

STORMWATER SITE INSPECTION REPORT

PROJECT INFORMATION NAME AND SITE ADDRESS	CONTRACT NUMBER/CO/RTE/PM
	PROJECT IDENTIFIER NUMBER
	WDID NUMBER

Quarterly Non-Stormwater Discharge Visual Inspection Requirements, continued

Risk Level 3 Drainage Discharge Locations <i>If any water is flowing, report the following.</i>	Run-on sample taken?		Upstream or upgradient receiving water sample taken?		Downstream or downgradient receiving water sample taken?		Comments and Required Actions		
	Yes	No	Yes	No	Yes	No			
Location 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Illegal Connection or Discharge Detection <i>Observe the jobsite and jobsite perimeter for illegal connections and discharges.</i>	Evidence of illegal connections?		Illegal dumping or discharges onto jobsite?		Engineer notified of illegal connection or discharge?		Photos?	Source of non-stormwater discharge and required actions	Action No.
	Yes	No	Yes	No	Yes	No	Yes		
Location 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		