

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
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).

ADA Notice

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