PDN Stage 3HY1 – Hydraulics QA Checklist

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| --- | --- |
| **SPOT ID/Project TIP #:** | Click or tap to edit. |
| **County:** | Click or tap to edit. |

3HY1: Complete Hydraulic Design

Deliverables: Stormwater Management Plan

Environmental Permit Drawings

Merger CP4C Meeting Package

| **Item #** | **Review Item** | **Acceptable** | **Unacceptable** | **N/A** |
| --- | --- | --- | --- | --- |
|  | **General** |  |  |  |
|  | All avoidance and Minimization measures have been recorded and revised as necessary, in the Avoidance and Minimization Tracker |  |  |  |
|  | **Stormwater Management Plan** |  |  |  |
|  | Stormwater Management Plan QC process has been completed |  |  |  |
|  | Latest version of the SMP template (Excel file) is used |  |  |  |
|  | All applicable sections of the SMP are complete |  |  |  |
|  | Avoidance and minimization measures used are identified in the narrative |  |  |  |
|  | BMPs required for environmental compliance are listed on the appropriate sheets |  |  |  |
|  | If a BMP deviates from the criteria in the BMP Toolbox, documentation is provided to justify the deviation |  |  |  |
|  | Stormwater Management Plan has been submitted to the Hydraulics Unit |  |  |  |
|  | **Environmental Permits** |  |  |  |
|  | QC Process was followed for review of the environmental permit drawing submittals. |  |  |  |
|  | Permit drawings have been completed and submitted to the Hydraulics Unit along with CADD files of the impacts |  |  |  |
|  | **Merger CP4C Meeting Package** |  |  |  |
|  | Complete permit drawings have been prepared for the CP4C Merger Meeting per the Guidance for Concurrence Point 4C Meetings and Plans in Chapter 14 of the Guidelines. |  |  |  |

*For items marked* ***Unacceptable****, provide comments or action items in the table below.*

| **Item #** | **Comments and Action Items** |
| --- | --- |
| Click to edit. | Click to edit. |

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| **This checklist may not be comprehensive to every project. All items may not be applicable for smaller projects. It is the responsibility of the reviewer to ensure that all necessary information has been provided and an adequate review performed.** | | | |
| **QA Reviewer Name:** | | Click to edit. | **Date:** | Click to edit. | |
| **QA Reviewer (Signature):** | |  |  |  | |