

FOREBAY 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 forebay site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Was forebay positioned outside the roadway clear recovery zone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Were off-site drainage areas verified and accommodated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Were adequate ingress and egress for maintenance provided within right-of-way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Is a forebay provided at each inflow point at this site? How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Was the sizing criteria equation in Chapter 7 used for estimating the volume of the forebay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Was the forebay liner material specified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Was the liner designed to meet velocity requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Is the forebay in series with another BMP? If so, what type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Does the forebay safely pass the 10-year storm event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Is the depth of the forebay set between 3 and 5 feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Were all design assumptions documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	