



PUBLIC WORKS & WATER RESOURCES
CITY OF NEWARK

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STORMWATER MANAGEMENT FACILITY AS-BUILT INFORMATION

Project Information

Project name: _____

E&S Permit Number: _____ Approval Date: _____

Location: _____

1. Minimum Submission Information

_____ Two (2) copies of bound as-built package consisting of: (all originals, signed, sealed by an engineer, and dated)

_____ All applicable individual Post Construction Verification Document Submittal Checklists (each facility shall have its own form and checklist) in accordance with DNREC Sediment & Stormwater Regulations Article 4.01.3

_____ As-Built Plans (Plan view and Sections)

_____ Narrative Report consisting of the following items:

_____ Identification of any discrepancies from the regulations and/or approved plans and any design changes from the original design

_____ CCR inspection reports during the construction and stabilization of the facility

_____ Identification of any installation issues

_____ Confirmation that the drainage area to each Stormwater management facility is consistent with the design (verified by field survey)

_____ Revised volume and routing computations along with an evaluation of the facility, if applicable. (If necessary, modifications to the facility or outlet structure may be required)

_____ Confirmation in writing from Parks and Recreation of landscape plantings within the facility match the Landscape Plan

2. Minimum Required Plan Information

_____ The as-built drawing shall include a complete as-built survey of the facility in plan view and, at a minimum, the requirements listed on the DNREC "Stormwater Management Facility Post Construction Verification Document Submittal Checklist" as outlined in Article 4.01.03 in the Sediment and Stormwater Regulations. Include the required checklist with the submission.

_____ Name, address, phone number and fax number of maintenance corporation representative or owner (to be identified on the plan)

_____ Scale and plan views (must match design plan)

_____ Date of survey

_____ Signature, seal and date of P.E. or P.L.S.

_____ Certification as prescribed below:

I, the undersigned, hereby certify that I am a Professional Engineer / Land Surveyor registered in the State of Delaware. To the best of my knowledge and belief, I certify that the stormwater management facility, as shown on the Stormwater Management Facility As-Built Plan prepared by _____ and dated _____, is in general compliance with the latest approved Sediment and Stormwater Plan.

_____ Type, size, length of pipes (to be field verified by survey for location and information)

_____ Rock outlet protection with rock size

_____ Facility Data as prescribed below (one required for each facility)

Facility Type: _____

Impervious Cover (ac.): _____

DE State Plane Coordinates: N: _____ W: _____

GPS Coordinate N: _____ W: _____

Drainage Area to Facility (ac.):*

*If there are BMP's in a series, then start with the most upstream BMP and assign the appropriate drainage area to it; proceed downstream adding only the incremental increase in drainage area at each BMP.

4. _____ Provide a detailed drawing of the outfall structure as constructed including all relevant elevations and views.
5. _____ The plan should include the maintenance specifications and schedule for the facility.
6. _____ Provide details of the condition and adequacy of the vegetative stabilization of the facility.

CERTIFICATION OF ENGINEER / LAND SURVEYOR

I, the undersigned, hereby certify that I am a Professional Engineer / Land Surveyor registered in the State of Delaware and it is my opinion that, to the best of my knowledge, each element of this checklist was considered and addressed in accordance with all applicable regulations, codes, standards, guidelines and policies.

Signature and Seal of Professional

Date

Submission of this Checklist does not relieve the Applicant from the responsibility to comply with all applicable regulations, codes, standards, guidelines and policies.

The Public Works & Water Resources Department reserves the right to revise this checklist periodically as the need arises.

Revised: 1/24/2017