



PROJECT NAME AND SITE ADDRESS:	CONTRACT NUMBER:	
	ORACLE NUMBER:	
	WDID NUMBER:	

CONTRACTOR NAME AND ADDRESS:	PROJECT SITE RISK LEVEL: <input type="checkbox"/> Risk Level 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> Risk Level 3	<input type="checkbox"/> LUP Type 1 <input type="checkbox"/> LUP Type 2 <input type="checkbox"/> LUP Type 3
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Submitted by (Print Name and Sign):	Date:
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Water Pollution Control Manager Name and Company Name:	Phone Number:
	Emergency (24/7) Phone Number:

**General Information**

Inspector's Name:	Date of Inspection:
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Weather Condition: <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy	Storm Information: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Time elapsed since last storm _____ days</td> <td style="width:50%;">Precipitation amount from last storm _____ inches</td> </tr> <tr> <td>Time storm is expected _____ (time) _____ (date)</td> <td>Expected precipitation amount _____ inches</td> </tr> <tr> <td>Time elapsed since storm began _____ hours-minutes</td> <td>Precipitation amount from storm recorded from site rain gauge _____ inches</td> </tr> </table>	Time elapsed since last storm _____ days	Precipitation amount from last storm _____ inches	Time storm is expected _____ (time) _____ (date)	Expected precipitation amount _____ inches	Time elapsed since storm began _____ hours-minutes	Precipitation amount from storm recorded from site rain gauge _____ inches	Wind Condition: <input type="checkbox"/> None <input type="checkbox"/> Less than 5 MPH <input type="checkbox"/> Greater than 5 MPH
Time elapsed since last storm _____ days	Precipitation amount from last storm _____ inches							
Time storm is expected _____ (time) _____ (date)	Expected precipitation amount _____ inches							
Time elapsed since storm began _____ hours-minutes	Precipitation amount from storm recorded from site rain gauge _____ inches							

Construction Phase: <input type="checkbox"/> Grading and Land Development / Streets and Utilities / Vertical Construction <input type="checkbox"/> Plant Establishment / Final Landscaping <input type="checkbox"/> Inactive Site	Site Information: _____ Acres Total Project Area _____ Acres Total Project Disturbed Soil Area (DSA) _____ Acres Current Phase Disturbed Soil Area (DSA) _____ Acres Current Phase Inactive Disturbed Soil Area (DSA)
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Project Status: <input type="checkbox"/> Compliance  <input type="checkbox"/> Substantial Compliance – Minor Deficiencies Noted	<input type="checkbox"/> Non-Compliance – Major Deficiencies or Discharge(s) noted <b>Prompt Action is Required</b>  <input type="checkbox"/> Contractor was notified of deficiencies Date:
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**Pre-Storm Visual Inspection Requirements**

*Inspect the following in addition to visual inspection of BMPs to see if they have been properly implemented in accordance with SWPPP and REAP.*

Drainage Areas	Leaks or spills?		Any uncontrolled pollutant sources?		Stored materials that should be moved?		Photo(s)	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"/>		
Location 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drainage Discharge Locations	Free of erosion or sediment?						Photo(s)	Comments and Required Actions	Action No.
	Yes	No							
Location 1:	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
Location 2:	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		



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<b>Desilting Basins and Other Stormwater Storage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Water retained or stored?		Leaks?		Adequate freeboard for storm event?		Photo(s)	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"/>		
Location 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Desilting Basins and Other Stormwater Storage</b> <i>If any water is retained or stored report the following.</i>	Presence of floating and suspended materials?		Presence of discoloration or turbidity?		Presence of odors?		If yes to observed pollutants, was sample taken?		Identify source of any observed pollutants.
	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 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"/>	

**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 (CWA) provides for significant penalties, including fines and imprisonment for knowingly submitting false material statement, representation or certification.

Stormwater Inspector (Name):	Date Report Completed:
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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 (CWA) provides for significant penalties, including fines and imprisonment for knowingly submitting false material statement, representation or certification.

Water Pollution Control Manager (Name):	Date:
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Water Pollution Control Manager (Signature):

**Stormwater Inspection Report Acceptance**

Accepted by Resident Engineer (Name):	Date:
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Resident Engineer (Signature):

**GENERAL INFORMATION**

- If the inspection form does not contain enough lines to report all locations on a jobsite, attach additional copies of the form page so that all locations are inspected and reported.
- Obtain forecasted precipitation information from 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, time elapsed since the last storm.
- Rainfall amounts should be recorded from the project site rain gauge; using form CE 2027, "Rain Gauge Monitoring Log."

**STORM VISUAL INSPECTIONS**

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

**REQUIRED ACTIONS**

- All required actions reported on this form shall also be reported on form CE-2022 "Stormwater Site Inspection Report Corrective Actions Summary".
- Locations identified where BMP's 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.
- Photographs of the site taken during inspections are required for LUP Type 1, 2, and 3.