New Castle County
Department of Land Use

Sediment and Stormwater Report / CCR Review

Date:________________________ Date of last review:________________________
Time:________________________ Weather:________________________
SLD Application #:________________________ Eng. Project Phase #:________________________
Project/Site Name:________________________
Location:________________________

Site Status: (Active) (Inactive) (Completed) Condition: (Compliance) (Non-compliance)
(Circle appropriate status and condition)

The following checklist is to be completed using a ‘S’ for items reviewed and found satisfactory and an
‘U’ for items reviewed and found unsatisfactory:
(A written explanation is required for each item found deficient.)

_____ Stabilized Construction Entrance  _____ Silt Fence
_____ Earth Dikes/Swales  _____ Inlet/Outlet Protection
_____ Soil Stabilization  _____ Sediment Traps/Basins
_____ Stone Check Dams  _____ Limit of Disturbance
_____ Stormwater Management Facilities  _____ Sequence of Construction
_____ Pond Checklist Submitted (Provide date)  _____ Other (explain) ______________________

I, ________________________, as the Certified Construction Reviewer, possess a current and valid
certification card #___________________. I have accurately reviewed the condition of this site according
to the specifications of the approved Sediment and Stormwater Plan by New Castle County and the
Delaware Sediment and Stormwater Regulations.

________________________ (signature required)

I, ________________________, as the supervising engineer, have read this report and understand that I
am responsible for verifying that this report accurately reflects site conditions and construction progress
as of the date of this report.

________________________ (signature, seal, and date required)
Actions taken by the Certified Construction Reviewer:
(Explain in detail all actions that are applicable)

______ Advised the site Blue Card holder verbally of site deficiencies
______ Requested to the Contractor/Developer that plan modifications be made
______ Contacted the New Castle County Department of Land Use Engineering Section
______ Approved plan modifications were made in the field
______ Recommended to the site Blue Card holder that remedial action be taken

Written Comments:
(Identify deficiencies that were not addressed from previous reports in terms of weeks)

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