

# OPERATIONS AND MAINTENANCE (O&M) MANUAL SUBMITTAL CHECKLIST

**Stormwater Management Division**  
**c/o Development Services Department**  
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 Raleigh, NC 27601  
 Telephone (919) 996-3773

**I. PROJECT INFORMATION**

Project Name: \_\_\_\_\_ Phase: \_\_\_\_\_  
 Project Address: \_\_\_\_\_ Disturbed Area (sf): \_\_\_\_\_  
 PIN: \_\_\_\_\_ Case #: \_\_\_\_\_ Submittal Date: \_\_\_\_\_  
 Previous Permit numbers (if applicable): \_\_\_\_\_  
 Zoning District: \_\_\_\_\_  
 Legal Name of Owner: \_\_\_\_\_  
 Owner Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_  
 Design Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Design Contact Email: \_\_\_\_\_  
 The regulatory drainage basin in which the site is located: \_\_\_\_\_  
 The water supply watershed in which the site is located: \_\_\_\_\_

**II. SUBMITTAL REQUIREMENTS – See COR Stormwater Management Design Manual Section 5.8, UDO Section 9.2.2, and Part A-7 “SCM Operation and Maintenance” of the NCDEQ Stormwater Design Manual for additional guidance. This completed checklist shall be submitted to the City of Raleigh with any O&M Manual and Inspection and Maintenance Agreement for each relevant SCM device. All files shall also be submitted electronically via CD or flash drive.**

Items to be included in O&M Manual:	
<input type="checkbox"/>	Cover page with project name, City case number, SCM name/identification, PIN, address, name and seal of the NC licensed design professional, and name and notarized signature(s) of the property owner(s).
<input type="checkbox"/>	Narrative describing each SCM and its design specifications. The narrative shall also identify whether the SCM is a shared stormwater device or not.

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<input type="checkbox"/>	By facility critical element (i.e., dam embankment, riser, forebay, bioretention plants, flow splitter, etc.), indicates which O&M actions are needed for the SCM and quantitative criteria to be used to determine when actions will be taken.
<input type="checkbox"/>	Indicates steps to be taken to restore a device to design specifications in the event of a failure.
<input type="checkbox"/>	Life expectancy of the device.
<input type="checkbox"/>	Detailed cost estimate of construction for the SCM and 24% replacement fund calculation.
<input type="checkbox"/>	Calculated replacement schedule.
<input type="checkbox"/>	Estimated annual budget costs (including routine maintenance, repair, periodic sediment removal, etc., per UDO Section 9.2.2.D.2.d).
<input type="checkbox"/>	For shared SCMs, a description of which lots are served by the device.

### III. PROFESSIONAL CERTIFICATION

Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Professional Seal:

