

HAZARDOUS SPILL BASIN 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	Were the planning documents reviewed and information therein verified to determine whether a hazardous spill basin is applicable?			
2	Was a field visit made to the proposed hazardous spill basin site?			
3	Is the hazardous spill basin positioned outside the roadway clear recovery zone?			
4	Was maintenance access provided to accommodate appropriate maintenance equipment?			
5	Were off-site drainage areas verified and accommodated?			
6	Was energy dissipation required?			
7	Is the outlet structure (i.e., sluice gate) or obstruction material (i.e., sand bags) specified?			
8	Was the grade of the basin bottom designed to slope and drain toward the outlet pipe?			
9	Was topography downgrade of the hazardous spill basin outlet assessed for its ability to handle flow?			
10	Were all design assumptions documented?			