

E.10/E.12 Construction Project Review Form

Record ID# 10

Project Name/Number: _____ Public or Private?: _____

Project Type: _____

Project Description: _____

Project Location Information:

Project Location Provided? No

APN: _____

Street Address/Intersection: _____

City _____

State _____

Zip _____

Latitude: _____

Longitude: _____

Watershed Information:

Receiving Water Body: _____

Sediment impairment or TMDL?: _____

Project Status Information:

Application Submittal Date: _____ Application Status: _____

Current Construction Phase: _____ Construction Start Date: _____

Anticipated Completion Date: _____ Actual Completion Date: _____

Project Area Information:

Total Project Site Area (acres): _____ Soil Disturbance Area (acres): _____

Total New or Replaced Impervious Surface Area (square feet): _____ CGP Required?:

Total Pre-Project Impervious Surface Area (square feet): _____

Total Post-Project Impervious Surface Area (square feet): _____

E12 Project Category: _____

Selected Runoff
Reduction Measures
(select all that apply)

Disperse Runoff to Vegetated Area
Pervious Pavement
Cisterns or Rain Barrels
Bioretention Facility or Planter Box

Owner Information:

Owner Name: _____

Street Address: _____

City, State Zip _____

Phone: _____ Email: _____

Contractor Information:

Contractor Name: _____

Street Address: _____

City, State Zip _____

Phone: _____ Email: _____

Agency Information:

Stormwater Inspection Staff: _____

Planned Inspection Frequency: _____

ESCP required?: _____ ESCP Approval Date: _____

Adequate BMPs In Place?

False

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