

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

Source Control BMP Checklist for All Development Projects		Form I-4	
<p>All development projects must implement source control BMPs. Refer to <b>Chapter 4</b> and <b>Appendix E</b> of the BMP Design Manual for information on how to implement the BMPs shown in this checklist.</p> <p><b>Note: All selected BMPs must be shown on the site/construction plans. AT LEAST ONE SOURCE CONTROL BMP SHALL BE SELECTED FOR THE PROJECT</b></p> <p>Answer each category below pursuant to the following:</p> <ul style="list-style-type: none"> <li>• "Yes" means the project will implement the Source Control BMP as described in Chapter 4 and/or Appendix E of the BMP Design Manual. Discussion / justification is <u>not</u> required.</li> <li>• "No" means the BMP is applicable to the project but it is not feasible to implement. Discussion / justification <u>must</u> be provided.</li> <li>• "N/A" means the BMP is not applicable at the project site because the project does not include the feature that is addressed by the BMP (e.g., the project has no outdoor materials storage areas). Discussion / justification <u>must</u> be provided.</li> </ul>			
Source Control Requirement	Applied?		
4.2.1 Prevention of Illicit Discharges into the MS4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Discussion / justification if No or N/A:			
4.2.2 Storm Drain Stenciling or Signage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Discussion / justification if No or N/A:			
4.2.3 Protect Outdoor Materials Storage Areas from Rainfall, Run-On, Runoff, and Wind Dispersal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Discussion / justification if No or N/A:			
4.2.4 Protect Materials Stored in Outdoor Work Areas from Rainfall, Run-On, Runoff, and Wind Dispersal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Discussion / justification if No or N/A:			
4.2.5 Protect Trash Storage Areas from Rainfall, Run-On, Runoff, and Wind Dispersal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Discussion / justification if No or N/A:			



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<b>4.2.6 Additional BMPs Based on Potential Sources of Runoff Pollutants (must answer for each source listed below)</b>			
SC-A Onsite storm drain inlets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-B Interior floor drains and elevator shaft sump pumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-C Interior parking garages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-D1 Need for future indoor & structural pest control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SD-D2 Landscape/outdoor pesticide use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-E Pools, spas, ponds, decorative fountains, and other water features	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-F Food Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-G Refuse areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-H Industrial processes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-I Outdoor storage of equipment or materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-J Vehicle and equipment cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-K Vehicle/equipment repair and maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-L Fuel dispensing areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-M Loading docks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-N Fire sprinkler test water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-O Miscellaneous drain or wash water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-P Plazas, sidewalks, and parking lots	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-Q: Large Trash Generating Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-R: Animal Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-S: Plant Nurseries and Garden Centers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
SC-T: Automotive Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Justification must be provided for all No or N/A answers shown above.			