



COUNTY OF SAN DIEGO – Department of Public Works
**QUARTERLY NON-STORMWATER DISCHARGE
 SITE INSPECTION REPORT**
 CE 2026 (Rev. 12/11)

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"/> LUP <input type="checkbox"/> Risk Level 3
Submitted by (Print Name and Sign):	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: <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy	Precipitation Condition: <input type="checkbox"/> Misty <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Light Rain <input type="checkbox"/> Hail <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow	Wind Condition: <input type="checkbox"/> None <input type="checkbox"/> Less than 5 MPH <input type="checkbox"/> Greater than 5 MPH
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)	

Quarterly Non-Storm Water Discharge Visual Inspection Requirements

Conduct one visual inspection quarterly in each of the following periods: January-March, April-June, July-September, and October-December.

Drainage Areas	Presence of a non-stormwater discharge?		Indication of a prior non-stormwater discharge?		Date discharge was observed?	Photo(s)	Source of non-stormwater discharge and required actions
	Yes	No	Yes	No			
Location 1:	<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"/>	



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

Illegal Connection or Discharge Detection <i>Observe the jobsite and jobsite perimeter for illegal connections and discharges.</i>	Evidence of illegal connections?		Illegal dumping or discharges onto jobsite?		Engineer notified of illegal connection or discharge?	Photo(s)	Comments and Required Actions
	Yes	No	Yes	No		Yes	
Location 1:	<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"/>	

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 requiring 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.
- LUP Type projects are not required to have Quarterly Non-Stormwater Discharge Site Inspection.