

[NAME AND TYPE OF PWQ CM] / SAP NO. XXXXXXX

OPERATION AND MAINTENANCE PLAN

[CDOT SECTION X][LA NAME] IS RESPONSIBLE FOR MAINTENANCE REGION X, X COUNTY, CONSTRUCTED IN [MONTH, YEAR]

COLORADO
Department of
Transportation



REVISION	

DESIGNED _____ XXX
 DRAWN _____ XXX
 CHECKED _____ XXX
 DATE _____ XX/XX/XX



Know what's below.
Call before you dig.

1. GENERAL PROJECT INFORMATION

- A. PROJECT SUBACCOUNT NUMBER:
- B. RECEIVING WATER:
- C. CDOT PROJECT ENGINEER NAME, PHONE NUMBER, & EMAIL:
- D. PROPERTY OWNER(S) NAME, CONTACT NAME, ADDRESS, PHONE NUMBER, & EMAIL:
- E. MAINTAINING AGENCY NAME, CONTACT NAME, ADDRESS, PHONE NUMBER, & EMAIL:
- F. DESIGN ENGINEER, CONTACT NAME, ADDRESS, PHONE NUMBER, EMAIL, & PE LICENCE NUMBER:

2. GENERAL FACILITY DESCRIPTION

THIS FACILITY IS AN [INSERT PWQ CM TYPE] THAT WILL [DESCRIBE TREATMENT MECHANISM]. EVENTS IN EXCESS OF THE WATER QUALITY EVENT WILL [DESCRIBE WHAT HAPPENS]. THE FACILITY HAS BEEN ADOPTED AND APPROVED BY X AS PART OF THE X PROJECT. IT WILL RECEIVE RUNOFF FROM X.XX ACRES AND WILL OCCUPY A PARCEL OF X.XX ACRES THAT WILL BE USED TO [INSERT TREATMENT, HYDRAULIC FUNCTION, MAINTENANCE, AND ACCESS OPERATIONAL ACTIVITIES].

3. INSPECTION & MAINTENANCE FREQUENCY & PROCEDURE

- A. THE FOLLOWING ITEMS SHOULD BE INSPECTED [INSERT INITIAL INSPECTION FREQUENCY]: [INSERT ITEMS TO BE INSPECTED.] ITEMS SHOULD BE MAINTAINED, REPAIRED, OR REPLACED AS NEEDED. AN INSPECTION FORM SHALL BE COMPLETED AFTER EACH INSPECTION.
- B. REVISIONS TO MAINTENANCE FREQUENCY: [LEAVE SPACE HERE TO INSERT ANY CHANGES TO RECOMMENDED INSPECTION AND MAINTENANCE FREQUENCY DURING FIRST SEVERAL YEARS OF FACILITY FUNCTION.] DATES / REASONS FOR CHANGES: [INSERT DATES / REASONS]
- C. TRAFFIC CONTROL SHALL [INCLUDE REQUIREMENTS OF TRAFFIC CONTROL INCLUDING WHO IS RESPONSIBLE IF NOT MAINTAINING AGENCY].
- D. THE PWQ CM [DOES][DOES NOT] REQUIRE CONFINED SPACE ENTRY PROCEDURES. [ADD DETAILS AS NECESSARY].
- E. DEWATERING AND WATER CONTROL
CLEANING THE [INSERT COMPONENTS] MAY REQUIRE DEWATERING. [INSERT EQUIPMENT] WILL BE REQUIRED. [INSERT DEWATERING AND WATER CONTROL PROCEDURES SO THAT A PERMIT IS NOT REQUIRED]. IF DEWATERING IS CONDUCTED IN ACCORDANCE WITH THE PROCEDURES SPECIFIED HEREIN, A DEWATERING PERMIT SHOULD NOT BE REQUIRED.
- F. SEDIMENT, DEBRIS, & TRASH REMOVAL & DISPOSAL
REMOVAL SHALL BE CONDUCTED [INSERT FREQUENCY, ANNUALLY AT A MINIMUM] OR WHEN SEDIMENT REACHES [INSERT DEPTH] IN [INSERT STRUCTURES]. REMOVAL SHALL BE CONDUCTED AS NEEDED, BUT ESPECIALLY WHEN ANY DEBRIS BLOCKS FLOW AT [INSERT FACILITIES, OUTLET AT A MINIMUM]. SEDIMENT AND DEBRIS SHALL BE [DESCRIBE REMOVAL PROCEDURE] AND DISPOSED OF AT [INSERT LOCATION]. THE LONGEST DISTANCE BETWEEN THE EDGE OF AN ACCESS ROAD AND THE FAR CORNER OF A STRUCTURE REQUIRING SEDIMENT REMOVAL IS X FEET.
- G. VEGETATION MANAGEMENT
SEE SECTION 6.0 OF THE NOTES ON THIS SHEET.
- H. WETLAND AREAS [ARE NOT ANTICIPATED ON SITE][ARE AS INDICATED ON THE DETAILED SITE PLAN AND SHALL REMAIN UNDISTURBED]. SEE SECTION 8.0 OF THE NOTES ON THIS SHEET.

- I. [DESCRIBE ADDITIONAL REQUIRED MAINTENANCE PROCEDURES AND FREQUENCIES.]
- J. [DESCRIBE ITEMS TO BE REPLACED, QUANTITIES, LOCATIONS, AND FREQUENCIES.]
- K. MATERIALS TESTING OF SEDIMENT REMOVED FROM SITE [IS][IS NOT] REQUIRED. [ADD DETAILS AS NECESSARY.]
- L. [DESCRIBE POST-MAINTENANCE ACTIVITIES INCLUDING REMOVAL OF TEMPORARY MEASURES.]

4. REQUIRED EQUIPMENT, MATERIALS, STAFFING, & RESPONSIBILITY

- A. EQUIPMENT REQUIRED:
[INSERT EQUIPMENT REQUIRED]
- B. REPLACEMENT MATERIALS:
[INSERT REPLACEMENT MATERIALS REQUIRED INCLUDING QUANTITIES.]
- C. STAFFING:
[INSERT NUMBER OF STAFF REQUIRED TO MAINTAIN PWQ CM.]
- D. APPLICABLE IGA(S):
[DESCRIBE IGA(S).]
- E. MAINTENANCE RESPONSIBILITY DETAILS:
[INSERT RESPONSIBLE PARTIES.]

5. RIGHT-OF-WAY, ADJACENT OWNERSHIP, & ACCESS

- A. RIGHT-OF-WAY DESCRIPTION:
- B. ADJACENT OWNERSHIP:
- C. ACCESS INFORMATION AND DETAILS:

6. VEGETATION MANAGEMENT

- A. SEED: [X] SEED MIXES HAVE BEEN PLANTED AT THE SITE. THE [NAME OF SEED MIX, TYPICALLY UPLAND, RIPARIAN, WETLAND, ETC.] SEED MIX HAS BEEN PLANTED [DESCRIBE LOCATION]. [REPEAT AS NECESSARY TO DESCRIBE ALL MIXES.] [THE INVERT OF THE LOW FLOW CHANNEL SHALL REMAIN UNDISTURBED.] SEED MIXES ARE AS FOLLOWS:

BOTANICAL NAME	COMMON NAME	LBS PURE LIVE SEED/AC
[SEED MIX NAME]: Xxxxx xxxxxxxxxxxxxx	Xxxxxx Xxxxxx	X.X
[REPEAT AS NECESSARY TO INCLUDE ALL MIX SPECIES]		
[REPEAT AS NECESSARY TO INCLUDE ALL MIXES]		

[DESCRIBE HOW TO REPLACE SEED AND OTHER VEGETATION IF NECESSARY.]
- B. MOWING: THE [DESCRIBE AREAS TO BE MOWED] SHALL BE MOWED TO A HEIGHT OF X INCHES. [IF DIFFERENT AREAS SHOULD BE MOWED TO DIFFERENT HEIGHTS, DESCRIBE HERE.] AT COMPLETION OF CONSTRUCTION, REQUIRED MOW AREA WAS ESTIMATED TO BE X.X ACRES. SEE IRVM TO CHECK IF MOWING POLICY HAS BEEN UPDATED.
- C. WEEDS & UNDESIRABLE VEGETATION: [WEEDS SHALL BE MOWED.][NO WEED KILLER SHALL BE USED ON THE SITE.][CONTACT SECTION NOXIOUS WEED COORDINATOR TO DETERMINE THE DETAILS OF WEED SPRAYING INCLUDING CHEMICALS, RATES, AND LOCATIONS.] NOXIOUS WEEDS AND OTHER UNDESIRABLE VEGETATION SHALL BE REMOVED BY [HAND TOOLS][MOWING][WEED WHACKING][TRIMMERS][CHAIN SAW].

7. HYDRAULIC DESIGN

- A. FLOW RATES (CFS):

	INFLOW	OUTFLOW
BASE FLOW	X CFS	X CFS
2-YEAR:	X CFS	X CFS
100-YEAR:	X CFS	X CFS
- B. [VOLUMES, DEPTHS, & WSEL ARE NOT APPLICABLE][VOLUMES, DEPTHS, & WSELS:]

ITEM	VOLUME	WSEL	DEPTH	INVERT
[INSERT STRUCTURE]	XXX CF	XXXX.XX	XX"	XXXX.XX
[REPEAT AS NECESSARY]				
[OVERFLOW CREST]	[XX.X AF]	[XXXX.XX]		XXXX.XX
[WQCV]	X.X AF	XXXX.XX		

[INSERT OTHER VOLUMES SUCH AS EURV, 2-YEAR, 100-YEAR, AS APPLICABLE]
- C. [WQCV DRAIN TIME = XX HOURS]
[EURV DRAIN TIME = XX HOURS]

8. SENSITIVE AREAS, WETLANDS, & PERMITS

THE SITE [HAS NO WETLANDS][INCLUDES X.XX ACRES OF WETLANDS LOCATED [DESCRIBE LOCATION]]. [DESCRIBE THE 404 PERMIT INCLUDING INSPECTION AND DOCUMENTATION REQUIREMENTS.] [DESCRIBE ANY PERMITS ANTICIPATED TO BE REQUIRED FOR MAINTENANCE SUCH AS A FLOODPLAIN PERMIT OR CDPHE PERMITS].

9. SNOW AND ICE CONTROL

[SNOW AND ICE CONTROL ARE NOT REQUIRED.][DESCRIBE LOCATIONS AND EXTENT OF AREAS THAT SHALL BE MAINTAINED FREE OF ICE AND SNOW.] [DESCRIBE SNOW AND ICE CONTROL MEASURES AND FREQUENCY AND RESPONSIBLE PARTY.]

10. MISCELLANEOUS INFORMATION

- A. PROJECT SURVEY:
EXISTING CONDITIONS TOPOGRAPHIC SURVEY WAS PREPARED BY [PLS OR SURVEY COMPANY NAME] BASED ON INFORMATION GATHERED [INSERT DATES]. PROJECT BENCHMARKS IS [INCLUDE NAME, LOCATION, ELEVATION, AND DATUM], THE COORDINATE SYSTEM IS [INCLUDE COORDINATE SYSTEM, ZONE, DATUM, AND COMBINED SCALE FACTOR].
- B. [ADDITIONAL INFORMATION]

11. HOMELESS ENCAMPMENTS

IF A HOMELESS ENCAMPMENT IS OBSERVED ON SITE, CONTACT THE [MAINTENANCE SECTION SUPERINTENDENT][INSERT LOCAL AGENCY CONTACT IF MAINTAINED BY A LOCAL AGENCY] IMMEDIATELY. DO NOT COMMENCE OR CONTINUE MAINTENANCE ACTIVITIES.

CDOT REGION X

CDOT PWQ CM
FACILITY NAME
AND TYPE

MAINTENANCE PLAN
NOTES

SHEET NUMBER:

2