQUATIC BENCH WIDTH (IN FEET)	Enter the width of the forebay aquatic bench width to the
FOREBAT AQUATIC BENCH WIDTH (IN FEET)	nearest tenth of a foot.
NUMBER OF WETLAND CELLS PROVIDED	Enter the number of wetland cells provided.
ELEVATION OF WETLAND CELLS	Enter the elevation of the wetland cells to the nearest
	hundredth of a foot.
OVERALL LENGTH OF WETLANDS (IN SECT)	Enter the overall length of the wetlands to the nearest whole
OVERALL LENGTH OF WETLANDS (IN FEET)	foot. The overall length is defined as the distance from the inlet
	to the outlet. Enter the overall width of the wetlands to the nearest whole
OVERALL WIDTH OF WETLANDS (IN FEET)	foot.
	This ratio will calculate automatically once the overall length
RATIO OF LENGTH TO WIDTH	and width of the wetlands is entered above.
	and width of the wedards is effected above.
	Enter the distance of the shortest flow path to the nearest
SHORTEST FLOW PATH (IN FEET)	whole foot. The shortest flow path represents the distance
	from the closest inlet to the outlet (see the Introduction to the
	New Virginia Stormwater Design Specifications).
RATIO OF SHORTEST FLOW PATH TO OVERALL LENGTH	This ratio will calculate automatically once the shortest flow
	path and overall length of the wetlands is entered above.
SIDE SLOPES OF WETLANDS (H:V)	Enter the ratio of the side slopes for the wetlands, horizontal to
,	vertical, to the nearest tenth of a foot.
TYPE OF SPILLWAY	Freeziska kura af arillusas uras idad
LATITUDE OF THE SPILLWAY	Enter the type of spillway provided.
LONGITUDE OF THE SPILLWAY	Enter the latitude for the center of the spillway. Enter the longitude for the center of the spillway.
LONGITUDE OF THE STILLWAT	Efficientie longitude for the center of the spinway.
STORM EVENT SPILLWAY DESIGNED	Enter the storm frequency that the spillway is designed for.
	Enter the elevation of the spillway to the nearest hundredth of
ELEVATION OF SPILLWAY	a foot.
LATITUDE OF CENTER OF FACILITY	Provide the latitude to nine decimal places for the approximate
LATITUDE OF CENTER OF FACILITY	center of the facility.
LONGITUDE OF CENTER OF FACILITY	Provide the longitude to nine decimal places for the
	approximate center of the facility.
	Drougle the total whose have a series of the district of the d
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project, from the Runoff Reduction Spreadsheet.
	Provide the total phosphorus removed by the SWMF, from the
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Runoff Reduction Spreadsheet.
	Provide the total nitrogen removed by the SWMF, from the
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Runoff Reduction Spreadsheet.
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.
OWNER'S E-MAIL ADDRESS	

SWMF DETAILS	
DEC DECICAL EDECIFICATION (MICHIGANIC VEGE)	Choose from the Dropdown for the Applicable DEQ
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Clearinghouse Specification Year
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed DEQ
DEQ DESIGN SEECH ICATION NAME	Specification
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6
	If the SWMF address differs from the given Project Address,
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	enter it here.
PURPOSE	Choose from the dropdown whether the SWMF is designed for
7 6 11 6 32	Water Quality, Water Quantity, or Both
	The Market City Code of Advantage of the Advantage City of the Code of the Code of the City of the Cit
	The Virginia 6th Order hydrologic unit code (VAHU6) for the
THIC CODE (VALUE)	discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia
HUC CODE (VAHU6)	Hydrologic Explorer at
	http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.
	, , , , , , , , , , , , , , , , , , ,
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is
OTT LEVEL TICK NAIVIE	chosen above
	The Virginia 6th Order hydrologic unit code (VAHU6) for the
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	discharge point of the facility shall be chosen from the
·	dropdown list. These codes are available from the Virginia
	Hydrologic Explorer at
AAAINITENAANGE DEGDONGIDUUTV	Choose from the dropdown whether the SWMF will be publicly
MAINTENANCE RESPONSIBILITY	or privately maintained. If there is a dual responsibility, then choose Public.
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN	If the SWMF will be privately maintained, choose from the
RECORDED (YES OR NO)	dropdown whether a maintenance agreement for the SWMF has been recorded with the City of Virginia Beach.
AUGU DIGU DUNGEF TO GIVINE (VEG OD NG)	Choose from the dropdown whether the SWMF will be receiving
HIGH RISK RUNOFF TO SWMF (YES OR NO)	high risk runoff. Refer to attached List of Potential High Risk
	Runoff Operations.
	The Facility ID number is an alphanumeric designation chosen
	by the designer to identify the facility on the construction plans.
	DESIGN AS-BUILT
NOTE: Fo	r As-built design, cross out any design changes on the plan sheet.
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	
` ,	Yes or No, does the SWMF tie into another downstream SWMF.
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF
	Yes or No, does the SWMF discharge into a portion of the
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	system owned by the City of Virginia Beach, such as a manhole, inlet, pipe or ditch. If it discharges directly into state waters
	then it is not part of the MS4 system.
	Choose from the dropdown list the MS4 the SWMF discharges
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	to. Leave this cell blank if you answered yes to it discharging to
	the City of Virginia Beach MS4 or if it discharges directly into
	state waters.
TOTAL AREA TREATED (IN ACRES)	Total drainage area to the wet pond to the nearest hundredth
	of an acre. Amount of the total drainage area that is from impervious area
IMPERVIOUS AREA TREATED (IN ACRES)	to the nearest hundredth of an acre.
	to the hearest hundreuth of all acre.

	Amount of the total drainage area that is from pervious area to
PERVIOUS AREA TREATED (IN ACRES)	the nearest hundredth of an acre.
TREATMENT VOLUME REQUIRED (IN CURIC FEET)	Treatment volume required for the entire project to the nearest
TREATMENT VOLUME REQUIRED (IN CUBIC FEET)	whole cubic foot.
TREATMENT VOLUME PROVIDED (IN CUBIC FEET)	Treatment volume provided by this SWMF to the nearest tenth
TREATMENT VOLUME PROVIDED (IN COBIC PLET)	of a cubic foot.
STORAGE VOLUME REQUIRED (IN CUBIC FEET)	Storage volume required to the nearest whole cubic foot.
STORAGE VOLUME PROVIDED (IN CUBIC FEET)	Storage volume provided to the nearest whole cubit foot.
FOREBAY MAXIMUM DEPTH (IN FEET)	Enter the maximum depth of the forebay to the nearest tenth of
	a foot.
FOREBAY AQUATIC BENCH WIDTH (IN FEET)	Enter the width of the forebay aquatic bench width to the
	nearest tenth of a foot.
WET POND AQUATIC BENCH WIDTH (IN FEET)	Enter the width of the wet pond aquatic bench width to the
	nearest tenth of a foot.
OVERALL LENGTH OF WET POND (IN FEET)	Enter the overall length of the wet pond to the nearest whole foot.
	Enter the overall width of the wet pond to the nearest whole
OVERALL WIDTH OF WET POND (IN FEET)	foot.
	This ratio will calculate automatically once the overall length
RATIO OF LENGTH TO WIDTH	and width of the wet pond are entered above.
	Enter the shortest flow path to the nearest whole foot. The
SHORTEST FLOW PATH (IN FEET)	shortest flow path represents the distance from the closest inlet
,	to the outlet.
RATIO OF SHORTEST FLOW PATH TO OVERALL LENGTH	This ratio will calculate automatically once the shortest flow
	path and overall length of the wet pond is entered above.
CIDE CLODES OF MET DOND (1114)	Enter the ratio of the side slopes for the wet pond, horizontal to
SIDE SLOPES OF WET POND (H:V)	vertical, to the nearest tenth of a foot.
AEDATION DRACTICE EMBLOVED (VES OR NO)	Choose from the dropdown menu, yes or no, whether an
AERATION PRACTICE EMPLOYED (YES OR NO)	aeration practice is provided for the pond.
TVDE OF CDULINAY	Falsatha Lasa Facillian and Mad
TYPE OF SPILLWAY LATITUDE OF THE SPILLWAY	Enter the type of spillway provided.
LONGITUDE OF THE SPILLWAY	Enter the latitude for the center of the spillway.
LONGITUDE OF THE SPILEWAY	Enter the longitude for the center of the spillway.
STORM EVENT SPILLWAY DESIGNED	Enter the storm frequency that the spillway is designed for.
	Enter the elevation of the spillway to the nearest hundredth of
ELEVATION OF SPILLWAY	a foot.
LATITUDE OF OFFICE OF THE COMMENT	Provide the latitude to nine decimal places for the approximate
LATITUDE OF CENTER OF FACILITY	center of the facility.
LONGITUDE OF CENTED OF FACILITY	Provide the longitude to nine decimal places for the
LONGITUDE OF CENTER OF FACILITY	approximate center of the facility.
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project,
TO THE FRIEND THE MOVAE NEQUINED (LDS) TEAM)	from the Runoff Reduction Spreadsheet.
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the
	Runoff Reduction Spreadsheet.
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the
	Runoff Reduction Spreadsheet.
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.
OWNER'S E-MAIL ADDRESS	

SWMF DETAILS	
	Choose from the Dropdown for the Applicable DEQ
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Clearinghouse Specification Year
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed DE Specification
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6
CANAGE ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Addres
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	enter it here.
PURPOSE	Choose from the dropdown whether the SWMF is designed Water Quality, Water Quantity, or Both
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virgini Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.h
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code chosen above
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virgini Hydrologic Explorer at
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be publ or privately maintained. If there is a dual responsibility, the choose Public.
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWM has been recorded with the City of Virginia Beach.
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be received high risk runoff. Refer to attached List of Potential High Rise. Runoff Operations.
	The Facility ID number is an alphanumeric designation chos by the designer to identify the facility on the construction plants DESIGN AS-BUILT
NOTF: Fo	or As-built design, cross out any design changes on the plan sh
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	Yes or No, does the SWMF tie into another downstream SWMF
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	If yes above, what is the name of the downstream SWMF Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manho inlet, pipe or ditch. If it discharges directly into state wate then it is not part of the MS4 system.
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharge to. Leave this cell blank if you answered yes to it discharging the City of Virginia Beach MS4 or if it discharges directly in state waters.
TOTAL AREA TREATED (IN ACRES)	Total drainage area to the wet pond to the nearest hundred Amount of the total drainage area that is from impervious a
IMPERVIOUS AREA TREATED (IN ACRES)	to the nearest hundredth of an acre.
PERVIOUS AREA TREATED (IN ACRES)	Amount of the total drainage area that is from pervious area
TREATMENT VOLUME REQUIRED (IN CUBIC FEET)	Treatment volume required for the entire project to the near

TREATMENT VOLUME PROVIDED (IN CUBIC FEET)	Treatment volume provided by this SWMF to the nearest tenth
STORAGE VOLUME REQUIRED (IN CUBIC FEET)	Storage volume required to the nearest whole cubic foot.
STORAGE VOLUME PROVIDED (IN CUBIC FEET)	Storage volume provided to the nearest whole cubit foot.
0.01.1.02	Enter the longitudinal slope of the pond to the nearest tenth of
LONGINTUDINAL SLOPE OF POND (PERCENTAGE)	a percentage.
DEPTH OF ED POND (IN FEET)	, p. 13. 3.0
,	Measured from the top of bank of the pond, enter the overall
OVERALL LENGTH OF ED POND (IN FEET)	length of the pond to the nearest whole foot.
	Measured from the top of bank of the pond, enter the overall
OVERALL WIDTH OF ED POND (IN FEET)	width of the pond to the nearest whole foot.
	This ratio will calculate automatically once the overall length
RATIO OF LENGTH TO WIDTH	and width are entered in above.
	Enter the shortest flow path to the nearest whole foot. The
	shortest flow path represents the distance from the closest inlet
SHORTEST FLOW PATH (IN FEET)	to the outlet.
	This ratio will calculate automatically once the overall length
RATIO OF SHORTEST FLOW PATH TO OVERALL LENGTH	and shortest flow path are entered in above.
	Enter the ratio of the side slopes for the wet pond, horizontal to
SIDE SLOPES OF ED POND (H:V)	vertical, to the nearest tenth of a foot.
TYPE OF PRINCIPAL SPILLWAY	Enter the type of spillway provided.
NORTHING OF PRINCIPAL SPILLWAY	Enter the latitude for the center of the spillway.
EASTING OF PRINCIPAL SPILLWAY	Enter the longitude for the center of the spillway.
STORM EVENT PRINCIPAL SPILLWAY DESIGNED	Enter the storm frequency that the spillway is designed for.
	Enter the elevation of the spillway to the nearest hundredth of
ELEVATION OF PRINCIPAL SPILLWAY	a foot.
TYPE OF EMERGENCY SPILLWAY	Enter the type of spillway provided.
NORTHING OF EMERGENCY SPILLWAY	Enter the latitude for the center of the spillway.
EASTING OF EMERGENCY SPILLWAY	Enter the longitude for the center of the spillway.
CTORNA EVENIT ENAFRICENCY CRITINAL RECICALER	Establishment of Community that the well as to declare disc
STORM EVENT EMERGENCY SPILLWAY DESIGNED	Enter the storm frequency that the spillway is designed for.
ELEVATION OF EMERCENCY CRITINARY	Enter the elevation of the spillway to the nearest hundredth of
ELEVATION OF EMERGENCY SPILLWAY	a foot.
	Provide the latitude to nine decimal places for the approximate
LATITUDE OF CENTER OF FACILITY	center of the facility.
	·
LONGITUDE OF CENTER OF FACILITY	Provide the longitude to nine decimal places for the approximate center of the facility.
	approximate tenter of the facility.
	Provide the total phosphorus removed required for the project,
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	from the Runoff Reduction Spreadsheet.
	Provide the total phosphorus removed by the SWMF, from the
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Runoff Reduction Spreadsheet.
	Provide the total nitrogen removed by the SWMF, from the
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Runoff Reduction Spreadsheet.
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.
OWNER'S E-MAIL ADDRESS	

SWMF DETAILS	
	Choose from the Dropdown for the Applicable DEQ
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Clearinghouse Specification Year
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed DEQ
	Specification
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address,
SWIN ADDRESS (II DITTERENT TROINT ROSECT ADDRESS)	enter it here.
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both
MANUFACTURER	Enter the manufacturer of the hydrodynamic device, this should
	be from the DEQ approved proprietary devices.
MAKE AND MODEL	Enter the make and model of the hydrodynamic device, this
	should be from the DEQ approved proprietary devices.
	The Vincinia Cab Orden budgelesis weit and a (VALUUC) for the
	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the
HUC CODE (VAHU6)	discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia
HOC CODE (VARIOU)	Hydrologic Explorer at
	http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is
OTH LEVEL HOC NAIVIE	chosen above
	List the names of any impaired segments of the receiving waters
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	listed on the most recent DEQ 305(b)/303(d) Water Quality
	Integrated Report. Attachment A has the current list for each
	6th Order HUC Code (VAHU6). Choose from the dropdown whether the SWMF will be publicly
MAINTENANCE RESPONSIBILITY	or privately maintained. If there is a dual responsibility, then
MANTENANCE REST ONSIBILITY	choose Public.
	If the SWMF will be privately maintained, choose from the
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN	dropdown whether a maintenance agreement for the SWMF
RECORDED (YES OR NO)	has been recorded with the City of Virginia Beach.
	Choose from the dropdown whether the SWMF will be receiving
HIGH RISK RUNOFF TO SWMF (YES OR NO)	high risk runoff. Refer to attached List of Potential High Risk
(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Runoff Operations.
	The Facility ID number is an alphanumeric designation chosen
	by the designer to identify the facility on the construction plans.
	DESIGN AS-BUILT
NOTE: Fo	r As-built design, cross out any design changes on the plan sheet.
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	Yes or No, does the SWMF tie into another downstream SWMF.
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF
,	Yes or No, does the SWMF discharge into a portion of the
DISCULADORS TO CITY OF MIDCINIA REACH MASA (MES OR MIC)	system owned by the City of Virginia Beach, such as a manhole,
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	inlet, pipe or ditch. If it discharges directly into state waters
	then it is not part of the MS4 system.
	Choose from the dropdown list the MS4 the SWMF discharges
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	to. Leave this cell blank if you answered yes to it discharging to
	the City of Virginia Beach MS4 or if it discharges directly into
	state waters.

TOTAL AREA TREATED (IN ACRES)	Total drainage area to the wet pond to the nearest hundredth
	Amount of the total drainage area that is from impervious area
IMPERVIOUS AREA TREATED (IN ACRES)	to the nearest hundredth of an acre.
	Amount of the total drainage area that is from pervious area to
PERVIOUS AREA TREATED (IN ACRES)	the nearest hundredth of an acre.
	Treatment volume required for the entire project to the nearest
TREATMENT VOLUME REQUIRED (IN CUBIC FEET)	whole cubic foot.
	Treatment volume provided by this SWMF to the nearest tenth
TREATMENT VOLUME PROVIDED (IN CUBIC FEET)	of a cubic foot.
LATITUDE OF CENTER OF FACILITY	Provide the latitude to nine decimal places for the approximate
LATITUDE OF CENTER OF FACILITY	center of the facility.
LONGITUDE OF CENTER OF FACILITY	Provide the longitude to nine decimal places for the
LONGITUDE OF CENTER OF FACILITY	approximate center of the facility.
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	Provide the total phosphorus removed required for the project,
TOTALT HOST HOROS KLINOVAL KLEGOIKED (LBS/TEAK)	from the Runoff Reduction Spreadsheet.
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Provide the total phosphorus removed by the SWMF, from the
TOTAL PRIOSPRIOROS REMOVAL BY SWIMI (LBS/TEAR)	Runoff Reduction Spreadsheet.
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the
TOTAL NITHOGEN KEMIOVAL BI SWIMI (LBS/TEAK)	Runoff Reduction Spreadsheet.
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.
OWNER'S E-MAIL ADDRESS	

SWMF DETAILS	
	Choose from the Dropdown for the Applicable DEQ
DEQ DESIGN SPECIFICATION (INCLUDING YEAR)	Clearinghouse Specification Year
DEQ DESIGN SPECIFICATION NAME	Choose from the dropdown for the applicable designed DEQ Specification
ASSET CODE	See attached for Asset Code Selection for all SWMF types except for DEQ Clearinghouse Specs 1-6
SWMF ADDRESS (IF DIFFERENT FROM PROJECT ADDRESS)	If the SWMF address differs from the given Project Address, enter it here.
PURPOSE	Choose from the dropdown whether the SWMF is designed for Water Quality, Water Quantity, or Both
MANUFACTURER	Enter the manufacturer of the filtering device, this should be from the DEQ approved proprietary devices.
MAKE AND MODEL	Enter the make and model of the filtering device, this should be from the DEQ approved proprietary devices.
HUC CODE (VAHU6)	The Virginia 6th Order hydrologic unit code (VAHU6) for the discharge point of the facility shall be chosen from the dropdown list. These codes are available from the Virginia Hydrologic Explorer at http://consapps.dcr.virginia.gov/htdocs/maps/HUExplorer.htm.
6TH LEVEL HUC NAME	This information will fill in automatically once the HUC Code is chosen above
IMPARED SEGEMENTS OF RECEIVING WATERS 305(b)/303(d)	List the names of any impaired segments of the receiving waters listed on the most recent DEQ 305(b)/303(d) Water Quality Integrated Report. Attachment A has the current list for each 6th Order HUC Code (VAHU6).
MAINTENANCE RESPONSIBILITY	Choose from the dropdown whether the SWMF will be publicly or privately maintained. If there is a dual responsibility, then choose Public.
IF PRIVATELY MAINTAINED, HAS A MAINTENANCE AGREEMENT BEEN RECORDED (YES OR NO)	If the SWMF will be privately maintained, choose from the dropdown whether a maintenance agreement for the SWMF has been recorded with the City of Virginia Beach.
HIGH RISK RUNOFF TO SWMF (YES OR NO)	Choose from the dropdown whether the SWMF will be receiving high risk runoff. Refer to attached List of Potential High Risk Runoff Operations.
NOTE E	The Facility ID number is an alphanumeric designation chosen by the designer to identify the facility on the construction plans. DESIGN AS-BUILT
NOTE: FO	or As-built design, cross out any design changes on the plan sheet.
SWMF PART OF A TREATMENT TRAIN (YES OR NO)	Yes or No, does the SWMF tie into another downstream SWMF.
IF PART OF TREATMENT TRAIN, RECEIVING FACILITY FOR SWMF	If yes above, what is the name of the downstream SWMF
DISCHARGES TO CITY OF VIRGINIA BEACH MS4 (YES OR NO)	Yes or No, does the SWMF discharge into a portion of the system owned by the City of Virginia Beach, such as a manhole, inlet, pipe or ditch. If it discharges directly into state waters then it is not part of the MS4 system.
DISCHARGES TO MS4 OTHER THAN CITY OF VIRGINIA BEACH	Choose from the dropdown list the MS4 the SWMF discharges to. Leave this cell blank if you answered yes to it discharging to the City of Virginia Beach MS4 or if it discharges directly into state waters.
TOTAL AREA TREATED (IN ACRES)	Total drainage area to the wet pond to the nearest hundredth
	·

	Amount of the total drainage area that is from impervious area
IMPERVIOUS AREA TREATED (IN ACRES)	to the nearest hundredth of an acre.
	Amount of the total drainage area that is from pervious area to
PERVIOUS AREA TREATED (IN ACRES)	the nearest hundredth of an acre.
	Treatment volume required for the entire project to the nearest
TREATMENT VOLUME REQUIRED (IN CUBIC FEET)	whole cubic foot.
	Treatment volume provided by this SWMF to the nearest tenth
TREATMENT VOLUME PROVIDED (IN CUBIC FEET)	of a cubic foot.
	Provide the latitude to nine decimal places for the approximate
LATITUDE OF CENTER OF FACILITY	center of the facility.
	Provide the longitude to nine decimal places for the
LONGITUDE OF CENTER OF FACILITY	approximate center of the facility.
	approximate center of the facility.
TOTAL DUOCDUODUS DEMOVAL DECUMPED (LDS //FAD)	Provide the total phosphorus removed required for the project,
TOTAL PHOSPHORUS REMOVAL REQUIRED (LBS/YEAR)	from the Runoff Reduction Spreadsheet.
TOTAL DHOSDHODHS DEMOVAL DV SWIME (LDS /VEAD)	Provide the total phosphorus removed by the SWMF, from the
TOTAL PHOSPHORUS REMOVAL BY SWMF (LBS/YEAR)	Runoff Reduction Spreadsheet.
TOTAL NITROGEN REMOVAL BY SWMF (LBS/YEAR)	Provide the total nitrogen removed by the SWMF, from the
TOTAL NITROGEN REINIOVAL BY SWINIF (LBS/TEAR)	Runoff Reduction Spreadsheet.
OWNED OF SWIME FACILITY (FOR MAINTENANCE)	
OWNER OF SWMF FACILITY (FOR MAINTENANCE)	Con the Maintenance Assessment for the Course of Delivery
OWNER'S STREET ADDRESS	See the Maintenance Agreement for the Owner of Privately
OWNER'S CITY, STATE AND ZIP CODE	maintained SWMFs. Otherwise list the applicable City of
OWNER'S TELEPHONE NUMBER	Virginia Beach Department.
OWNER'S E-MAIL ADDRESS	