

**STORMWATER SITE INSPECTION REPORT**

CEM-2030 (REV. 5/2012)

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PROJECT INFORMATION NAME AND SITE ADDRESS		CONTRACT NUMBER/CO/RTE/PM	
		PROJECT IDENTIFIER NUMBER	
		WDID NUMBER	
CONTRACTOR NAME AND ADDRESS		PROJECT SITE WATER POLLUTION CONTROL	
		<input type="checkbox"/> WPCP <input type="checkbox"/> SWPPP	
		PROJECT SITE RISK LEVEL	
		<input type="checkbox"/> Risk Level 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> Risk Level 3	
Submitted by contractor (print and sign name)			
			Date
Water pollution control manager name and company name		Phone number	
		Emergency (24/7) phone number	

**General Information**

Inspector's Name			Date of Inspection
Weather condition	Precipitation condition	Wind Condition	
<input type="checkbox"/> Clear <input type="checkbox"/> Partly cloudy <input type="checkbox"/> Cloudy	<input type="checkbox"/> None <input type="checkbox"/> Misty <input type="checkbox"/> Light rain <input type="checkbox"/> Rain	<input type="checkbox"/> None <input type="checkbox"/> Less than 5 mph <input type="checkbox"/> Greater than 5 mph	
Construction Phase		Site Information	
<input type="checkbox"/> Highway construction <input type="checkbox"/> Plant establishment <input type="checkbox"/> Suspension of work (inactive site)		<input type="text"/> Acres total project area <input type="text"/> Acres total project disturbed soil area <input type="text"/> Acres current phase disturbed soil area <input type="text"/> Acres current phase inactive disturbed soil	

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

NOTE: Perform Daily Inspection when weekly inspection is performed (CEM-2031).

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**Site Inspection of Best Management Practices***If the inspection form does not contain enough lines for all locations, use Add Item so that all BMP locations are inspected and reported.*

Preservation of Existing Vegetation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <div>Add Item</div>	Right location?		Properly installed?		Maintenance or repair necessary?		Photos?	Comments and Required Actions				
	Yes	No	Yes	No	Yes	No	Yes					
Location 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>

  

Disturbed Soil Area (DSA) Management <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  List all potential DSAs by location <div>Add Item</div>	Has area been disturbed?		Date DSA first disturbed?	Is the DSA inactive and is listed as a location on both temporary soil stabilization and temporary linear sediment barriers?  If yes stop here.	Is there a storm event forecasted?		Are there construction activities currently in progress within the DSA?		If no to previous question, what is the last day construction activities were in progress?	How many days has the DSA been active?
	Yes	No			Yes	No	Yes	No		
Location 1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>

**Notes:**

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

Location Number	Comments / Corrective Actions								Action No.
1									
2									

  

Temporary Soil Stabilization <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <div>Add Item</div>	Inactive areas covered?		100% coverage of required areas?		Stabilized areas free from visible erosion?		Photos?	Comments and Required Actions	Action No.
	Yes	No	Yes	No	Yes	No	Yes		
Location 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>

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## Site Inspection of Best Management Practices, continued

<b>Temporary Linear Sediment Barriers</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="button" value="Add Item"/>	Right location?		Properly installed or cross barriers installed?		Maintenance performed when 1/3 height or repair needed?		Photos?	Comments and Required Actions	Action No.				
		Yes	No	Yes	No	Yes	No	Yes					
Location 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Location 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Location 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
<b>Storm Drain Inlet Protection</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="button" value="Add Item"/>		All inlets protected?		Properly installed?		Maintenance or repair needed?		Photos?	Comments and Required Actions	Action No.			
		Yes	No	Yes	No	Yes	No	Yes					
Location 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Location 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Location 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
<b>Stockpile Management</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="button" value="Add Item"/>		Date stockpile created	Is the stockpile listed as a location on stockpile management inactive stockpiles? If yes stop here.		Is there a storm event forecasted? If yes stop here and take action.		Is stockpile being actively used? If yes stop here.		If no to previous question, last day stockpile was actively used?	How long since stockpile actively used?	Has it been 3 days since the stockpile has been actively used? If yes take action.		
		Date	Yes	No	Yes	No	Yes	No	Date	Days	Yes	No	
Location 1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location 2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Notes:

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

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

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Inactive Stockpiles Management		Type of Material or Waste				Is the stockpile properly located?		Is the stockpile covered?		Does the stockpile have a perimeter control?		Does the stockpile need Maintenance or repair?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add Item					Yes	No	Yes	No	Yes	No	Yes	No
Location 1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location 2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

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

  

Sediment and Desilting Basins		Are basin inlets, outlets, and spillways in working order?		Is water contained in basin?		Is maintenance needed to provide required retention or detention?		Photos?	Comments and Required Actions	Action No.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add Item	Yes	No	Yes	No	Yes	No	Yes		
Location 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>

  

Tracking Controls		Do all entrances and exits have tracking controls?		Is pavement free from visible sediment tracking?		Does sediment need to be removed from rock or ribbed plates?		Is daily sweeping done?		Photos?	Comments and Required Actions	Action No.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add Item	Yes	No	Yes	No	Yes	No	Yes	No	Yes		
Location 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>

  

Wind Erosion Control		Water trucks onsite?		Visible dust?		Photos?	Comments and Required Actions	Action No.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Add Item	Yes	No	Yes	No	Yes		
Location 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>

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Dewatering Operations <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Add Item</b>	Dewatering currently active?		Dewatering conform with RWQCB permit?		Dewatering discharge within discharge specified limitations?		Photos?	Comments and Required Actions	Action No.
	Yes	No	Yes	No	Yes	No	Yes		
Location 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>

Temporary Stream Crossing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Add Item</b>	Constructed as shown on the plane?		Conforms to 404 permit and 1601 permit requirements?		Maintenance or repair required?		Photos?	Comments and Required Actions	Action No.
	Yes	No	Yes	No	Yes	No	Yes		
Location 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>

Material Storage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Add Item</b>	Located away from drainage courses and water courses?		Areas protected from run on and runoff?		Bagged and boxed materials stored on pallets?		Areas reasonably clean and free of spills, leaks and other material?		Is material inventory up to date?		Liquid materials in secondary containment?		Photos?
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Location 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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				WDID NUMBER											
<b>Waste Management Sanitation Facilities</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="button" value="Add Item"/>				Located away from drainage courses and water courses?		Secured to ground or foundation?		Clean and has adequate capacity?		Ground checked for any spills or leaks?		Any spills or leaks found?		Photos?	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	
Location 1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location 2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location 3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location Number				Comments / Corrective Actions											Action No.
1															
2															
3															

**Site Inspection of Best Management Practices, continued**

For project specific BMPs, insert the BMP name and additional inspection requirements below.

Project-specific BMP		Properly located?		Properly installed?		Maintenance or repair needed?		Photos?	Comments and Required Actions	Action No.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="button" value="Add Item"/>		Yes	No	Yes	No	Yes	No	Yes		
Location 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Location 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Project-specific BMP		Properly located?		Properly installed?		Maintenance or repair needed?				Photos?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="button" value="Add Item"/>		Yes	No	Yes	No	Yes	No	Yes	No	Yes

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					PROJECT IDENTIFIER NUMBER						
					WDID NUMBER						
Location 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments and Required Actions											Action No.
Location 1											
Location 2											
Location 3											

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**Site Inspection Report General Comments**

Are the BMPs installed as required by the SWPPP for the phase of construction?

☐ Yes ☐ No

Does the SWPPP need to be amended?

☐ Yes ☐ No

Does the SWPPP currently reflect the current site conditions and contractor operations?

☐ Yes ☐ No

Are there water pollution control concerns on the project site not addressed by the comments / required actions shown above for BMPs based on the field review of the jobsite?

☐ Yes ☐ No *If yes, provide below details and comments and required actions for each location.*

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

**ADA Notice**

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**STORMWATER SITE INSPECTION REPORT**

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

**Stormwater Inspection Report Certification**

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

Stormwater Inspector Name	Date Report Completed

Stormwater Inspector Signature

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

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

Water Pollution Control Manager Name	Date

Water Pollution Control Manager Signature

**Stormwater Inspection Report Acceptance**

Accepted by Resident Engineer (Name)	Date

Resident Engineer Signature