

**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<br><input type="checkbox"/> Risk Level 2<br><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<br><input type="checkbox"/> Partly cloudy<br><input type="checkbox"/> Cloudy  | <input type="checkbox"/> None<br><input type="checkbox"/> Misty<br><input type="checkbox"/> Light rain<br><input type="checkbox"/> Rain | <input type="checkbox"/> None<br><input type="checkbox"/> Less than 5 mph<br><input type="checkbox"/> Greater than 5 mph  |                    |
| Construction Phase   |   | Site Information  |                    |
| <input type="checkbox"/> Highway construction<br><input type="checkbox"/> Plant establishment<br><input type="checkbox"/> Suspension of work (inactive site) |   | <input type="text"/> Acres total project area<br><input type="text"/> Acres total project disturbed soil area<br><input type="text"/> Acres current phase disturbed soil area<br><input type="text"/> Acres current phase inactive disturbed soil |                    |

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

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

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

**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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Add Item</b> | 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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List all potential DSAs by location<br><b>Add Item</b> | 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? |                          | 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                       |                           | If yes stop here.  |                          | If yes stop here and take action.  |                          | If yes stop here.   |                          |  |  |                                     |
|   | Yes                      | No                       | Date                      | Yes  | No                       | Yes                                | No                       | Yes   | No                       | Date   | Days                                   |                                     |
| Location 1  | <input type="checkbox"/> | <input type="checkbox"/> |                           | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  | <input checked="" type="checkbox"/> |
| Location 2  | <input type="checkbox"/> | <input type="checkbox"/> |                           | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  | <input checked="" type="checkbox"/> |

**Notes:**

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

| Location Number | Comments / Corrective Actions |  |  |  |  |  |  |  |  |  | Action No. |
|-----------------|-------------------------------|--|--|--|--|--|--|--|--|--|------------|
| 1               |                               |  |  |  |  |  |  |  |  |  |            |
| 2               |                               |  |  |  |  |  |  |  |  |  |            |

  

| Temporary Soil Stabilization<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Add Item</b> | 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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|   | PROJECT IDENTIFIER NUMBER |
|   | WDID NUMBER               |
|   |                           |

## Site Inspection of Best Management Practices, continued

|   |                          |   |   |   |   |  |                          |   |   |   |                                     |
|---|--------------------------|---|---|---|---|--|--------------------------|---|---|---|-------------------------------------|
| <b>Temporary Linear Sediment Barriers</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><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><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><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><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="button" value="Add Item"/>               | Date stockpile created   | Is the stockpile listed as a location on stockpile management inactive stockpiles?<br>If yes stop here. |   | Is there a storm event forecasted?<br>If yes stop here and take action. |   | Is stockpile being actively used?<br>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?<br>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 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 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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|---|--|----|--|-----|--|--------------------------|--|--------------------------|---|-------------------------------|---------------------------|-------------------------------|--|-------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| PROJECT INFORMATION NAME AND SITE ADDRESS   |  |    |  |     | CONTRACT NUMBER/CO/RTE/PM                                  |                          |  |                          |   |                               |                           |                               |  |                               |  |                                     |                                     |                                     |
|   |  |    |  |     | PROJECT IDENTIFIER NUMBER                                  |                          |  |                          |   |                               |                           |                               |  |                               |  |                                     |                                     |                                     |
|   |  |    |  |     |  |                          |  |                          |   |                               |                           |                               |  |                               |  |                                     |                                     |                                     |
|   |  |    |  |     | WDID NUMBER  |                          |  |                          |   |                               |                           |                               |  |                               |  |                                     |                                     |                                     |
| <b>Inactive Stockpiles Management</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="button" value="Add Item"/> |  |    |  |     | Type of Material or Waste                                  |                          |  |                          | Is the stockpile properly located?                                |                               | Is the stockpile covered? |                               | Does the stockpile have a perimeter control? |                               | Does the stockpile need Maintenance or repair? |                                     |                                     |                                     |
|   |  |    |  |     |  |                          |  |                          | Yes   | No                            | Yes                       | No                            | Yes  | No                            | Yes  | No                                  |                                     |                                     |
| Location 1  |  |    |  |     |  |                          |  |                          | <input type="checkbox"/>  | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/>      | <input type="checkbox"/>                     | <input type="checkbox"/>      | <input checked="" 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 checked="" type="checkbox"/>            |                                     |                                     |                                     |
|   |  |    |  |     |  |                          |  |                          | <input type="checkbox"/>  | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/>      | <input type="checkbox"/>                     | <input type="checkbox"/>      | <input type="checkbox"/>                       |                                     |                                     |                                     |
| Location Number   |  |    |  |     | Comments / Corrective Actions                              |                          |  |                          |   |                               |                           |                               |  |                               | Photos?  | Action No.                          |                                     |                                     |
|   |  |    |  |     |  |                          |  |                          |   |                               |                           |                               |  |                               | Yes  |                                     |                                     |                                     |
| 1   |  |    |  |     |  |                          |  |                          |   |                               |                           |                               |  |                               | <input type="checkbox"/>                       |                                     |                                     |                                     |
| 2   |  |    |  |     |  |                          |  |                          |   |                               |                           |                               |  |                               | <input type="checkbox"/>                       |                                     |                                     |                                     |
| <b>Sediment and Desilting Basins</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="button" value="Add Item"/>  |  |    |  |     | Are basin inlets, outlets, and spillways in working order? |                          | Is water contained in basin?                     |                          | Is maintenance needed to provide required retention or detention? |                               | Photos?                   | Comments and Required Actions |  |                               |  | Action No.                          |                                     |                                     |
| Yes   |  | No |  | Yes |  | No                       |  | Yes                      |   | No                            |                           |                               |  |                               |  |                                     |                                     |                                     |
| 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"/> |                                     |                                     |
| <b>Tracking Controls</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="button" value="Add Item"/>              |  |    |  |     | Do all entrances and exits have tracking controls?         |                          | Is pavement free from visible sediment tracking? |                          | Does sediment need to be removed from rock or ribbed plates?      |                               | Is daily sweeping done?   |                               | Photos?                                      | Comments and Required Actions |  |                                     |                                     | Action No.                          |
| Yes   |  | No |  | Yes |  | No                       |  | Yes                      |   | No                            |                           | Yes                           |  |                               |  |                                     |                                     |                                     |
| 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"/> |
| <b>Wind Erosion Control</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="button" value="Add Item"/>           |  |    |  |     | Water trucks onsite?                                       |                          | Visible dust?                                    |                          | Photos?   | Comments and Required Actions |                           |                               |  |                               |  |                                     | Action No.                          |                                     |
| Yes   |  | No |  | Yes |  | No                       |  | Yes                      |   |                               |                           |                               |  |                               |  |                                     |                                     |                                     |
| Location 1  |  |    |  |     | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/>  |                               |                           |                               |  |                               |  |                                     | <input checked="" type="checkbox"/> |                                     |
|   |  |    |  |     | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/>  |                               |                           |                               |  |                               |  |                                     | <input checked="" type="checkbox"/> |                                     |
| Location 2  |  |    |  |     | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/>  |                               |                           |                               |  |                               |  |                                     | <input checked="" type="checkbox"/> |                                     |
|   |  |    |  |     | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/>  |                               |                           |                               |  |                               |  |                                     | <input checked="" type="checkbox"/> |                                     |
| Location 3  |  |    |  |     | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/>  |                               |                           |                               |  |                               |  |                                     | <input checked="" type="checkbox"/> |                                     |
|   |  |    |  |     | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/>  |                               |                           |                               |  |                               |  |                                     | <input checked="" type="checkbox"/> |                                     |

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|   | PROJECT IDENTIFIER NUMBER |
|   | WDID NUMBER               |
|   |                           |

| Dewatering Operations<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><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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|---|--|--|--|--|---|--------------------------|----------------------------------|--------------------------|----------------------------------|--------------------------|---|--------------------------|----------------------------|--------------------------|--------------------------|-------------------------------------|
| PROJECT INFORMATION NAME AND SITE ADDRESS   |  |  |  |  | CONTRACT NUMBER/CO/RTE/PM                             |                          |                                  |                          |                                  |                          |   |                          |                            |                          |                          |                                     |
|   |  |  |  |  | PROJECT IDENTIFIER NUMBER                             |                          |                                  |                          |                                  |                          |   |                          |                            |                          |                          |                                     |
|   |  |  |  |  |   |                          |                                  |                          |                                  |                          |   |                          |                            |                          |                          |                                     |
|   |  |  |  |  | WDID NUMBER   |                          |                                  |                          |                                  |                          |   |                          |                            |                          |                          |                                     |
| <b>Waste Management Sanitation Facilities</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><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.*

|  |  |                          |                          |                          |                          |                               |                          |                          |                               |                                     |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|-------------------------------|-------------------------------------|
| <b>Project-specific BMP</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="button" value="Add Item"/> |  | Properly located?        |                          | Properly installed?      |                          | Maintenance or repair needed? |                          | Photos?                  | Comments and Required Actions | Action No.                          |
|  |  | Yes                      | No                       | Yes                      | No                       | Yes                           | No                       | Yes                      |                               |                                     |
| Location 1   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                               | <input checked="" type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                               | <input checked="" type="checkbox"/> |
| Location 2   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                               | <input checked="" type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                               | <input checked="" type="checkbox"/> |
| Location 3   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                               | <input checked="" type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                               | <input checked="" type="checkbox"/> |
| <b>Project-specific BMP</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 |  | Not Needed               |                          |                          |                          |                               |                          |                          |                               |                                     |

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

**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          |

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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



**STORMWATER SITE INSPECTION REPORT**

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**General Information**

- If the inspection form does not contain enough lines to report all locations on a jobsite, use Add Item so that all locations are inspected and reported.
- Obtain forecasted precipitation information from the National Weather Service Forecast Office website, <http://www.srh.noaa.gov/forecast>.
- Weather information should be the best estimate of beginning of the storm event, duration of the event, and time elapsed since the last storm.
- Rainfall amounts should be recorded from the project site rain gauge.

**Storm Visual Inspections**

- For non-visible pollutant inspections, report on all locations shown in the SWPPP.

**Required Actions**

- All requiring actions reported on this form must also be reported on form CEM-2035, "Stormwater Site Inspection Report Corrective Actions Summary."
- Locations identified where BMPs are failing or have other shortcomings require implementation of repairs or design changes within 72 hours of identification, and complete BMP repairs or other changes as soon as possible.