

STORMWATER SITE INSPECTION REPORT

PROJECT INFORMATION NAME AND SITE ADDRESS		CONTRACT NUMBER/CO/RTE/PM	
		PROJECT IDENTIFIER NUMBER	
		WDID NUMBER	
CONTRACTOR NAME AND ADDRESS		PROJECT SITE RISK LEVEL	
		<input type="checkbox"/> Risk Level 1 <input type="checkbox"/> N/A. WPCP	
		<input type="checkbox"/> Risk Level 2 <input type="checkbox"/> Risk Level 3	
Submitted by contractor (print and sign name)		Date	
Water Pollution Control Manager name and company name		Phone number	
		Emergency (24/7) phone number	

General Information

Inspector's Name		Accompanied by		Date of Inspection	
		<input type="checkbox"/> YES <input type="checkbox"/> NO    If Yes, Name/Initials:			
Weather Condition		Precipitation Condition		Wind Condition	
<input type="checkbox"/> Clear <input type="checkbox"/> Partly cloudy <input type="checkbox"/> Cloudy		<input type="checkbox"/> None <input type="checkbox"/> Misty <input type="checkbox"/> Heavy rain <input type="checkbox"/> Light rain <input type="checkbox"/> Hail <input type="checkbox"/> Rain <input type="checkbox"/> Snow		<input type="checkbox"/> None <input type="checkbox"/> Less than 5 mph <input type="checkbox"/> Greater than 5 mph	
Construction Phase		Site Information			
<input type="checkbox"/> Construction <input type="checkbox"/> Plant establishment <input type="checkbox"/> Suspension of work (inactive site)		Total project area:    acres Total project disturbed soil area:    acres Current phase disturbed soil area:    acres Current phase inactive disturbed soil:    acres			

Inspection Type <i>Check appropriate box(es)</i>		Storm Information			
<input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly non-stormwater		Time elapsed since last storm days		Precipitation amount from last storm inches	
<input type="checkbox"/> Pre-storm		Time storm is expected (time) (date)		Expected precipitation amount inches	
<input type="checkbox"/> During storm event		Time elapsed since storm began hours-minutes		Precipitation amount from storm recorded from site rain gauge inches	
<input type="checkbox"/> Post storm		Time elapsed since storm hours-minutes		Precipitation amount from storm recorded from site rain gauge inches	

Date	Daily Site Inspection of Best Management Practices (BMP) List Daily inspections for previous calendar week. Do not include weekly inspection.	Daily inspection performed by	Any corrective actions identified as completed or new?		If yes, were the actions added or verified on CEM-2035, as appropriate?		Date shown on corrective action form
			YES	NO	YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	