

CLARK COUNTY, INDIANA
DRAINAGE PLAN REVIEW CHECKLIST

Project Name: _____

Project Address: _____

Developer: _____

Developer email: _____

Date: _____, 20____

The purpose of this checklist is to expedite and facilitate the review process. This checklist gives the minimum requirements needed for review. All items shall be checked as included or marked N/A. The omission of required items may be cause for rejection of the submittal without review.

REQUIRED ITEMS TO BE SHOWN ON THE PLANS

- _____ CCDB Plan Review Application
- _____ Location Map
- _____ Registered Professional Stamp and Signature
- _____ Property Boundaries
- _____ Offsite Drainage Areas
- _____ Drainage Flow Arrows
- _____ Pipe, Length, Size, Slope, Type, and Number
- _____ Pipe Profiles for Through Drainage
- _____ Adjacent Property Owners
- _____ Existing and Proposed Easements
- _____ Erosion and Sediment Controls
- _____ Headwater at Culvert Pipes (100-year)
- _____ Standard Underground Utility Notes
- _____ Existing and Proposed Topography and Contours, including area 25' outside of property
- _____ Adequate information / details pertaining to storage basin and drainage structures
- _____ Owner Name / Address
- _____ Street Name and R/W
- _____ Inlet Drainage Areas
- _____ Inlet Grate / Invert Elevation
- _____ Existing Sanitary Sewers
- _____ Channel Profiles for Through Drainage
- _____ Existing and Proposed Utilities
- _____ Existing and Proposed Impervious Areas (clearly depicted)

- _____ Existing and Proposed Drainage Structures
- _____ Proposed Sanitary Sewers Location & Elevation
- _____ 100-Year Flood Plain Limits
- _____ North Arrow
- _____ Scale
- _____ Legend
- _____ Total Project Acreage and Number of Lots
- _____ Plan Date
- _____ Revision Date
- _____ Inlet Type
- _____ Headwall Type

The Design Professional that stamped and submitted plans must sign the checklist.

Design Professional's Signature

_____, 20____
Date