Michigan Department of Transportation 2650 (10/2024)

POST CONSTRUCTION STORMWATER TREATMENT MAXIMUM EXTENT PRACTICABLE (MEP) STATEMENT OF CONSTRAINTS

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| ROUTE | CONTROL SECTION/PRN JOB NUMB | | R | | | | | |
|---|--|-----------------|---------------|-------------------|-------------------------|--|--|--|
| | | | | | | | | |
| PROJECTWISE link to plans | | | | | | | | |
| PROJECTWISE link to screening tool output | ıt | | | | | | | |
| MEP requests submitted after environmer | ntal certification | may result in | project dela | ays to restudy o | environmental impacts. | | | |
| Road section | | Urban | Rui | ral | NA | | | |
| | e | | | | | | | |
| Existing drainage system | | | | | Both | | | |
| | | | - | en Ditch | Both | | | |
| - | | | | | NA | | | |
| | | | | | | | | |
| Water Quality – I reatment standard is to | provide 80% sed | ment remova | I runoff from | the 90% non-ex | xceedance storm. | | | |
| 5 | | | | | | | | |
| Does project meet water quality | treatment goal? | Yes | No | | | | | |
| Water quality treatment values required | | | | Et3 | | | | |
| | | | | | | | | |
| vvater quality treatment volume | | | 1.0 | | | | | |
| List water quality post construction storm | water control m | easures (PC- | SCMs) inclu | ded as part of | the project: | | | |
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| • | | | | | | | | |
| | and the reason(s) | for not includi | ng them as p | art of the projec | t. Be as descriptive as | | | |
| possible. | 5014 | | | | | | | |
| | | | | | | | | |
| etc.), high water table, and/or other (describe). | Road section If project not a road, describe Existing drainage system Enclosed Open Ditch Both Proposed drainage system Proposed drainage system Enclosed Open Ditch Both Proposed drainage system Enclosed Open Ditch Both Proposed drainage system Proposed drainage system Enclosed Open Ditch Both Proposed drainage system Enclosed Open Ditch Both Proposed drainage system Proposed drainage system No NA NA NA NA NA NA NA NA NA | | | | | | | |
| , , | | | | | | | | |
| Water Quality PC-SCM Considered | d | | Reas | son(s) for Reje | cting | | | |
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| Channel Protection – Treatment standard is to infiltrance as dimperviousness. | te increased runoff from t | he 2-year, 2 ⁴ | I-hour storm fro | m areas with | | |
|--|---|---------------------------|--------------------|------------------|--|--|
| Does project meet channel protection treatment of 1If "N/A", continue to Signatures, otherwise continuations of the continuation of the continuati | - | Yes | No | N/A ¹ | | |
| Increased impervious area: | | | | Ft ² | | |
| Channel protection infiltration volume required: | | | | Ft ³ | | |
| Channel protection infiltration volume provided: | | | | Ft ³ | | |
| If infiltration provided is less than the treatment | volume required: | | | | | |
| Soil infiltration rate in potential PC-SCM area(s) |): | | | In/Hr | | |
| Will detention be provided to fully store the additi | ional runoff not being | V | NI- 2 | N1/A | | |
| infiltrated? | | Yes | No ² | N/A | | |
| ² If "No", list reason(s) detention is impracticable below | W. | | | | | |
| ist channel protection PC-SCMs included as part | of the project: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| LIST CHANNEL PROTECTION PC-SCMs CONSIDER f channel protection goal is not met, list all PC-SCMs co of the project. Be as descriptive as possible - include ad Reasoning can include: PC-SCMs don't fit within existing R.O. | onsidered for the project a Iditional sheets as necess | and the reaso | on(s) for not incl | | | |
| slopes do not allow for storage or treatment), obstructions with other (describe). Include reasoning why areas with acceptable | nin the R.O.W. (utilities, drain | nage, etc.), hig | | | | |
| Channel Protection PC-SCM Considered | | Reason(s) for Rejecting | | | | |
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| ubmit completed form to the Stormwater Program Man | ager (<u>PotvinC@Michigar</u> SIGNATURES | <u>1.gov</u>). | | | | |
| | | | | DATE | | |
| ROJECT MANAGER | SIGNATURE | | | DATE | | |
| SOCIATE REGION/DEVELOPMENT ENGINEER | SIGNATURE | | | DATE | | |
| | | | | | | |
| TORMWATER STEERING COMMITTEE CHAIR | SIGNATURE | | | DATE | | |
| | | | | | | |
| ormwater Steering Committee Review: Approve | ed Additional i | nformation n | eeded | | | |