FORM 4A
Configuration Name: _____

Information for Evaluation of Treatment Component

Instructions – Engineers with Assistance from Facilitator and Input from Authors Complete a Separate *FORM 4A* for Each Treatment Component Included in the Proposed Configuration

This FORM 4A can be completed after the Workshop but the Facilitator should be familiar with what is on this sheet while listening to the Authors discussing the Configuration. If appropriate, the Facilitator can ask questions of the Authors related to the items on FORM 4A and fill in information as obtained. However, try not to ask questions such that the Authors feel they need to provide this type of detailed information.

Engineers and Evaluations Team Members – this FORM 4A along with the FORM 4 should assist you in asking any questions of the Spokesperson and the Authors during the presentations on Day 2 of the Workshop.

Every item on form requires a response. Acceptable responses include "0" and "Not Applicable".

==========

Configuration Name (from *FORM 1*): _____
_____

Component Number and Name (from *FORM 2*): _____
_____
==========

<u>Treatment Component Volume, Depth, and Area</u>

Type of Treatment (check all that apply):
- _____ Mechanized like a Chemical Treatment Plant
- _____ Actively Managed like a Stormwater Treatment Area
- _____ Minimally Managed like a Wetlands
- _____ Passively Managed like Natural Lands

Volume in Acre-Feet of Water to be Treated (convert as necessary to ac-ft):
_____

Maximum Water Depth in Feet: _____

Depth of Excavation in Feet (depth below ground of the treatment component):
_____

Number of Gross Acreage: _____

FORM 4A
Configuration Name: _____

Treatment Component Volume, Depth, and Area (Continued)

Number of Net Acreage (assume 10% of acreage required for support features, assume 90% of acreage has water on it (net acreage)):_____

Length in Miles of Embankment (exterior):_____

Height in Feet of Embankment (typically 6 feet for depths less than 4 feet):
_____

Treatment Component Location – Soils, Land Use, and Topography

Soil Type: _____ Rock _____ Clay _____ Sand _____ Muck

Average Muck Depth in Feet: _____

Current Land Use (general description, details can be obtained from GIS coverage): _____

Site Preparation Required: _____ Clear Vegetation, Trees _____ Re-grading

Overall Topography Difference Across Component in Feet: +/- _____

Treatment Component Location – Land Ownership

Owner 1: _____ Acreage: _____
Owner 2: _____ Acreage: _____
Owner 3: _____ Acreage: _____
Owner 4: _____ Acreage: _____
Owner 5: _____ Acreage: _____

Treatment Component Location – Seepage Control in Addition to Seepage Canals

Length in Miles of Cutoff Wall: _____

Length in Miles of Liner: _____

Width in Feet of Liner: _____

FORM 4A
Configuration Name: _____

Treatment Component Operations - Inflow

Inflow Concentration in parts per billion (amount specified can be a range or single value) _____

Total Inflow Capacity to Treatment Component in Cubic Feet per Second (cfs) (convert to cfs if provided another unit): _____

Inflow Type: _____ Gravity _____ Pump _____ Gravity and Pump

Gravity Inflow Type: ___ Fixed ___ Adjustable

Gravity Inflow Structures: ___ Weir ____ Gate ____ Tower

Total Gravity Inflow Capacity in cfs: _____

Number of Gravity Inflow Structures: _____

Gravity Inflow Capacity in cfs for Each Structure: _____

Total Inflow Pump Station Capacity in cfs: _____

Number of Inflow Pump Stations: _____

Inflow Capacity in cfs for Each Pump Station: _____

Treatment Component Operations - Outflow

Total Outflow Capacity from Component in cfs: _____

Outflow Type: _____ Gravity _____ Pump _____ Gravity and Pump

Gravity Outflow Type: ___ Fixed ___ Adjustable ___ Weir ____ Gates ___ Tower

Total Gravity Outflow Capacity in cfs: _____

Number of Gravity Outflow Structures: _____

Gravity Outflow Capacity in cfs for Each Structure: _____

Total Outflow Pump Station Capacity in cfs: _____

Number of Outflow Pump Stations: _____

Configuration Name: _____

Treatment Component Operations – Outflow (Continued)

Outflow Capacity in cfs for Each Pump Station: _____

Treatment Component Operations - Interior

Minimum Water Depth in Feet (if allowed to dry out, depth is 0 feet): _____

Length in Miles of Embankment (interior):_____

Number of Internal Cells: _____

Total Number of Water Control Structures within All Cells: _____

Type of Structures within Cells: _____ Gravity _____ Pump _____ Siphon

Flow Capacity in cfs of Each Structure within Cells: _____

Treatment Component – Other Required Features

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____