



**Department of Natural Resources and Environmental Control
Sediment and Stormwater Management Pre-Construction Meeting
Project Contact Information – Detailed Plan**

PROJECT NAME:

DNREC APPROVAL NUMBER:

PROJECT NOI (If applicable):

PROJECT ADDRESS:

CITY/TOWN: **DE** **ZIP:**

OWNER/OWNER REPRESENTATIVES

1. Owner*

Name:

Firm:

Office: **Mobile:** **Attended SSMP PCM**

Email:

2. Owner Representative

Name:

Firm:

Office: **Mobile:** **Attended SSMP PCM**

Email:

CONSTRUCTION SITE MANAGEMENT

3. GENERAL CONTRACTOR - Site Superintendent*

Name:

Firm:

Office: **Mobile:** **Attended SSMP PCM**

Email:

4. GENERAL CONTRACTOR – Responsible Personnel*

Name:

Firm:

Office: **Mobile:** **Attended SSMP PCM**

Email:

CTP Completion Date:

5. SITE DISTURBANCE CONTRACTOR – Site Superintendent* (If separate entity from GC)

Name:

Firm:

Office: **Mobile:** **Attended SSMP PCM**

Email:

6. SITE DISTURBANCE CONTRACTOR – Responsible Personnel* (If separate entity from GC)

Name:

Firm:

Office: **Mobile:** **Attended SSMP PCM**

Email:

CTP Completion Date:

DESIGNER

7. Sediment and Stormwater Plan Design Engineer

Name: _____ **CCR Supervising P.E.** YES NO

Firm: _____

Office: _____ **Mobile:** _____ **Attended SSMP PCM**

Email: _____ **Delaware P. E. Number** _____

8. Certified Construction Reviewer*

Name: _____

Firm: _____

Office: _____ **Mobile:** _____ **Attended SSMP PCM**

Email: _____

CCR Number: _____

9. CCR Supervising Professional Engineer* (if not the SSMP Design Engineer)

Name: _____

Firm: _____

Office: _____ **Mobile:** _____ **Attended SSMP PCM**

Email: _____

Delaware P. E. Number: _____

10. Environmental Consultant

Name: _____

Firm: _____

Office: _____ **Mobile:** _____ **Attended SSMP PCM**

Email: _____

DNREC PERSONNEL

11. DNREC Construction Reviewer*

Name:

Program:

Office: **Mobile:** **Attended SSMP PCM**

Email:

12. DNREC Approving Engineer

Name:

Program:

Office: **Mobile:** **Attended SSMP PCM**

Email:

13. DNREC Construction Program Manager

Name:

Program:

Office: **Mobile:** **Attended SSMP PCM**

Email:

14. DNREC Remediation Section (If applicable)

Name:

Program:

Office: **Mobile:** **Attended SSMP PCM**

Email:

ADDITIONAL CONTACTS

15. Additional Contacts

Name:

Firm:

Office: **Mobile:** **Attended SSMP PCM**

Email:

16. Additional Contacts

Name:

Firm:

Office: **Mobile:** **Attended SSMP PCM**

Email:

17. Additional Contacts

Name:

Firm:

Office: **Mobile:** **Attended SSMP PCM**

Email:

18. Additional Contacts

Name:

Firm:

Office: **Mobile:** **Attended SSMP PCM**

Email: