



# City of Rock Island Public Works Department

## Storm Water Basin ♦ Record Drawing Information

**SUBMIT WITHIN 90 DAYS OF PROJECT COMPLETION**

If you have any questions regarding this form, please call the City of Rock Island's Public Works Department at (309) 732-2200.

Project Name: \_\_\_\_\_ Project Address: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Contact Numbers: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Owner email: \_\_\_\_\_

Engineer Name: \_\_\_\_\_ Engineer Contact Numbers: \_\_\_\_\_

Engineer Company: \_\_\_\_\_ Engineer email: \_\_\_\_\_

Submittal Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

### RECORD DRAWING INFORMATION SUMMARY

**Attach the following information:**

- A. Record drawings (surveyed) of all stormwater features including contours of the storm water basin
- B. If the record drawing detention basin dimensions are different than that the approved design, new calculations must be submitted including the stage storage table

Basin Type (circle): Dry Detention, Wet Detention, Storm Water Wetland, Rain Garden/Bioretenion, other: \_\_\_\_\_

Record Drawing flow (Q) - 2y storm: \_\_\_\_\_ 10 yr storm: \_\_\_\_\_ 100 yr storm: \_\_\_\_\_

Existing (allowable) flow -2y storm: \_\_\_\_\_ 10 yr storm: \_\_\_\_\_ 100 yr storm: \_\_\_\_\_

Record Drawing volume -2 yr storm: \_\_\_\_\_ 10 yr storm: \_\_\_\_\_ 100 yr storm: \_\_\_\_\_

Required volume – 2 yr storm: \_\_\_\_\_ 10 yr storm: \_\_\_\_\_ 100 yr storm: \_\_\_\_\_

Water surface elevations- 2yr storm: \_\_\_\_\_ 10 yr storm: \_\_\_\_\_ 100 yr storm: \_\_\_\_\_

Elevation at top of pond: \_\_\_\_\_ Elevation of the overflow: \_\_\_\_\_ Freeboard provided: \_\_\_\_\_

Elevation at bottom of pond: \_\_\_\_\_ Pond Depth: \_\_\_\_\_

Outlet structure details: \_\_\_\_\_

Any other relevant information including explanation of undetained areas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional sheets as needed

\_\_\_\_\_  
 Name of Person Completing This Form      Signature of Person Completing This Form      Date

**THIS FORM MUST BE SUBMITTED TO THE FOLLOWING ADDRESS WITHIN 90 DAYS OF PROJECT COMPLETION:**

**CITY OF ROCK ISLAND PUBLIC WORKS DEPARTMENT  
 ATTN: STORM WATER DIVISION  
 1309 MILL STREET  
 ROCK ISLAND, IL 61201  
 PHONE: (309) 732-2200**

***Failure to close out the grading and drainage permit is a violation of the Storm Water Control Ordinance. Violations of the ordinance can result in fines of \$250-\$1,500 per violation per day.***