

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"/> None	<input type="checkbox"/> Heavy rain		<input type="checkbox"/> None	
<input type="checkbox"/> Partly cloudy	<input type="checkbox"/> Misty	<input type="checkbox"/> Hail		<input type="checkbox"/> Less than 5 mph	
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Light rain	<input type="checkbox"/> Snow		<input type="checkbox"/> Greater than 5 mph	
<input type="checkbox"/> Rain					
Construction Phase		Site Information			
<input type="checkbox"/> Construction		Total project area: acres			
<input type="checkbox"/> Plant establishment		Total project disturbed soil area: acres			
<input type="checkbox"/> Suspension of work (inactive site)		Current phase disturbed soil area: acres			
		Current phase inactive disturbed soil: acres			

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

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Preservation of Existing Vegetation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Right location?		Properly installed?		Maintenance or repair necessary?		Photos?	Comments and Required Actions				
	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"/>					<input checked="" 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"/>					<input checked="" 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"/>					<input checked="" type="checkbox"/>
Disturbed Soil Area (DSA) Management <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List all potential DSAs by location	Has area been disturbed?		Date DSA first disturbed?	Is the DSA inactive and listed as a location on both temporary soil stabilization and temporary linear sediment barriers?		Is there a storm event forecasted?		Are there construction activities currently in progress within the DSA?		If no to previous question, what is the last day construction activities were in progress?	How many days has the DSA been active?	
	If no, stop here.			If yes, stop here.		If yes, stop here and take action.		If yes, stop here.			If more than 14 days, take action.	
	Yes	No	Date	Yes	No	Yes	No	Yes	No	Date	Days	
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"/>		<input checked="" 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"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	

Notes:

1. If it has been 14 days since a DSA has had active construction activities, the DSA is inactive and must be reported as a location on temporary soil stabilization and temporary linear sediment barriers.
2. DSAs must have erosion control and have temporary linear sediment barriers installed prior to a storm event.

Location Number	Comments / Corrective Actions								Action No.	
1										
2										
Temporary Soil Stabilization <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inactive areas covered?		100% coverage of required areas?		Stabilized areas free from visible erosion?		Photos?	Comments 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"/>			<input checked="" 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"/>			<input checked="" 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"/>			<input checked="" type="checkbox"/>

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Site Inspection of Best Management Practices, continued
For project specific BMPs, insert the BMP name and additional inspection requirements below.

Temporary Linear Sediment Barriers <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Right location?		Properly installed or cross barriers installed?		Maintenance performed when 1/3 height or repair needed?		Photos?	Comments 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"/>		<input checked="" 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"/>		<input checked="" 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"/>		<input checked="" type="checkbox"/>

Storm Drain Inlet Protection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All inlets protected?		Properly installed?		Maintenance or repair needed?		Photos?	Comments 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"/>		<input checked="" 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"/>		<input checked="" 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"/>		<input checked="" type="checkbox"/>

Stockpile Management <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date stockpile created	Is the stockpile listed as a location on stockpile management inactive stockpiles? If yes, stop here.		Is there a storm event forecasted? If yes, stop here and take action.		Is stockpile being actively used? If yes, stop here.		If no to previous question, what is the last day stockpile was actively used?	How long since stockpile actively used?	Has it been 3 days since the stockpile has been actively used? If yes, take action.		
	Date	Yes	No	Yes	No	Yes	No	Date	Days	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"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes:

1. If it has been 3 days (72 hours) since a stockpile has been active then the stockpile is inactive and must be reported as a location on stockpile management inactive stockpiles.
2. Stockpiles must be covered and have perimeter control installed prior to a storm event.

Location Number	Comments / Corrective Actions	Photos?	Action No.
		Yes	
1		<input type="checkbox"/>	
2		<input type="checkbox"/>	

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Inactive Stockpile Management <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Type of Material or Waste				Is the stockpile properly located?		Is the stockpile covered?		Does the stockpile have a perimeter control?		Does the stockpile need maintenance or repair?					
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"/>	<input checked="" 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"/>			
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"/>	<input checked="" 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"/>			
Location Number					Comments / Corrective Actions												Photos?	Action No.		
																	Yes			
1																	<input type="checkbox"/>			
2																	<input type="checkbox"/>			
Sediment and Desilting Basins <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Are basin inlets, outlets, and spillways in working order?		Is water contained in basin?		Is maintenance needed to provide required retention or detention?		Photos?	Comments 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"/>						<input checked="" type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input checked="" 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"/>						<input checked="" type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input checked="" 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"/>						<input checked="" type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input checked="" type="checkbox"/>			
Tracking Controls <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Do all entrances and exits have tracking controls?		Is pavement free from visible sediment tracking?		Does sediment need to be removed from rock or ribbed plates?		Is daily sweeping done?		Photos?	Comments and Required Actions					Action No.	
Yes		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"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input checked="" 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 checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input checked="" 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 checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input checked="" 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 checked="" type="checkbox"/>	
Wind Erosion Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Water trucks on-site?		Visible dust?		Photos?	Comments and Required Actions										Action No.
Yes		No		Yes		No		Yes												
Location 1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											<input checked="" type="checkbox"/>
Location 2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											<input checked="" type="checkbox"/>
Location 3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											<input checked="" type="checkbox"/>

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Dewatering Operations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dewatering currently active?		Dewatering conforms with RWQCB permit?		Dewatering discharge within discharge specified limitations?		Photos?	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"/>	<input type="checkbox"/>		<input checked="" 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"/>		<input checked="" 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"/>		<input checked="" type="checkbox"/>

Temporary Stream Crossing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Constructed as shown on the plan?		Conforms to 404 permit and 1601 agreement requirements?		Maintenance or repair required?		Photos?	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"/>	<input type="checkbox"/>		<input checked="" 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"/>		<input checked="" 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"/>		<input checked="" type="checkbox"/>

Material Storage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Located away from drainage courses and water courses?		Areas protected from run on and runoff?		Bagged and boxed materials stored on pallets?		Areas reasonably clean and free of spills, leaks, and other material?		Is material inventory up to date?		Liquid materials in secondary containment?		Photos?
	Yes	No	Yes	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments and Required Actions									Action No.	
Location 1										
Location 2										
Location 3										

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Waste Management Sanitation Facilities <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Located away from drainage courses and water courses?		Secured to ground or foundation?		Clean and has adequate capacity?		Ground checked for any spills or leaks?		Any spills or leaks found?		Photos?	
					Yes	No	Yes	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Location Number					Comments / Corrective Actions											Action No.
1																
2																
3																
Project-specific BMP <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Properly located?		Properly installed?		Maintenance or repair needed?		Photos?	Comments 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"/>					<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" 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"/>					<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" 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"/>					<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>
Project-specific BMP <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Properly located?		Properly installed?		Maintenance or repair needed?						Photos?	
					Yes	No	Yes	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Comments and Required Actions															Action No.	
Location 1																
Location 2																
Location 3																

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Conduct one visual inspection quarterly in each of the following periods January-March, April-June, July-September, and October-December.

[illegible]

* Sample non-stormwater discharge at the location where the discharge leaves the jobsite and record location under drainage discharge locations.

[illegible]

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Quarterly Non-Stormwater Discharge Visual Inspection Requirements, continued

[illegible]

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Inspect the following in addition to visual inspection of BMPs to see if they have been properly implemented in accordance with SWPP and REAP:

[illegible]

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During Storm Visual Inspection Requirements

In addition to visual inspection of BMPs to determine whether they are performing and are adequate, if additional BMPs are needed, or if BMPs need immediate maintenance, inspect the following

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	

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During Storm Visual Inspection Requirements, continued

Desilting Basins and Other Stormwater Storage <i>If any water is retained or stored, 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"/>		
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"/>		
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"/>		
Non-visible Pollutant Locations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Inspect locations where disturbed soil or materials are stored or used on sites that contain non-visible pollutants.</i>	Breach, malfunction, leakage, or spill?		Run-on?		Flowing discharge?		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"/>				
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"/>				
Desilting Basins and Other Stormwater Storage <i>If any water is retained or stored, report the following.</i>	Presence of floating or suspended materials?		Presence of discoloration or turbidity?		Presence of odors?		Discharge sample taken?		Uncontaminated* sample taken?	
	Yes	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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Sample stormwater that has not come in contact with disturbed soil or stored materials or where materials were used on site for comparison with contaminated sample.

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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

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Post Storm Visual Inspection Requirements, continued

Desilting Basins and Other Stormwater Storage <i>If any water is retained or stored, 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"/>		
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"/>		
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"/>		
Non-visible Pollutant Locations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Inspect locations where disturbed soil or materials are stored or used on sites that contain non-visible pollutants.</i>	Breach, malfunction, leakage, or spill?		Run-on?		Flowing discharge?		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"/>				
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"/>				
Desilting Basins and Other Stormwater Storage <i>If any water is retained or stored, report the following.</i>	Presence of floating or suspended materials?		Presence of discoloration or turbidity?		Presence of odors?		Discharge sample taken?		Uncontaminated* sample taken?	
	Yes	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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Sample stormwater that has not come in contact with disturbed soil or stored materials or where materials were used on site for comparison with contaminated sample.

STORMWATER SITE INSPECTION REPORT

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Site Inspection Report General Comments

Are the BMPs installed as required by the Stormwater Pollution Prevention Plan for the phase of construction?
☐ Yes ☐ No

Does the SWPPP need to be amended?
☐ Yes ☐ No

Does the SWPPP currently reflect the current site conditions and contractor operations?
☐ Yes ☐ No

Is hazardous waste stored on the jobsite?
☐ Yes ☐ No

Are there water pollution control concerns on the project site not addressed by the comments and required actions shown above for BMPs, based on the field review of the jobsite?
☐ Yes ☐ No

If yes, provide details, comments, and required actions below for each location.

Location	Water Pollution Control Concern	Comments and Required Actions	Action No.
			X
			X
			X

STORMWATER SITE INSPECTION REPORT

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Stormwater Inspection Report Certification

I certify under penalty of law that this Stormwater Inspection Report was performed in accordance with the General Permit. The information contained in this inspection report was gathered from a field site inspection. I am aware that Section 309 (c)(4) of the Clean Water Act provides for significant penalties, including fines and imprisonment for knowingly submitting a false material statement, representation, or certification.

Stormwater Inspector (Name)	Date Report Completed

Stormwater Inspector (Signature)

I certify under penalty of law that this Stormwater Inspection Report was performed in accordance with the General Permit by me or under my direction or supervision. The information contained in this inspection report was gathered and evaluated by qualified personnel prior to submittal. Based on my review of the information and inquiry of those who gathered and evaluated the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that Section 309 (c)(4) of the Clean Water Act provides for significant penalties, including fines and imprisonment for knowingly submitting a false material statement, representation, or certification.

Water Pollution Control Manager (Name)	Date

Water Pollution Control Manager (Signature)

Stormwater Inspection Report Acceptance

If hazardous waste is stored on the jobsite, the resident engineer should notify the district hazardous waste coordinator.

Was the District Hazardous Waste Coordinator notified?

☐ N/A, no hazardous waste stored on the jobsite

☐ YES, Date Time

☐ NO

Accepted by (Print Name)	Date

Signature

STORMWATER SITE INSPECTION REPORT

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Instructions

General Information

- Construction General Permit attachments C, D, and E, Section G.5. require the information on this form.
- If the inspection form does not contain enough lines to report all locations on a jobsite, click on the "Add Item" button so that all locations are inspected and reported.
- Obtain forecasted precipitation information from the National Weather Service Forecast Office website, <http://www.srh.noaa.gov/forecast>.
- Weather information should be the best estimate of the beginning of the storm event, duration of the event, and time elapsed since the last storm.
- Rainfall amounts should be recorded from the project site rain gauge.
- "Daily Site Inspection of Best Management Practices" section is to be filled out by the water pollution control manager.

Storm Visual Inspections

- For non-visible pollutant inspections, report on all locations shown in the Stormwater Pollution Prevention Plan.

Required Actions

- All corrective actions identified in this report must also be recorded on Form CEM-2035, "Stormwater Corrective Actions Summary."
- Locations identified where BMPs are failing or have other shortcomings require implementation of repairs or design changes within 72 hours of identification, and BMP repairs or other changes must be completed as soon as possible.