



# CITY OF West Linn

## Designer's Certification and Statement

I hereby certify that the Stormwater Management design for the City of West Linn Library Parking Expansion is designed in accordance with the City of West Linn Public Works Design Standards and Standard Construction Specifications.

Storm run-off generated from this development is either collected and treated in a water quality facility, or reduced through the use of permeable pavers.

Type of Facility	Additional Area (square foot)	Method of Stormwater Management
Parking/Pathway	4,298	Impervious Reduction - Pervious Pavers
Street Improvement	1,101	Simplified Calculation – Rain Garden

Khoi Q. Le, P.E.  
Development Engineer  
City of West Linn – Public Works Department  
January 11, 2013



# CITY OF West Linn

## INFILTRATION TEST RESULTS

Property Address: 5750 Hood Street  
West Linn, OR 97068

Project Name: West Linn Library Parking Expansion

Purpose: Stormwater Management Design

Equipment Used: Auger, Shovel

Method: Simplified Approach Open Pit Infiltration Test

Date: 02/13/2013

Time: 10:45 AM

Weather: 46° F – Dry – Cloudy

Depth of Hole: 48"

Depth of Water: 6"

Water Level: 42"

Time Start	Time Increment	Test 1	
		Total Depth	Infiltration
11:00 AM			
11:01 AM	1'	45"	3"
11:02 AM	1'	45"	0"
11:03 AM	1'	45"	0"
11:13 AM	10'	46"	1"
11:23 AM	10'	47"	1"
11:33 AM	10'	48"	1"

**Infiltration: 6" in 33 minutes**



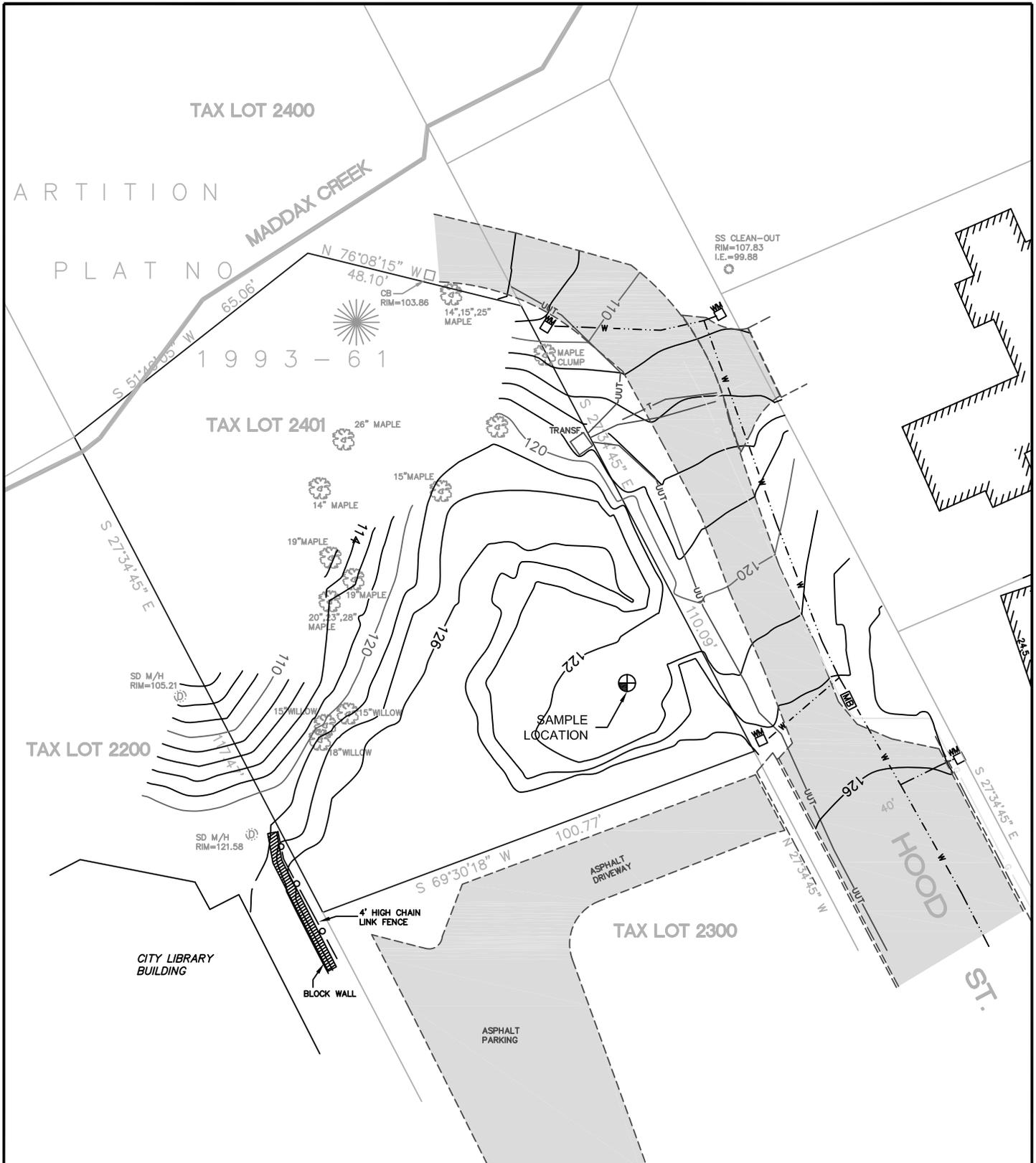
# CITY OF West Linn

Time Start	Time Increment	Test 2	
		Total Depth	Infiltration
12:15 PM			
12:25 PM	10'	43.5"	1.5"
12:45 PM	10'	44.5"	1"
1:05 PM	10'	45.5"	1"
1:15 PM	10'	46"	0.5"
1:25 PM	10'	46.25"	0.25"
1:35 PM	10'	46.50"	0.25"

**Infiltration: 4.5" in 60 minutes**

Time Start	Time Increment	Test 1	
		Total Depth	Infiltration
1:40 PM			
1:50 PM	10'	43"	1.0"
2:00 PM	10'	43.75"	0.75"
2:10 PM	10'	44.25"	0.5"
2:20 PM	10'	44.75"	0.5"
2:30 PM	10'	45.00"	0.25"
2:40 PM	10'	45.25"	0.25"

**Infiltration: 3.25" in 60 minutes**



REVISION
DETAIL
<b>1</b>
SHEET 1 OF 1

**West Linn**  
**Library Parking Expansion**

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**Infiltration Test Location Map**

CONSULTANT OR CONTRACTOR

NAME:  
ADDRESS:

PHONE:  
FAX:

PROJECT NO.:

DESIGNED BY: KLE  
DRAWN BY: KLE

CHECKED BY:

DATE: FEBRUARY 13, 2013



**CITY OF**  
**West Linn**

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