



TRANSPORTATION AND PUBLIC WORKS DEPT.  
STORM WATER MANAGEMENT

# ENGINEER'S CHECKLIST FOR FINAL STORM WATER MANAGEMENT PLAN

*Please attach additional sheets as necessary for comments and descriptions.  
Fold all sheets to 8½" x 11" or 9" x 12" and bind with a clip.*

**1. Project Information** (for Items 1.C to 1.Q, N/C = No Change from Preliminary SWM Plan)

- A. Name of Development: \_\_\_\_\_ B. Date: \_\_\_\_\_
- C. Location of Development: \_\_\_\_\_
- D. Type of Development: \_\_\_\_\_ E. Total area (acres): \_\_\_\_\_
- F. Proposed Land Uses (CFW zoning designations): \_\_\_\_\_
- G. Anticipated project schedule: \_\_\_\_\_
- H. Name of Owner: \_\_\_\_\_ I. Telephone No.: \_\_\_\_\_
- J. Owner Contact Name: \_\_\_\_\_ K. FAX No.: \_\_\_\_\_
- L. Owner Address: \_\_\_\_\_
- M. Engineer's Name: \_\_\_\_\_ N. Texas P.E. No.: \_\_\_\_\_
- O. Engineering Firm: \_\_\_\_\_ P. Telephone No.: \_\_\_\_\_
- Q. Engineer Address: \_\_\_\_\_
- R. Engineer's Email: \_\_\_\_\_ S. FAX No.: \_\_\_\_\_

**2. Attachments:**

- \_\_\_\_\_ **Final Plat or Site Plan**
- \_\_\_\_\_ **Conceptual Storm Water Mgmt. Plan** (with Exhibits)
- \_\_\_\_\_ **Preliminary Storm Water Mgmt. Plan** (with Exhibits)
- \_\_\_\_\_ **Additional Attachments as Specified Below**

|   |                 |
|---|-----------------|
| For City Use: Reviewer: _____ Date: _____ |                 |
| Accepted    Not Accepted                  | Case No.: _____ |
| Comments: _____                           |                 |
| _____                                     |                 |

**3. Changes or Modifications to Preliminary Storm Water Management Plan** (May be reprinted with changes tracked or highlighted)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|   | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Comments and Descriptions</u> |
|---|------------|-----------|------------|----------------------------------|
| <b>4. Additional Study Attachments (include if applicable)</b>  |            |           |            |                                  |
| A. Dam Safety Checklist   | ___        | ___       | ___        | _____                            |
| B. Storm Water Pollution Prevention Plan (SWPPP)  | ___        | ___       | ___        | _____                            |
| C. Executed Maintenance Agreement (with Maintenance Plan)   | ___        | ___       | ___        | _____                            |
| D. Landscaping Plan (for Storm Water controls)  | ___        | ___       | ___        | _____                            |
| E. Copy of approved Waiver Request  | ___        | ___       | ___        | _____                            |
| <b>5. Applicable Local, State and Federal Permits (Indicate acquired or application pending)</b>  |            |           |            |                                  |
| A. CLOMR, LOMR or LOMA  | ___        | ___       | ___        | _____                            |
| B. TCEQ water rights permit   | ___        | ___       | ___        | _____                            |
| C. 404 permit   | ___        | ___       | ___        | _____                            |
| D. Other: _____   | ___        | ___       | ___        | _____                            |
| E. Other: _____   | ___        | ___       | ___        | _____                            |
| <b>6. Hydrologic Analysis and Storm Water Management Design Plan (separate Attachment, <u>either</u> A or B)</b>  |            |           |            |                                  |
| A. Approved DOE Infrastructure Plans (with TPW CFA).<br>Attach a copy of the signed cover sheet.  | ___        | ___       | ___        | <b>Plan File No.:</b> _____      |
| B. Site SWM Plan showing final hydrology, Identification of all stormwater controls with summary calculations, delineation of adequate outfalls, zones of influence, required mitigation, and structural details and specifications as required | ___        | ___       | ___        | _____                            |

|        |   |
|--------|---|
| (seal) | <p>I certify that this Final Storm Water Management plan, including this checklist, required attachments, and additional comments, was prepared under my responsible supervision and that the information presented on this checklist and attachments is correct to the best of my knowledge. I also understand that an acceptance of this plan by the City does not waive any City standards or requirements unless a specific waiver request has been submitted and approved.</p> <p>Signed _____ Date _____</p> <p>Print Name: _____</p> |
|--------|---|