

## Erosion Control Plan for Single Family Residential Projects

The erosion control ordinance requires the owner or operator of a construction project to submit an erosion control plan. The erosion control plan identifies potential sources of fugitive dust, storm water pollution. This plan describes the control measures to be implemented before, during, and after any dust generating or pollution causing activity. This form is for projects undertaken on a single family residential property. This form is **not** to be used for commercial buildings and/or developments.

**General Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Project Location: \_\_\_\_\_

Please describe the activities that will be constructed on the site.

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**Control Measures.**

Choose a primary (1) **and** contingency (2) control measure for your site for each stage of the project.

Before Operations Occur:

Watering                      Barrier                      Other:

During Active operations (Cease Operations when wind exceeds 25 MPH):

Watering                      Mulch                      Chemical Suppression  
 Wind Breaks                      Other:

Stabilization for inactive hours:

Water                      Gravel or Asphalt                      Chemical Suppression  
 Cover Materials                      Vegetation                      Other:

Permanent stabilization:

Pave                      Gravel or Asphalt                      Chemical Suppression  
 Ground Cover                      Restore native vegetation                      Other:

Additional Requirements: **Do not allow discharge, including but not limited to, oil or dirt into city streets or drains. Keep all trash and construction materials in proper receptacles.** Control measures **must** be inspected before any clearing begins. To schedule an inspection please call 575.541.2008

Watering Schedule:

If you chose watering as a control measure, please check mark 3 or more times/ day that you will be watering

8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM	8:00 PM

**Signature:**

**Date:**

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