

County of Prince Edward
Stormwater Management Program
Stormwater Management Plan Completeness Review Checklist

Applicant:
Project Name:
E-Permitting Number:
Date Stormwater Management Plan received:
Completeness Review Date:
SWM Plan or AIL Complete: Yes No
Date Applicant notified Stormwater Management Plan complete:
Date Applicant notified Stormwater Management Plan not complete:

Stormwater Management Plan Content	Yes	No
Contact information - owner name, address, telephone		
Property – tax reference number and parcel number of properties		
Type of and location of stormwater discharges		
Receiving features of stormwater discharges (surface water, karst, etc.)		
Predevelopment drainage area		
Post development drainage area(s)		
Narrative of current and final site conditions		
Description of proposed stormwater management facilities		
Mechanism for operation and maintenance of stormwater facilities		
Stormwater management facility and location (geographic coordinates)		
Stormwater management facility - acres treated, discharge location		
Hydrologic and hydraulic calculations, runoff characteristics		
Calculations verifying compliance with water quality and quantity		
Site map(s) - shows topography of the site, contributing drainage areas		
Site map(s) - shows streams, ponds, culverts, ditches, wetlands, floodplains		
Site map(s) - soils, geologic formations (karst), forest cover, vegetative areas		
Site map(s) - current land use (structures, roads, utilities, easements)		
Site map(s) - adjoining properties & information to access stormwater impacts		
Site map(s) - limits of clearing and grading, proposed drainage patterns		
Site map(s) - proposed buildings, roads, parking, utilities		
Site map(s) - proposed stormwater management facilities		
Site map(s) - proposed land use, % surface area to various land uses		
If off-site compliance proposed, letter of availability from provider		

SWM Plan Preparer: _____

Telephone: _____ E-mail: _____

SWM Plan Preparer (signature): _____

Plan Completeness Reviewer: _____

Plan Completeness Reviewer (signature): _____