



Nixa Public Works  
1010 N. Eaglecrest  
Nixa, Missouri 65714  
417-725-2353  
www.nixa.com

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## MS4 COMPLIANCE PLAN REVIEW SHEET (SEDIMENT & EROSION CONTROL)

Project Name:

Date Plans Received:

Date Plans submitted to Department for review:

**Date Review Completed:** *(Sign and Date)*

Date comments submitted to Planning Department:

Date addendums or other reply received:

Date of second review (if needed):

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MS4 Checklist, Evaluate threats to water quality:

- (X) Soil erosion potential.
- (X) Site slope.
- (X) Project size and type.
- (X) Sensitivity of receiving waterbodies.
- (X) Discharge flow type (pipe or sheet flow).
- (X) Location of discharge point in relation to receiving water.
- (X) Proximity of the site to receiving waterbodies; and
- (X) Other factors relevant to the MS4 service area.

<b>Comments</b>
<p><i>Please include sheet numbers</i></p> <p>Please call for inspection of all stormwater BMP's as soon as they are installed.</p> <p>As per the plans, these BMP's will need to be maintained in an effective condition throughout the duration of this project.</p> <p>As per the MDNR Land Disturbance Permit, the weekly BMP inspections will need to be done on time and kept on site for occasional review.</p> <p>Sediment and Erosion Control sheet should be updated to reflect any changes to the approved plans as they occur, i.e. location change for silt soxx, job trailer, dumpster, etc.</p>



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## ASST. PUBLIC WORKS DIRECTOR PLAN REVIEW SHEET

**Project Name:**

**Date Plans Received:**

**Date Plans submitted to Department for review:**

**Date Review Completed:** *(Sign and Date)*

**Date comments submitted to Planning Department:**

**Date addendums or other reply received:**

**Date of second review (if needed):**

### Comments

<i>Comments</i>
<i>Please include sheet numbers</i>



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## STREET DEPARTMENT PLAN REVIEW SHEET

**Project Name:**

**Date Plans Received:**

**Date Plans submitted to Department for review:**

**Date Review Completed:** *(Sign and Date)*

**Date comments submitted to Planning Department:**

**Date addendums or other reply received:**

**Date of second review (if needed):**

### Comments

Comments
<i>Please include sheet numbers</i>

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Please include any separate comments or attachments, that need to be submitted with this sheet.



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## WATER & WASTEWATER DEPARTMENTS PLAN REVIEW SHEET

**Project Name:**

**Date Plans Received:**

**Date Plans submitted to Department for review:**

**Date Review Completed:** *(Sign and Date)*

**Date comments submitted to Planning Department:**

**Date addendums or other reply received:**

**Date of second review (if needed):**

### Comments

<i>Comments</i>
<i>Please include sheet numbers</i>





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## ELECTRIC DEPARTMENT PLAN REVIEW SHEET

Project Name:

Date Plans Received:

Date Plans submitted to Department for review:

**Date Review Completed:** *(Sign and Date)*

Date comments submitted to Planning Department:

Date addendums or other reply received:

Date of second review (if needed):

### Comments

#### Comments

*Please include sheet numbers*

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