North Carolina Nine (9) Element Checklist

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| Watershed |  |
| Applicant Name |  |
| Contact Person/Title |  |
| Address |  |
| Phone Number/Email |  |
| Date of Submittal |  |
| Plans using to document the Nine (9) Elements required for 319 funding? Please provide full reference |
| Name of Plan(s) | Author/Developer | Year  | Link/Location  |
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### Once completed, please submit your checklist to Heather Jennings at he athe r.b.j e nni ngs@nc de nr.gov . DWR will conduct an internal review and notify you when the plan has been determined to meet all of the 9 Elements and is eligible for Section 319 Grant implementation funding. As they are approved, they will be listed on DWR’s list of 319 watershed pl ans at <http://portal.ncdenr.org/web/wq/ps/nps/319program/nc-watershed-plans>

### If you are developing a plan that you are hoping to submit to 319 in the same year, please contact Heather Jennings by e m ai l or by phone at (919) 807-6437. Your plan will need to be submitted for approval at least 45 days prior to the 319 Grant application due date.

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| **1. Identification of the Causes and Sources Checklist** | **Yes** | **No** | **Notes** | **Identify location of information (include link or attach plan and identify section and page number)** |
| **REQUIRED (This box(es) below must be checked Yes in order to be eligible as a 9 Element plan)** |
| Does the plan(s) identify stressors andsources in the watershed? |  |  |  |  |
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| Was a GIS desktop analysis performed? |  |  |  |  |
| Has existing water quality or biological data been reviewed?* Ambient water quality data
* USGS data
* Other?
 |  |  |  |  |
| Does the plan(s) identify any waterquality impairments in this watershed (303(d) list)? |  |  |  |  |
| Has a field assessment beenconducted?* CWP (Center for Watershed Protection) Method
* EEP (Ecosystem Enhancement Program) Manual
* Other?
 |  |  |  |  |
| Does the plan indicate if a TMDL hasbeen developed for this watershed? |  |  |  |  |
| Does the plan(s) include a map thatshows where stressors and sources are concentrated? |  |  |  |  |

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| **2. Description of the NPS****Management Measures Checklist** | **Yes** | **No** | **Notes** | **Identify location of information (include link or****attach plan and identify section and page number** |
| **REQUIRED (This box(es) below must be checked Yes in order to be eligible as a 9 Element plan)** |
| Does the plan(s) identify managementmeasures that address the stressors and sources identified in Element 1? (*note: prioritization of projects would be considered to meet this element*) |  |  |  |  |
| **3. Estimate of the load reductions expected for the management measures** | **Yes** | **No** | Notes | **Identify location of information (include link or attach plan and identify section and page number** |
| **REQUIRED (This box(es) below must be checked Yes in order to be eligible as a 9 Element plan)** |
| Have potential indicators been identified for each management measure to determine success? |  |  |  |  |
| Has it been roughly quantified how much each management measure will reduce one or more parameters identified in Element 1? |  |  |  |  |
| **OPTIONAL (Supplemental and/or supporting information)** |
| Has a water quality, watershed or lake response model been developed for this watershed? |  |  |  |  |
| **4. Estimate of the technical and financial assistance needed** | Yes | No | Notes | **Identify location of information (include link or attach plan and identify section and page number** |
| **REQUIRED (This box(es) below must be checked Yes in order to be eligible as a 9 Element plan)** |
| Have the potential costs associated with management activities listed in the plan(s) been identified? |  |  |  |  |
| Has the technical assistance (TA) that may be required to help with design, construction, implementation and monitoring of management strategies listed in the plan(s) been identified |  |  |  |  |

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| **OPTIONAL (Supplemental and/or supporting information)** |
| Have potential partners and funding sources to assist with implementation of the watershed plan(s) been identified and/or contacted? |  |  |  |  |
| Have potential partners/fundingsources to assist with maintenance and/or monitoring (following completion) been identified? |  |  |  |  |
| **5. Information/Education component** | Yes | No | Notes | **Identify location of information (include link or attach plan and identify section and page number** |
| **REQUIRED (This box(es) below must be checked Yes in order to be eligible as a 9 Element plan)** |
| Have a range of information andeducation options been identified in the watershed plan? |  |  |  |  |
| **OPTIONAL (Supplemental and/or supporting information)** |
| Have resource agencies that can beintegrated into the watershed planning process been identified and/or contacted? |  |  |  |  |
| **6. Schedule for implementing****management measures** | Yes | No | Notes | **Identify location of information (include link or****attach plan and identify section and page number** |
| **REQUIRED (This box(es) below must be checked Yes in order to be eligible as a 9 Element plan)** |
| Have the tasks and activities that are related to the implementation and monitoring of management recommendations been identified? |  |  |  |  |
| Has it been determined if these tasksand activities are short-term, medium, or long-term in nature (*note: prioritization of projects is acceptable for meeting this element*)? |  |  |  |  |

The plan will be approvable with comments on spreadsheet, keep in mind that load reductions associated with specific management measures should be included if you want to receive funding

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| **7. Description of interim, measurable milestones** | Yes | No | Notes | **Identify location of information (include link or attach plan and identify section and page number** |
| **REQUIRED (This box(es) below must be checked Yes in order to be eligible as a 9 Element plan)** |
| Have interim, measurable milestones(things that you can track) that can help determine if management measures (in Element 2) are being implemented been identified? |  |  |  |  |
| **8. Criteria that can be used to determine if loading reductions are being achieved** | Yes | No | Notes | **Identify location of information (include link or attach plan and identify section and page number** |
| **REQUIRED (This box(es) below must be checked Yes in order to be eligible as a 9 Element plan)** |
| Have criteria and/or indicators that can be used to determine if management strategies and activities listed in the plan(s) are being effective been identified? |  |  |  |  |
| **9. Monitoring** | Yes | No | Notes | **Identify location of information (include link or attach plan and identify section and page number** |
| **REQUIRED (This box(es) below must be checked Yes in order to be eligible as a 9 Element plan)** |
| Has a monitoring plan that includeseach of the criteria and/or indicators identified in Element 8 been developed?  |  |  |  |  |
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| Are there plans for conducting waterquality monitoring?* Intensive/On-going?
* Field kits?
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| If water quality monitoring isexpected to be conducted, have you contacted NCDWR? |  |  |  |  |