## SEDIMENT CONTROL PLAN INFORMATION SHEET *

**(Please print all information. For items H. through N., place a check mark (✓) next to the response which is applicable to your site. Write N/A for any questions which are not applicable to your site. Provide dates as requested.)**

A. Name of your project (as it appears on plan):_____

_____

B. Owner or Developer:_____

Address:_____

Phone Number_____ Fax Number_____

C. Location - Baltimore County ADC Map Book Coordinates:_____

Councilmanic District Number_____

D. Total Area of Site/Property:_____acres

E. Total Area to be Disturbed:_____acres

F. Total Area to be Impervious:_____acres

G. Total Area to be Vegetatively Stabilized:_____acres

H. Off-Site Borrow Area Required: Yes_____; No_____

I. Off-Site Spoil Area Required: Yes_____; No_____

J. Stormwater Management: Required_____; Waived_____; Exempted_____

1. If Stormwater Management is required:

a) Proposed Stormwater Management Facility is: Pond_____; Porous Paving____; Parking Lot Storage_____; Roof Top Storage_____; Infiltration Trench____; Underground Vault_____; Other (Identify)_____

b) Current Status of Stormwater Management Plan:_____

c) Date of SCD Approval of Stormwater Management Plan:_____

2) If Stormwater Management was Waiver or Exempted, on what Date :_____

K. Existing Underground Utility Lines: Storm Drains_____; Sanitary_____; Water _____; Gas_____; Electric_____

L. Proposed Underground Utility Lines: Storm Drains_____; Sanitary_____; Water_____; Gas_____; Electric_____

M. Storm Drains Are: Public_____; Private_____

Date of Approval of Storm Drain Plan:_____

N. 100-Year Floodplain/Wetlands On-Site: Yes_____; No_____; Verification_____

Required Federal/State/County Permit Obtained: Yes_____; No_____;

O. Engineering Firm:_____

Address:_____

P. Certifying Professional Engineer, Land Surveyor, Landscape Architect, or Architect (Name, License No. and Phone No.)_____

Q. Plan Prepared By (Name & Phone No.):_____

_____

*This sheet to be included with each submittal of the sediment control plan. Appropriate revisions to this sheet should be made before each submittal.

APPENDIX 2