



**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:

*Mandatory attendance SSMP Pre-Construction Meeting (PCM)

**Highly recommended attendance PCM
Project Contact Information_20240611

DESIGNER

7. Sediment and Stormwater Plan Design Engineer**

Name:	CCR Supervising P.E. YES NO
Firm:	
Office:	Mobile: Attended SSMP PCM <input type="checkbox"/>
Email: Delaware P. E. Number	

8. Certified Construction Reviewer*

Name:	
Firm:	
Office:	Mobile: Attended SSMP PCM <input type="checkbox"/>
Email:	
CCR Number:	

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

Name:	
Firm:	
Office:	Mobile: Attended SSMP PCM <input type="checkbox"/>
Email:	
Delaware P. E. Number:	

10. Environmental Consultant

Name:	
Firm:	
Office:	Mobile: Attended SSMP PCM <input type="checkbox"/>
Email:	

*Mandatory attendance SSMP Pre-Construction Meeting (PCM)

**Highly recommended attendance PCM

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:

*Mandatory attendance SSMP Pre-Construction Meeting (PCM)

**Highly recommended attendance PCM

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: