

STORMWATER SITE INSPECTION REPORT

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

Post Storm Visual Inspection Requirements

Within 48 hours of a qualifying rain event, inspect all BMPs to determine whether BMPs were adequate, implemented and effective and identify any additional BMPs needed.
Perform the following visual inspections of the project site

Drainage Discharge Locations	Flowing water?		Free of erosion or sediment?		Discharge sample taken?		Run-on sample taken?		Comments and Required Actions	Action No.	
	Yes	No	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"/>	<input type="checkbox"/>	<input type="checkbox"/>		X	
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X	
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X	
Drainage Discharge Locations <i>If any water is flowing, report the following.</i>	Presence of floating or suspended materials?		Presence of discoloration or turbidity?		Presence of odors?		If yes to observed pollutants, was sample taken?		Source of observed pollutants		
	Yes	No	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"/>	<input type="checkbox"/>	<input type="checkbox"/>		X	
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X	
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X	
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"/>					X
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					X
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					X
Desilting Basins and Other Stormwater Storage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Flowing water?		Free of erosion or sediment?		Discharge sample taken?		Comments and Required Actions				Action No.
	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"/>					X
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					X
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					X