Print Form without Instructions

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

STORMWATER SITE INSPECTION REPORT

CEM-2030 (REV. 5/2012) PROJECT INFORMATION NAME AND SITE ADDRESS CONTRACT NUMBER/CO/RTE/PM PROJECT IDENTIFIER NUMBER WDID NUMBER Stormwater Inspection Report Cerification 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

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.