

SWALE CHECKLIST

GENERAL PROJECT INFORMATION

Project: _____		TIP No: _____	
Prepared by: _____	Date: _____	Checked by: _____	Date: _____
NCDOT Division: _____		River Basin: _____	
City: _____		NCDWQ Stream Classification	
County: _____		Primary: _____	
CAMA County:	Yes	No	Supplemental: _____
TVA County:	Yes	No	303(d) Stream: Yes No
			Buffer Required: Yes No

PROJECT DESCRIPTION

Check the correct response.		Yes	No	Not Applicable	Comments/Design Assumptions
1	Was a field visit made to the proposed swale site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Were off-site drainage areas verified and accommodated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Were different swale locations and orientations considered to optimize water quality benefits? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Was NCDENR (2006) Erosion and Sediment Control Planning and Design Manual reviewed for proper vegetative cover selection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Is selected vegetation specified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Were adequate ingress and egress for maintenance provided within the right-of-way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Were water quality rock checks used in the swale design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Was temporary erosion-resistant lining specified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Were all design assumptions documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	