

DESIGN REQUEST – KRAKEN FILTER

Please also provide Plans, Soils Report, and Specs.

1. Project Name: _____

2. Project Address: _____

3. Unit ID (if several units are on same project) _____

4. Your Name: _____

5. Your Contact Email/Phone #: _____

6. Desired Date to Receive Sizing/Drawings/Pricing: _____

7. Type of Project: Public Private

8. Configuration: Online Offline Not Sure

9a. Loading Requirements: Pedestrian H-20 Indirect H-20 Direct Special

9b. If Special, List details (i.e. HS25, Fire Truck Outrigger, Etc.) _____

Elevations -

10. Finish Grade Elevation (FS, TC, TG): _____

11a. Inlet Pipe Invert Elevation: _____

11b. Inlet Pipe Diameter/Type: _____

12a. Outlet Pipe Invert Elevation: _____

12b. Outlet Pipe Diameter/Type: _____

Soil Conditions & Flow Rates -

13. Ground Water: _____

14. Corrosive Soil Conditions: _____

15. Peak Flow Rate Q(100) or Q(50): _____ CFS (Dependent on local regulations)

16. Treatment Flow Rate Q(BMP): _____ CFS (Dependent on local regulations)

Please fax back to: (760) 433-3176
Or email to us: stormwater@forterrabp.com
Any questions, contact: (760) 433-7640

