



Public Works Department  
 Environmental Division  
 1025 25th Ave NE  
 PO Box 5021  
 Great Falls, MT 59404  
 406-727-8390

<b>For Office Use Only:</b>
Date Received:
Permit #:

## POST-CONSTRUCTION STORMWATER MANAGEMENT PLAN CHECKLIST

(complete all applicable items)

Project Information		
Site Address:		
Project Name:		
Description of Work:		
General Submittal Components		
Component	Complete	Comments
Stormwater Management Permit Application	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
CSMP Permit Submittal Package	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Stormwater Management Plan Drainage Report <i>See Appendix B of City of Great Falls Storm Drainage Design Manual for Requirements</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Geotechnical/Hydrogeology Report <i>See Appedix C of City of Great Falls Strom Drainage Design Manual for Requirements</i>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Deign Waivers or Variances (if Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Drainage Plan		
Requirements	Addressed	Comments
Project Name (e.g., subdivision name)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Developer and landowner name; if different	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Preparation date	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Name of preparer	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
North arrow	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Graphic scale	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Legal Description	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Municipal boundaries	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Property boundaries (bearings, lengths, curve data)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Easements/right-of-ways (location, width, purpose, ownership)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Roads (names, ownership, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	

Requirements	Addressed	Comments
Existing and proposed buildings/structures withing 150' of project area	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Fences, buffers, and berms	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Existing and proposed utilities (type & location)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Irrigation canals including diversion point(s), etc.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Existing vegetation (including woodlands)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Wildlife habitat, including critical wildlife habitat	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Environmentally sensitive features (e.g. wetlands)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Water resources (rivers, ponds, etc.) within 200' of project area	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
FEMA Floodplains	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Existing and proposed site topography (2' maximum contour intervals)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Pervious and impervious surface by type	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Existing and proposed permanent stormwater facilities (stormdrain, inlets, manholes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Invert elevations, slopes, and lengths of stormdrain facilities	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Location of permanent stormwater control(s)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Plan and profile of each permanent stormwater control	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Discharge points clearly labeled	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
<b>Operation and Maintenance Manual for Each Permanent Stormwater Management Control</b>		
The stormwater management control owner	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
The party responsible for long-term O&M with contact information	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
An inspection checklist to be used for routine inspections	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
A schedule of inspection and maintenance for routine and non-routine inspections and maintenance tasks to be conducted	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
A list of source controls	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
System failure and replacement criteria to define the post-construction stormwater management control's performance requirements	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
A copy of the recorded O&M Agreement with the City	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_