

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date

Construction Site Stormwater Inspection Checklist

General Information	
Project Site Name:	CSW-
Project Location:	
Inspection Information	
Date of Inspection:	Time of Inspection:
Inspectors Name:	
Type of Inspection:	
<input type="checkbox"/> Regular <input type="checkbox"/> Post Storm Event <input type="checkbox"/> Other: _____	
Was this inspection triggered by a storm event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how did you determined whether a 0.25" storm event has occurred?	
<input type="checkbox"/> Rain gauge on site <input type="checkbox"/> Weather station representative of site. Specify weather station source: _____	
Total rainfall amount that triggered the inspection (in inches): _____	
Storm Start Date & Time: _____	
Storm Duration (hrs): _____	
Was this inspection triggered by the occurrence of runoff from snowmelt sufficient to cause a discharge?	
Yes <input type="checkbox"/> No	
Project Site Conditions	
What is the weather at time of this inspection?	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Temperature: _____	
Have any discharges occurred since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
Are there any discharges actively occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the location and describe: _____	
Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge where stormwater leaves the site, especially, but not limited to, in the channels and banks of waters of the U.S. in the immediate vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the corrective actions needed in the corrective action table.	
If maintenance or corrective actions were needed in the previous inspections, has it been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain _____	

SWPPP Elements (Section 6.0)

Is the SWPPP complete and up to date? Yes No

Is the SWPPP map complete and up to date? Yes No

Is there a sign or notice properly posted (Section 2.7)? Yes No

Stormwater Control Measures and Potential Pollutant Sources (Section 3.0)

	Implemented?	Maintenance or Corrective Action Needed	Notes
Are perimeter controls and sediment barriers adequately installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction exit preventing sediment from being tracked offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does stockpiled sediment or soil have the appropriate control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is culvert stabilization installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If needed, is velocity dissipation installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sediment basins installed and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are discharge points and receiving waters free of any sediment deposits and waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are concrete washout facilities available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are washout facilities (e.g., paint, stucco, form release oils, and curing compounds) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are building materials, chemicals, and products stored under cover or have a similarly effective BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have portable toilets been secured to ensure they will not tip over	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hazardous wastes materials being properly stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Stabilization (Section 3.7)		
		Notes
Are soils stabilized where no construction activity has occurred for 14 days (including stockpiles)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If stabilization has been initiated, has it been completed within 14 days (7 days if within 50 feet of a waters of the U.S.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas that have used soil binders for temporary stabilization, is maintenance required? Note: soil binders are not considered permanent stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In areas where vegetative stabilization has been initiated, but germination has not occurred, is maintenance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you answered NO to any of the questions in the SWPPP Elements, Stormwater Control Measures and Potential Pollutant Sources, and Stabilization tables, describe any needed maintenance and corrective actions that must be taken to remedy the problem and when the corrective action is to be taken.

Maintenance or Corrective Action Needed	Date to be Completed	Completed

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of the Inspector

Date