

## Stormwater Management Checklist for Site Plan Review

<input type="checkbox"/>	<b>SITE PLAN REVIEW APPLICATION</b>	<b>Project Name</b>	
<input type="checkbox"/>	<b>Date of Submittal</b> ___/___/_____	<b>Applicant's Name</b>	
<input type="checkbox"/>	<b>Engineer</b>	<b>Architect</b>	
<input type="checkbox"/>	<b>New Development</b>	<input type="checkbox"/>	<b>Re-Development</b>
<input type="checkbox"/>	<b>Total Area of Disturbance</b> _____ <b>Square Feet (SF)</b>		
<input type="checkbox"/>	< 5,000 SF and No Water Quality Threat {No Stormwater Management Plan Required}		
<input type="checkbox"/>	< 5,000 SF and Possible Water Quality Threat {Stormwater Management Plan Required}		
<input type="checkbox"/>	> 5,000 SF {Stormwater Management Plan Required}		
<b>STORMWATER MANAGEMENT PLAN – PART I</b>			
<input type="checkbox"/>	<b>EXISTING CONDITIONS PLAN</b>		
<input type="checkbox"/>	Title Block, Appropriate Scale, Legend, Datum, Locus Plan, Professional Stamp(s)		
<input type="checkbox"/>	Topographic Contours and benchmarks		
<input type="checkbox"/>	Buildings, Structures, Wells, Septic Systems, Utilities		
<input type="checkbox"/>	Water Bodies, Wetlands, Hydrologic Features, Soil Codes, Buffer Zone		
<input type="checkbox"/>	Area of Impervious Surface _____ SF		
<input type="checkbox"/>	Total Area of Pavement _____ SF	Area of Pervious Pavement _____ SF	
<input type="checkbox"/>	<b>PROPOSED CONDITIONS PLAN</b> (include above existing and below proposed features)		
<input type="checkbox"/>	Title Block, Appropriate Scale, Legend, Datums, Locus Plan, Professional Stamp(s)		
<input type="checkbox"/>	Topographic Contours and benchmarks		
<input type="checkbox"/>	Buildings, Structures, Wells, Septic Systems, Utilities		
<input type="checkbox"/>	Water Bodies, Wetlands, Hydrologic Features, Soil Codes, Buffer Zone		
<input type="checkbox"/>	Impervious Surface Area _____ SF	Impervious Surface Increase _____ SF	
<input type="checkbox"/>	Total Area of Pavement _____ SF	Area of Pervious Pavement _____ SF	
<input type="checkbox"/>	Effective Impervious Area (EIA) _____ SF		
<input type="checkbox"/>	Stormwater Management & Treatment System (Describe System Elements Below)		
<input type="checkbox"/>	Name of Receiving Waterbody _____		
<input type="checkbox"/>	Closed Drain & Catch Basin Network	<input type="checkbox"/>	Connected to Town Closed System
<input type="checkbox"/>	Detention Structure Types _____		
<input type="checkbox"/>	Structural BMP Types _____		
<input type="checkbox"/>	LID Strategies _____		
<input type="checkbox"/>	Estimated Value of Parts to be Town Owned and/or Maintained		\$ _____

STORMWATER MANAGEMENT PLAN – PART II				
<input type="checkbox"/> <b>DRAINAGE ANALYSIS</b>				
	24-Hour Storm Event	Runoff	Pre-Development	Post-Development
	<input type="checkbox"/> 1-inch	Rate	_____ Feet <sup>3</sup> /Sec (CFS)	_____ CFS
	<input type="checkbox"/> 1-inch	Volume	_____ Feet <sup>3</sup> (CF)	_____ CF
	<input type="checkbox"/> 2-Year	Rate	_____ CFS	_____ CFS
	<input type="checkbox"/> 2-Year	Volume	_____ CF	_____ CF
	<input type="checkbox"/> 10-Year	Rate	_____ CFS	_____ CFS
	<input type="checkbox"/> 10-Year	Volume	_____ CF	_____ CF
	<input type="checkbox"/> 25-Year	Rate	_____ CFS	_____ CFS
	<input type="checkbox"/> 25-Year	Volume	_____ CF	_____ CF
	<input type="checkbox"/> 100-Year	Rate	_____ CFS	_____ CFS
<input type="checkbox"/> <b>EROSION &amp; SEDIMENT CONTROL PLAN</b>				
<input type="checkbox"/> <b>OTHER PERMITS OR PLANS REQUIRED BY USEPA or NHDES (Where applicable)</b>				
	<input type="checkbox"/>	USEPA Pre- and Post-Construction Stormwater Pollution Prevention Plan		
	<input type="checkbox"/>	NHDES Alteration of Terrain Permit		
	<input type="checkbox"/>	Other (Please list) _____		
<input type="checkbox"/> <b>OPERATION &amp; MAINTENANCE PLAN</b>				
<input type="checkbox"/> <b>Need for 3<sup>rd</sup> Party Review?</b> YES _____ NO _____				