## **Storm Water Control Plan**

| Project Name:  | Applicant:  |  |
|--|---|--|
| Project / Permit Number:   | Project / Permit Type(s):   |  |
| Location (Address and APN):  | Proposed Land Use:  □ Industrial □ Commercial □ Residential       |  |
| <ul><li>New Development</li><li>Redevelopment</li></ul>  | <ul><li>□ Not Phase 1</li><li>□ Phase 2</li><li>□ Other</li></ul> |  |
| Project Description:   |   |  |
| Method(s) proposed to infiltrate 95% of the 85¹ (.75 inch over 95% of the new and replaced im  □ Infiltration basin □ Infiltration Vault □ Bio-swale □ Rain barrels □ Engineered permeable pavement / pavers □ Other | •   |  |
| Site Design measures applicable to the proposa   30-foot buffer zone setback to outer edge of  Planned unit / cluster development  Rain gutters to landscaping.  Other   |   |  |
| List each Stormwater Control Measure included volume of water it will infiltrate, evaporate or re<br>Underground Vault – 2,600 cubic yards.  |   |  |
| 1.   |   |  |
| 2.   |   |  |
| 3.<br>4.   |   |  |
| т.   |   |  |

| List the proposed project's Watershe  | d Drainage Areas (W       | DAS) & run-on volume in c.r.s. |  |
|---|---------------------------|--------------------------------|--|
| that flows from each.   |                           |                                |  |
| Area 1. Area 2.   |                           |                                |  |
| Area 2. Area 3.   |                           |                                |  |
| Area 4.   |                           |                                |  |
| Area 5.   |                           |                                |  |
| Area 6.   |                           |                                |  |
| Identify any contribution to WDAs fro   | om run-on and the v       | olume of run-on per WDA        |  |
| 1.  | JIII Tuli Oli alia ale vi | oldine of full off per WDA.    |  |
| 2.  |                           |                                |  |
| 3.  |                           |                                |  |
| 4.  |                           |                                |  |
|   |                           |                                |  |
| Project Site Area:  |                           |                                |  |
|   |                           |                                |  |
| Total New Impervious Area:  |                           |                                |  |
|   |                           |                                |  |
| Total Existing Impervious Area To Be Replaced with New Impervious Area:   |                           |                                |  |
|   |                           |                                |  |
| Existing Importious Area Conve  | rted to Parvious A        | <b>200</b>                     |  |
| Existing Impervious Area Converted to Pervious Area   |                           |                                |  |
|   |                           |                                |  |
| Total Amount Required To Be In  | filtrated: [(total ne     | w impervious area + total      |  |
| replaced impervious area – any existing impervious area converted to pervious area) x   |                           |                                |  |
| $.95] \times .75/12 = $ cubic ft. sto   | orage needed.             | •                              |  |
|   |                           |                                |  |
|   |                           |                                |  |
| Certification   | f the proposed Char       |                                |  |
| The selection, sizing, and design of the rupoff from t  | •                         |                                |  |
| infiltrate 95% of the runoff from the 85 <sup>th</sup> percentile, 24-hour storm, over new and replaced impervious area drained to each infiltration facility, within 72 hours. |                           |                                |  |
| Teplacea impervious area arantea to   | cacii iiiiidadoii ias     | ty, Widini /2 Hodisi           |  |
|   |                           |                                |  |
| Civil Engineer Name:  | Signature:                | Date:                          |  |
|   | oignatal ci               |                                |  |
|   | _                         |                                |  |
| License No.   | _                         |                                |  |

If Alternative Compliance is required, please complete Lompoc PCR Alternative Compliance Worksheet