



STORMWATER MANAGEMENT NOTICE OF CONSTRUCTION COMPLETION FORM (NOCC)

JURISDICTION: **ST. MARY'S COUNTY, MD**

PROJECT INFORMATION

NAME/STRUCTURE ID: Lot 4, Village Manor / M1-1, 4000 Gal. Cistern (Duel)

ADDRESS: 38252 Milestone Ln. CITY: Mechanicsville STATE: MD ZIP CODE: 20659

Tax Map 08 Block 06 Parcel 62 LUGM# 26-0615 DPW&T# _____

MARYLAND 8 DIGIT WATERSHED CODE: 02131101 Patuxent River lower

Location: NAD 83Coordinates (ft)	Easting (x) <u>1382071.84</u>	Northing (y) <u>287164.76</u>	conversion to →	Latitude (x) <u>38°27'18"</u>	Longitude (y) <u>76°45'23"</u>
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CONSTRUCTION PURPOSE: ☐ Conversion of Existing BMP (CONV) /Existing BMP Type _____

☒ New Development (NEWD) ☐ Restoration (REST) ☐ Redevelopment (REDE)

Implementation Cost: 5000

LAND USE: Category: 10 – Urban build-up Subcategory: 11-Low Density Residential (.2-2 du/Ac) FACILITY SITE LOCATION: On-Site

BMP CLASS	BMP TYPE
☐ (A) ALTERNATIVE PRACTICES	Choose an item
☒ (E) ENVIRONMENTAL SITE DESIGN	Rainwater Harvesting (MRWH)
☐ (S) STRUCTURAL PRACTICES	Choose an item

Facility Drainage Area (Ac): 0.05

Total Project Area (Ac): 0.58

Major Drainage Area ID # M1-1

Sub Drainage Area ID # DA-2

RCN: 70.00

Pe (in.) Treated Prior to Conversion (if applicable): _____

Pe REQ (in): 1.00

Pe Provided (in.) Rainfall treated for water quality (WQt): 2.80

EIA (Equivalent Impervious Area) (Ac): 0.07

Impervious Drainage Area (Ac.): 0.05

ALTERNATIVE BMP: Choose an item	Input Amount With Units: _____
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(Includes: Stream restoration, shoreline management, the elimination of discovered nutrient discharges from grey infrastructure, tree planting in riparian and urban areas, landcover conversions, floating treatment wetlands and street sweeping.)

TN Load Reduction Total: 0.551 TP Load Reduction Total: 0.072 TSS Load Reduction Total: 0.020

Pretreatment Practices: Choose an item

Product Name: _____ Manufacturer: _____ Model# _____

☐ Other (Description): _____

Name: Steve M. Vaughan Title: Land Surveyor Company: LSR INC.
Authorized Signature: _____ Ph: 301-475-2236

Steve M. Vaughan

OFFICIAL USE ONLY		
PERMIT ISSUANCE DATE: _____	AS-BUILT APPROVAL DATE: _____	FINAL INSPECTION DATE: _____
REVIEWED BY: _____	AUTHORIZED SIGNATURE: _____	
	NAME: _____	DEPT: _____
	TITLE: _____	BMP ID# XXXXXXXXXX