Evaluation Documentation Form

| No. | Criteria | Yesü | Noü | Supplemental Information for Evaluation |
| --- | --- | --- | --- | --- |
| 1. | Begin Project evaluation regarding requirement for implementation of Treatment BMPs | **ü** |  | Continue to 2. |
| 2. | Is the scope of the Project to install Treatment BMPs (e.g., Alternative Compliance or TMDL requirement)? |  |  | If **Yes**, go to 8. If **No**, continue to 3.  |
| 3. | Is there a direct or indirect discharge to surface waters? |  |  | If **Yes**, continue to 4. If **No**, go to 9. |
| 4. | As defined in the WQAR or ED, does the project: 1. discharge to Areas of Special Biological Significance (ASBS), or
2. discharge to a TMDL watershed where Caltrans is named stakeholder, or
3. have other pollution control requirements for surface waters within the project limits (e.g. STGA)?
 |  |  | If **Yes to any**, contact the District/Regional Design Stormwater Coordinator or District/Regional NPDES Coordinator to discuss the Department’s obligations, go to 8 or 5. *(Dist./Reg. Coordinator initials*)If **No** to all, continue to 5.  |
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| 5. | Are any existing Treatment BMPs partially or completely removed?(ATA Condition 1, Section 4.3.1) |  |  | If **Yes**, go to 8 **AND** continue to 6.If **No**, continue to 6. |
| 6. | Is this a Routine Maintenance Project? |  |  | If **Yes**, go to 9. If **No**, continue to 7. |
| 7. | Does the project result in an increase of 10,000 ft2 or more of new impervious surface (NIS)? |  |  | If **Yes**, go to 8. If **No**, go to 9.  |
| 8. | Project is required to implement Treatment BMPs. | Complete Checklist T-1, Part 1. |
| 9. | Project is not required to implement Treatment BMPs. \_\_\_\_\_\_ *(Dist./Reg. Design SW Coord. Initials)*\_\_\_\_\_\_ *(Project Engineer Initials)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)* | Document for Project Files by completing this form and attaching it to the SWDR. |