STORM SYSTEM AS-BUILT CHECKLIST

PLAN REQUIREMENTS

A. _____ Title Block listing project name, date, page number
B. _____ Index of sheets
C. _____ Name, address, phone number of firm responsible for preparing the plan
D. _____ Name, address, phone number of property owner
E. _____ Provide plan view showing location of all structures, pavement, roadways, detention ponds, storm pipes, utilities.
F. _____ North arrow and graphic scale
G. _____ Include all surrounding street names
H. _____ Delineation and labeling of all existing or proposed easements including emergency drainage, sanitary sewer, stormwater management access / maintenance, public service utility right-of-ways, and off-site easements, etc.
   1._____ Label type, size, and slope of storm piping, storm structure tops and inverts
   2._____ Show 20’ emergency drainage easement on all storm piping
   3._____ Show 10’ access easement around detention pond
I. _____ Delineate all State waters within 200 feet of site or provide statement: “This site does not contain any state waters or wetlands.”
J. _____ Delineate 100-year floodplains, future conditions floodplains, and wetlands.
K. _____ Delineate 50-foot undisturbed buffer along non-perennial streams measured horizontally from the stream bank. Delineate 100-foot undisturbed buffer along perennial streams.
L. _____ Delineate 75-foot impervious setback along non-perennial stream measured from the stream bank. Delineate 150-foot impervious setback along perennial streams.
M. _____ Ensure Maps, drawings, and supportive documentation bear signature of engineer or surveyor in the State of Georgia.
N. _____ Provide copy of all sanitary and water as-builts approved by Fulton County.
O. _____ Provide as-built certification for any detention facilities. Include as-built drawing(s) of pond(s) and outlet control structures. Compare proposed design to as-built information. Additional supporting documentation and calculations may be required.

LDP # ________________________________

1st Review_________________  2nd Review_________________  Date Approved_________________

Project Name__________________________ Project Location_________________________
Reviewer ___________________________ (678) 297-6200                     Designer_______________________________
Contact ___________________________   Phone__________________   Fax__________________

* This section to be filled in by City of Alpharetta Engineering Department