

Stormwater Best Management Practice Reporting Form

Please submit one form for each BMP on site

Site Name	
Plan Number	
Site Area (ac)	
Site Imp Area (ac)	
Seasonal High Ground Water Level (ft)	

BMP Type (use DEQ class if applicable)	
BMP Compliance Purpose (check all that apply)	<input type="checkbox"/> Water Quality <input type="checkbox"/> Water Quantity <input type="checkbox"/> Resilience Quotient <input type="checkbox"/> Other _____
BMP Latitude (decimal degrees)	
BMP Longitude (decimal degrees)	
BMP Drainage Area (ac)	
BMP Pervious Area Treated (ac)	
BMP Imperious Area Treated (ac)	
Phosphorous Reduced (lbs/yr)	
Nitrogen Reduced (lbs/yr)	
Sediment Reduced (lbs/yr)	
Treatment Volume (ft³)	
Storage Volume (ft³)	

Prepared By: _____
 (Name) _____ (Company) _____