



**CITY OF GOLETA
PUBLIC WORKS DEPARTMENT
STORMWATER CONTROL PLAN
QUALITY ASSURANCE / QUALITY CONTROL SUMMARY CHECKLIST**

Project Information	
Date:	Case Number:
Project Name:	Stormwater Project Number:
Project Address:	APN #:

Attachment Submitted	
<input type="checkbox"/>	SCM Installation Elevations by Licensed Surveyor as determined on plan
<input type="checkbox"/>	SCM Basin Dimensions and Depths
<input type="checkbox"/>	Photo Documentation of SCMs throughout the installation of the project (including installation of Liner and Geotextile Materials)
<input type="checkbox"/>	Material Submittals for Liner and Geotextile Materials which may be invoices
<input type="checkbox"/>	Manufacture Specification for Products used and Manufacture Letter or Certification for Product Design (if applicable)
<input type="checkbox"/>	Soil Compaction Report by Licensed Soils Engineer documenting compliance with SCMs and project plans
<input type="checkbox"/>	SCM Proof of EPA Registration for Class V Injection Wells (if applicable)