



COUNTY OF SAN DIEGO – Department of Public Works
STORMWATER SITE INSPECTION REPORT
CORRECTIVE ACTIONS SUMMARY
 CE 2022 (Rev. 03/16)

PROJECT 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"/> LUP Type 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> LUP Type 2 <input type="checkbox"/> WPCP <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> LUP Type 3
Submitted by (Print Name and Sign):	Date:

Implementation of required actions identified in a Stormwater Site Inspection Report must be made as soon as possible but must begin within 72 hours of the site inspection

No.	Verification of Stormwater Site Inspection Corrective Actions		
1	BMP Type:		Location:
	Required Action:		Comments:
	Date Completed:	Verified by Print Name:	Verified by Signature:
2	BMP Type:		Location:
	Required Action:		Comments:
	Date Completed:	Verified by Print Name:	Verified by Signature:
3	BMP Type:		Location:
	Required Action:		Comments:
	Date Completed:	Verified by Print Name:	Verified by Signature:
4	BMP Type:		Location:
	Required Action:		Comments:
	Date Completed:	Verified by Print Name:	Verified by Signature:
5	BMP Type:		Location:
	Required Action:		Comments:
	Date Completed:	Verified by Print Name:	Verified by Signature:
6	BMP Type:		Location:
	Required Action:		Comments:
	Date Completed:	Verified by Print Name:	Verified by Signature:



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

Stormwater Site Inspection Report Summary Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the people who manage the system or are directly responsible for gathering the information, the information submitted is true, accurate, and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.

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

Stormwater Site Inspection Report Summary Acceptance

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

GENERAL INFORMATION

- CGP Attachments C, D, and E, Section G., 5., g require the information on this form.
- If the summary form does not have enough lines to report all actions required on CE-2020 "Stormwater Site Inspection Report," use additional copies of this form's page 2 to report all required corrective actions from an inspection form.
- On page 2 of this form, and additional copies of page 2, insert consecutive numbers for each required action.

REQUIRED ACTIONS

- Identified locations – where BMP's are failing or have other shortcomings – require repairs or design changes within 72 hours of identification and complete BMP repairs or other changes as soon as possible.
- Comments must be provided when the required action is changed from the Stormwater Site Inspection Report.