## Application Number

APPLICATION

VCAP Form 1
Part A. Application
1.-
 (PRINT) hereby make application to
| Soil \& Water Conservation District for cost-share assistance to purchase and install a best management practice as described in part B below.
I agree that all best management practice(s) approved will be installed, operated, and maintained in accordance with the practice(s) standard(s) and the Landowner Agreement (VCAP Form 3). I agree not to use the BMP for purposes of Nutrient Trading or regulatory compliance. I shall indemnify and save the District harmless from any and all claims for damages to persons or property arising from the installation, maintenance, repair, operation or use of the BMP(s).
I understand that it is my responsibility to pay in full all bills for work completed under this agreement prior to submission of eligible bills for reimbursement.
I understand that VCAP cost-share funds may be combined with other grant or cost-share resources, but may not exceed one hundred percent ( $100 \%$ ) of total costs for the practice.


The local Soil and Water Conservation District (SWCD) is required to issue a 1099-MISC to the internal Revenue Service (IRS) for any individual to whom it issues a check for $\$ 600.00$ or greater. Because the IRS uses the Social Security number or Federal Tax ID number as a unique identifier, the SWCD must collect that information from any individual to whom it issues a check. The SWCD does not use the Social Secunty number or Federal Tax ID number for any purpose other than that stated above.

Part B. Technical Determination and District Approval (To be completed by District Staff)

| Practice Code \& Title | Practice Size (sq. <br> ft. lin. ft.. gal) | Total Estimated Cost | Approved Estimated Cost-Share | Required Completion Date |
| :---: | :---: | :---: | :---: | :---: |
| eable Favement | $1,84 \bigcirc f^{2}$ | 2, 450, | \$10,000 |  |

I have reviewed this application and all supporting documentation and have indicated the quantity authorized based on technical need. This practice must be installed and certified by the completion date.


Approval to Forward Application:
X
District Director Signature Date

#  <br> Virginia Conservation Assistance Program <br>  

Application Number

JOB SHEET
VCAP Form 2
This Job Sheet is to be filled out by District technical staff. Please document any information that helps to describe any unique aspects of the project from design to completion. The Job Sheet is an active document and will need to be updated as the project progresses. It will document the installed practice and must be submitted to the Program Coordinator at project completion. If completed project differs from the original design approved by the Steering Committee, explain and justify the changes on this Job Sheet.

## Tracking and Reporting:



Site Assessment: Describe the current conditions of the site, landowner goals/concerns, resource concern needing to be addressed, and the proposed water quality benefit of the project. Note all ranking considerations and attach ranking spreadsheet. Include photo documentation of site conditions and resource concerns. (Describe or attach.) Ranking Score: $\qquad$

$$
\begin{aligned}
& \text { SITE HAS TCO MANY IMPERVIOUS SURFACES THAT } \\
& \text { CCNTRIBUTE TO SHEET FLOW KUNOFF INTO ADICINING } \\
& \text { STREET AND STCRM DRAIN SYSTEM. PLAN FSTO } \\
& \text { CAPTURE AND DISCCNNECT RUNOFF INTO THE SYSTEM } \\
& \text { AND DECREASE STORMWATER RUNOFF. }
\end{aligned}
$$

Project Layout: Attach an aerial of site and sketch or outline the practice layout, contributing drainage area, impervious area treated, location and flow paths of downspouts/channels, and any known utilities or rights-of-way. Note the proximity to waterways or stormwater conveyance systems. (Describe or attach.)

ATTACHED

## Application Number

Design and Specification: Include sizing calculations, practice dimensions, soil evaluation results, site preparation plan, pretreatment measures, outlet and overflow, cross section and profile, planting plan (with scientific names), and cost estimates. (Describe or attach.)

## ATTACHED

Construction and Installation: Include sizing calculations, practice dimensions, soil evaluation results, site preparation plan, pretreatment measures, outlet and overflow, cross section and profile, planting plan (with scientific names), and itemized cost estimates, including estimated volunteer labor time. (Describe or attach.)

## ATTACHED

Permits: Confirm local policies, such as land disturbance, grass heights, etc. (Describe or attach.)

$$
N / A
$$

Operation and Maintenance Plan: (Describe or attach.)
ATTACHED


Contributing Drainage Area $=5,100$ sq. ft .







## PERMEABLE PAVER CROSS SECTION



October 8, 2020


## Re: Permeable Paver Patio/Walkway - VCAP Specifications

## SCOPE OF WORK/TIMELINE

- Excavate concrete Driveway/walkways and set grade to allow for \& placement of base \& Geotextile Fabric for Erosion/Site Stabilization
- Supply and install compacted base material $8^{\prime \prime}$ of \#57 Stone base
- Supply and install $3^{\prime \prime}$ of \#8 Stone cap
- Supply and install pavers with soldier course
- Supply and install edge restraint as needed
- Sweep \#8 Stone in joints of pavers \& compact, Grade in existing topsoil at edges, to be seeded by Customer for Site Stabilization
- Project has No Site Constraints, Miss Utility Ticket will be issued
- Clean up \& removal of debris Daily


## Project Total <br> \$28,450.00 <br> Contract Deposit <br> 8,000.00

Balance due upon completion $\mathbf{\$ 2 0 , 4 5 0 . 0 0}$

## 5 Year Warranty - Labor • Lifetime Warranty on Product

Thank you for the opportunity to work with you on this project. Please feel free to contact me directly at $\qquad$
Best Regards,


## Site Constraints

There are no known site constraints to the proposed project. Prior to commencement of construction, the applicant will notify Miss Utility to determine what - if any - underground utilities are present in and near the proposed project site.

## Landscape Plan

Appropriate measures shall be undertaken to ensure adequate erosion and sedimentation protection occurs during construction. Following completion of construction, the contractor and/or property owner will regrade all disturbed areas to adjoin grades and these areas will either be seeded or sodded with turf grass, or the areas will be mulched and landscaped to tie into existing planting beds.

## Computations

Impervious Area Tv
$.95 / 12 * 3,140=248.58 \mathrm{cu} \mathrm{ft}$

Pervious Area Tv
$.22 / 12 * 1,960=35.93 \mathrm{cu} \mathrm{ft}$

Total Tv
$248.58+35.93=284.51$

Ds
$1^{*} 0.4=0.4$

SA
$284.51 / 0.4=711.28 \mathrm{sq} \mathrm{ft}$ permeable pavers with 1 ft reservoir layer



Dig a hole in the proposed jocarion, approximately 12 irches in depth and four to six ifiches in diameter 2 standard post hole digger is the typical tool of choico

3. Once the water has drained, refil the empty hole agqit with ater so that the water level is abour one inch from the rop of the hole. Use a stick to indicate the location of the surting witet level. Record the time using a watch. Measure the deptt of water wrh a ruler.
b. Record Moasurcmorts. Dopth, d is the difference between measurements. Infiltration Rate is the dopth, $d$ divided by the time interval., usually 1 poutr. Uss the lowest stoady state in-iltration tate.

2. Presook the hole. Fill with water to sidtarate the sal and then let stand until all the water has draired into the sal ${ }^{1}$ presoak drains away within ! hour, ropoat prosoak

4. Check the depth of water with a ruler evary hour for ar: ledst tour hours. I' presock drains whin 1 hour, measure every 10 minutes or less.

| Time (hours) | Measurement, m (inches) | Depth, d (inches) | Infiltration Rate, i (inches/hour) |
| :---: | :---: | :---: | :---: |
| 0 | 12,00 | 0.00 | $0 . C 0$ |
| 1 | ${ }^{\circ} \mathrm{C}, \mathrm{CC}$ | 4.00 | 4.C27 |
| 2 | 6.00 | (c.C) | $3 . \mathrm{Cl}$ |
| 3. | $65(2)$ | $7.00^{*}$ | 2.33 |
| 4 | 3.00 | 7.00 | 2.25 |
| 5 |  |  |  |
| 6 |  |  |  |

## Falling Head Infiltration Test

The is the approved irtiltration test for the Virginia Corservation Assistance Program.
Uye this mettod for Kain Carders, Dry Wells and any practice without an underdrain.
This is a 3 -dimersional flow percelation test, uptual verticul infiltration tates may be lenss, divide the rate by 2 if the failure of the practice will exasperate existing resource concerns or create naw ones.
In-iltution tates should be greater that 0.5 inches per hour.

| $\begin{aligned} & \text { approval to the VCAP Steering Committee. } \\ & \text { Include the Contract Number (Districtill - CYull - Application Numberwaid), Practice Code } \\ & \text { (abbreviation), Estimated Cost, Cost-Share Requested and Resource Concern. } \end{aligned}$ | Practice <br> Estimated Cost <br> Cost-Share Requested <br> What is the Resource Concern? |  | Pp |
| :---: | :---: | :---: | :---: |
|  |  |  | \$28,450.00 |
|  |  |  | \$10,000.00 |
|  |  |  | Excess Runoff |
| **Please only enter data in the "Input" column. "Points Earned" will be automatically generated.** |  |  |  |
| RANKING CRITERIA | Input (1/0) | POINT VALUE | POINTS EARNED |
| Site Assessment |  |  |  |
| Resource Concern identified and Addressed by the Selected BMP - Select One |  |  |  |
| Erosion Impact Avea (visible erosion andlor depostion): or | 0 | 20 | 0 |
| Excess Runoff (Land cover contributes to increased runoff volume and flow rate) | 0 | 15 | 0 |
|  | 1 | 10 | 10 |
| Ownership - Select One |  |  |  |
| The practice is for an individual Private Residence; or The practice is for a HOA or Business or Non-Proft; or The practice is for a Pubic Park or School or Facilty. | 1 | 10 | 10 |
|  | 0 | 7 | 0 |
|  | 0 | 5 | 0 |
| Presence of Stormwater Management Facilities Downstream of the Site |  |  |  |
| The ste runoff is currently untreated | 1 | 10 | 10 |
| Proximity to Stormwater Conveyance System or Waterway - Select One if applicable |  |  |  |
| Resource Concern within 40 feet, or | 0 | 20 | 0 |
| Resource Concern within 100 feet | 0 | 10 | 0 |
| Slope - Select One if applicable |  |  |  |
| The practice treats poorly vegetated or eroding slope equal to or greater than $15 \%$; or The practice mitigates concentrated runoff to a slope equal to or greater than $15 \%$ | 0 | 10 | 0 |
|  | 0 | 5 | 0 |
| TMDL Implementation Plan, MS4 Locality, or Comprehensive Stormwater Management Plan |  |  |  |
| Practice addresses local sediment or rutrient goals | 1 | 10 | 10 |
| BMP Selection |  |  |  |
| BMP Type - Select One if applicable |  |  |  |
| Is the proposed BMP structural (e.g. RG, DW, CW, VSC, RH, BR, IF, PP, GR)?, or | 1 | 10 | 10 |
| Converting Impervious Surface to Conservation Landscaping, or | 0 | 10 | 0 |
| Impervious Suface Removed, or | 0 | 5 | 0 |
| Living Shoreline proposed on ungrotected lands, or | 0 | 10 | 0 |
|  | 0 | 5 | 0 |
| Forested Riparian Buffer (minimum 35 feet wide); or Vegetated Filter Stip (minimum 35 feet wide) | 0 | 10 |  |
|  | 0 | 5 | 0 |
| Proposed BMP provides Alternative Disconnection |  |  |  |
| Selected BMP dsconnects and disperses impervibus runoff | 1 | 10 | 10 |
| Treatment Area (Does Not apply to LS or CL unless configured as Filter Strip with 35 feet minimum length) |  |  |  |
| Imput impervious Area Treated in square feet; and Input Total Contributing Drainage Acea in square feet | 3140 | 3.14 | $3.1$ |
|  | 5100 | 12.3 | $12.3$ |
| Installed Area - Select One |  |  |  |
| Input Surface Area of the Practice; orInput Galons of Storage; or | 1840 | 3.7 | 3.7 |
|  | 0 | 0.0 | 0.0 0.0 |
| Input Linear Foot of Practice instaled | 0 | 0.0 | 0.0 |
|  |  |  |  |
| Application Strength |  |  |  |
| Partnership |  |  |  |
| Applcant is working with a partrer agency or Non-Proft | 0 | 5 | 0 |
|  |  |  |  |
| Educational Value |  |  |  |
| Practice is pubidy accessibie or is part of an educational program | 0 | 10 | 0 |
|  |  |  |  |
| Cost Effectiveness |  |  |  |
| Cost per impervious Area Treated (\$/SF), and | 9.06 | 6.6 | 6.6 |
|  | 15.46 | 1.3 | 1.3 |
|  |  |  |  |
| Pollutant Removal |  |  |  |
| BMP Polutant Removal Effeciency (EFF) | 0.59 |  |  |
| Contributing Drainge Avea Weighted Runoff Valve (Rv) | 0.680980392 |  |  |
| Polltant Load (PL), Lbs Phosphons per year | 0.18 | 2.1 | 2.1 |
|  |  | TOTAL RANKING POINTS | 89.2 |

