



PRE-CONSTRUCTION MEETING CHECKLIST

The City of Atlanta's Soil Erosion and Sedimentation Control Ordinance stipulates in Section 74-42 (e) (2) that a Stop Work Order is warranted for commencing any land disturbing activity requiring a land-disturbing activity permit without first conducting a pre-construction meeting with the City.

SITE NAME _____
ADDRESS _____
PERMIT NO. BB _____

() Verify Applicable Permits

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Stream Buffer Variances <input type="checkbox"/> N/A
<input type="checkbox"/> Timber Harvest Permit <input type="checkbox"/> N/A	<input type="checkbox"/> Retaining Wall <input type="checkbox"/> N/A
<input type="checkbox"/> ACOE Permit(s) <input type="checkbox"/> N/A	<input type="checkbox"/> Qualified Contractor <input type="checkbox"/> N/A
<input type="checkbox"/> Haul Route Permit <input type="checkbox"/> N/A	

() Collect Copy of NPDES NOI (where applicable) Review Approved Construction/Site Plans

<input type="checkbox"/> Owner /Construction Manger/ Site Superintendent
<input type="checkbox"/> GASWCC Certification _____
<input type="checkbox"/> Subcontractors
<input type="checkbox"/> GASWCC Certification _____
<input type="checkbox"/> GASWCC Certification _____

() Review Perimeter Erosion Controls

<input type="checkbox"/> Construction Exit	<input type="checkbox"/> Silt Controls – Type “C” (Sd1)	<input type="checkbox"/> Tree Save Fence
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() Review Interior Erosion Controls Locations (with respect to the proposed construction schedule/activity)

A. Vegetation Practices	
<input type="checkbox"/> Mulching (Ds1)	<input type="checkbox"/> Temporary Vegetation (Ds2)
<input type="checkbox"/> Permanent Vegetation (Ds3)	<input type="checkbox"/> Sodding (Ds4)
B. Structural Practices	
<input type="checkbox"/> Silt Controls (Sd1)	<input type="checkbox"/> Check dams (Cd)

**() Review Crucial
Erosion Control and Infrastructure Development Areas/Locations
(with respect to the proposed construction schedule/activity)**

A. Buffer Related	
<input type="checkbox"/> 75 ft City - 25 ft State	<input type="checkbox"/> Stream Buffer Variance(s)
<input type="checkbox"/> Tree-Save Fence	<input type="checkbox"/> Flood Plain
<input type="checkbox"/> Stream Crossing(s)	<input type="checkbox"/> Natural Drainage Ways
B. Detention Ponds	
<input type="checkbox"/> Capacity (Volume)	<input type="checkbox"/> Retrofit/Filter Pack
<input type="checkbox"/> Outlet Control Structure	<input type="checkbox"/> Slopes/Impoundment Walls
C. Temporary Sediment Basins (Sd3)	
<input type="checkbox"/> Capacity (Volume)	<input type="checkbox"/> Retrofit/Filter Pack
<input type="checkbox"/> Outlet Control Structure	
D. Slopes	
<input type="checkbox"/> Vegetation/Matting	<input type="checkbox"/> Slope Drains (Dn1), (Dn2)
<input type="checkbox"/> Retaining Wall(s) (Rt)	
E. Intake Points	
<input type="checkbox"/> Catch Basins (Sd2)	<input type="checkbox"/> Down Drains (Dn1), (Dn2)
<input type="checkbox"/> Curb Inlets (Sd2)	
F. Discharge Points	
<input type="checkbox"/> Check Dams (Cd)	<input type="checkbox"/> Storm Drain Outlet Protection (St)
<input type="checkbox"/> Rock Filter Dams (Rd)	<input type="checkbox"/> Headwalls
<input type="checkbox"/> Plunge Pools	<input type="checkbox"/> Down Drains (Dn1), (Dn2)
G. <input type="checkbox"/> Roadways	
H. <input type="checkbox"/> Storm sewer	
I. <input type="checkbox"/> Sanitary sewer (including connection to existing locations)	

() Wrap Up

Provide scheduling number (404-546-1300)

- Discuss copy of seven day inspection letter - must be provided within 10 days of completion. Certified site inspection reports must be provided upon request
- Discuss erosion control enforcement process (immediate SWO's/Citations)
- Discuss adherence to approved plan, City construction standards and revision requirements (via Bureau of Buildings)
- DISCUSS AND PROVIDE FINAL INSPECTION REQUIREMENTS**
- Provide Checklist for Public Infrastructure Projects (**Located in R/W or relocations thru site**)

SITE REPRESENTATIVE _____ **PRINT** _____

INSPECTOR _____ **PRINT** _____

GASWCC CERTIFICATION NUMBER _____

DATE _____