



STORMWATER POLLUTION PREVENTION PLAN CHECKLIST

<input type="checkbox"/> Conceptual	<input type="checkbox"/> Grading	<input type="checkbox"/> Demolition
<input type="checkbox"/> Final	<input type="checkbox"/> Foundation	<input type="checkbox"/> Transportation
<input type="checkbox"/> Erosion Control	<input type="checkbox"/> Post-Construction Pollution Prevention	
<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Water Main	<input type="checkbox"/> Other Utility
<input type="checkbox"/> Floodplain	<input type="checkbox"/> Wetland	<input type="checkbox"/> Wellhead Protection Area

Project Name: _____

Project Location /Address Description: _____

Latitude: W _____ HUC _____

Longitude: N _____

Civil Twnshp _____ Quarter _____ Section _____ Township _____ Range _____

On-site Erosion Control Supervisor: _____

(A trained individual responsible for self-inspection and record keeping as defined by 327 IAC 15-5-4)

Phone: _____ Email: _____

Total Project Acreage: _____ acres Acreage to be Disturbed: _____ acres

Total Impervious surface for completed project: _____ Square Feet

Post Construction Structural BMPs Used:

Post Construction Non-Structural BMPs Used:

Signature of Project Site Owner: _____ Date _____

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