Preliminary Stormwater Quality Compliance Form

City Wide Job # _____

(This form is to be used in conjunction with the City's Stormwater Quality Design Manual, and should be submitted with all new development and redevelopment applications. Download latest edition at http://www.roseville.ca.us)

1) Project Information

Project name:_____ Assessor Parcel Number(s):_____

Site Address:_____

Applicant Name:_____ Phone Number:_____

Address:_____

Project Contact:_____ Phone Number:_____

Project Category (check all that apply): *Refer to Design Manual Table 3-2 for Project Categories*

- ☐ *Residential (Single Family)*
- ☐ *Residential (Multi-Family)*
- ☐ *Commercial Developments*
- ☐ *Automotive Repair Shops*
- ☐ *Retail Gasoline Outlets*
- ☐ *Restaurants*
- ☐ *Industrial Development*
- ☐ *Hillside Developments*
- ☐ *Parking Lot*

Project Gross Area :_____(acres) Improvement Area :_____(acres)

Existing Impervious Surface Area:_____ Proposed Total Impervious Surface Area:_____ (acres)

Watershed or receiving water:_____

2) Source Controls (check applicable pollutant sources):

Refer to Design Manual Table 3-2 for Requirements

- ☐ *Storm Drain Message and Signage*
- ☐ *Fueling Areas*
- ☐ *Loading/Unloading Areas*
- ☐ *Outdoor Storage Areas*
- ☐ *Outdoor Work Areas*
- ☐ *Vehicle/Equipment Wash Areas*
- ☐ *Waste Management Areas*
- ☐ *Other Describe*_____

3) Runoff Reduction Measures:

Refer to Design Manual Table 3-2 for Requirements

Will runoff reduction measures be utilized for this project? ☐Yes ☐No

If yes, check selected runoff reduction measures to be used, and attach Runoff Reduction worksheets (Design Manual Appendix D).

- ☐ *Alternative Driveway Design*
- ☐ *Disconnected Roof Drains*
- ☐ *Divided Sidewalks*
- ☐ *Not Directly Connected Pavement*
- ☐ *Green Roof*
- ☐ *Interceptor Trees*
- ☐ *Porous Pavement*
- ☐ *Other Describe*_____

4) Treatment Requirements

Refer to Design Manual Table 3-2 for Requirements

Is treatment required? ☐Yes ☐No If no, form is complete with signature.

Otherwise, indicate number of sheds:_____ Complete following treatment sections of this form.

Early consideration of stormwater quality during site planning may reduce the overall cost of treatment controls. Runoff reduction methods and innovative design options can drastically reduce the size of treatment options. In addition, early consideration allows for non-proprietary treatment options that can significantly reduce construction and maintenance costs.

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5) Attach Project Overview and Stormwater Quality Narrative

☐ Include Project description indicating nature of project (e.g. is it a newly developing site, replacement of previously developed site, is it an infill site). Describe activities planned for site that may impact water quality such as a retail gasoline outlet as part of a development. Describe selected treatment options. If proposing proprietary measure, state why other treatment options are not feasible. Project description should be no more than 1 page relating to stormwater quality.

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6) Attach Preliminary Site Plans and/or Drawings Showing:

☐ Existing and natural hydrologic features
☐ Existing and proposed drainage system
☐ Proposed grading plan
☐ Proposed sheds including
- Name
- Existing amount of pervious and impervious areas
- Proposed amount of pervious and impervious areas
- Proposed treatment control measure(s)

☐ Pollutant source areas including loading docks, food service areas, refuse areas, outdoor processes and storage, vehicle cleaning, repair or maintenance, fuel dispensing, equipment washing, etc.
☐ Proposed design features to minimize impervious areas, applicable runoff reduction techniques, innovative design, and all treatment options selected

*Note: Preliminary plans should identify all treatment options proposed. Sufficient engineering should be completed to properly size stormwater quality control measures. For information related to correct sizing and other requirements refer to *Stormwater Quality Design Manual for Sacramento and South Placer Regions.*

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7) List Sheds and Selected Stormwater Quality Treatment Controls

Shed Name	Total Shed Area		Flow (cfs) or Volume (ft^3)	Treatment Controls Selected
	Impervious Area	Pervious Area		

Attach more sheets as necessary

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8) Signature

Print Name:_____ ___ Indicate Owner or Title _____

Signature:_____ Date:_____