WATERFRONT ENCLOSURE MANAGEMENT MANUAL
SUBMITTAL CHECKLIST

Stormwater Management Division
c/o Development Services Department
One Exchange Plaza, 4th floor
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:

☐ 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).

☐ Narrative describing each SCM and its design specifications. The narrative shall also identify
   whether the SCM is a shared stormwater device or not.
### OPERATIONS AND MAINTENANCE (O&M) MANUAL SUBMITTAL CHECKLIST

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

Name: ____________________________________________________________
Contact Email: ____________________________________________________
Contact Phone Number: ____________________________________________
Professional Seal: [ ]

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