

BRIDGE STORMWATER CONTROLS 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 to determine which bridge drainage system configuration is applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is the low cord of the bridge 12 feet or more above the natural ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Is a closed drainage system required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is the bridge drainage system combined with another BMP? If yes, what BMP? If no, document justification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Is a hazardous spill basin required (refer to Chapter 8)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Is erosion control required for closed systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Is ultraviolet-proof material specified for the bridge drainage system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Has the design been provided to the Structure Design Unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Were all design assumptions documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	