

WATER QUALITY REPORTING FORM

Project Name: _____

Project Address or Taxlot Number: _____

Date : _____

Total Site Area: _____

Existing Impervious Area: _____

New Impervious Area (in ROW): _____

New Impervious Area (on Private): _____

Modified or Replaced Impervious Area: _____

Is an existing WQF providing treatment: _____

New Water Quality Facilities. List each new facility and associated treatment area: _____

Is a fee-in leu option allowed (Describe justification): _____
