



COUNTY OF SAN DIEGO – Department of Public Works
STORMWATER VISUAL INSPECTION REPORT
CORRECTIVE ACTIONS SUMMARY
CE 2022 (Rev. 10/26)

+Add CA Page

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PROJECT NAME:	CONTRACT NUMBER:	REPORT #
	ORACLE NUMBER:	WDID:
SITE ADDRESS / INSPECTION LOCATION(S):		PROJECT TYPE:
CONTRACTOR NAME:		☐ WPCP ☐ SWPPP

The following corrective actions correspond to Stormwater Visual Inspection Report (CE-2020) # _____ conducted on _____

CORRECTIVE ACTION VERIFICATION SUMMARY

Duplicate this page as needed to verify all corrective actions identified on the CE-2020 report referenced above.

CA #	LOCATION	CORRECTIVE ACTION PERFORMED / COMMENTS	PERFORMED BY	COMPLETED (24-hr format)	VERIFICATION METHOD (check all that apply)
				Date: Time:	☐ Inspection ☐ Photo ☐ Document Review
				Date: Time:	☐ Inspection ☐ Photo ☐ Document Review
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				Date: Time:	☐ Inspection ☐ Photo ☐ Document Review

VERIFIED BY (NAME):

☐ QSD ☐ QSP ☐ Delegate ☐ County

INITIALS:



PROJECT NAME:	CONTRACT NUMBER:	REPORT #
	ORACLE NUMBER:	WDID:
SITE ADDRESS / INSPECTION LOCATION(S):		PROJECT TYPE:
CONTRACTOR NAME:		☐ WPCP ☐ SWPPP

CORRECTIVE ACTION VERIFICATION PHOTOS

Include photos used to verify corrective action completion. Photos shall be time-stamped. Duplicate this page as needed.

Photo #	Location:	CA #	Photo #	Location:	CA #

Description:

Description:

Photo #	Location:	CA #	Photo #	Location:	CA #

Description:

Description:

Photo #	Location:	CA #	Photo #	Location:	CA #

Description:

Description:



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STORMWATER INSPECTION REPORT CERTIFICATIONS

WATER POLLUTION CONTROL MANAGER (WPCM) CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I am also aware that my user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that my electronic signature is the legal equivalent of my handwritten signature. My signature on this form certifies that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person. Should I wish to delegate such authority, I will do so formally in writing and electronically notify the State Water Board using SMARTS of such delegation within 10 days of the delegation. I further certify that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Board, within two business days of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised.

WPCM Name: Certification # (if any):

WPCM Signature: Date Report Completed:

CONTRACTOR CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I am also aware that my user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that my electronic signature is the legal equivalent of my handwritten signature. My signature on this form certifies that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person. Should I wish to delegate such authority, I will do so formally in writing and electronically notify the State Water Board using SMARTS of such delegation within 10 days of the delegation. I further certify that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Board, within two business days of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised.

Contractor Name: Certification # (if any):

Contractor Signature: Date Report Certified:

RESIDENT ENGINEER (RE) STORMWATER INSPECTION REPORT ACCEPTANCE

RE Name: RE Signature: Date Report Accepted:

INSTRUCTIONS

GENERAL INFORMATION

- Complete Form CE-2022 for corrective actions identified on Form CE-2020, Stormwater Visual Inspection Report.
- Identify the corresponding CE-2020 Report # and inspection date; use the same Corrective Action (CA) # assigned on CE-2020.
- Duplicate the Corrective Action Verification Summary as needed to address all corrective actions.

CORRECTIVE ACTION COMPLETION

- Enter the location, corrective action performed, additional comments, who performed it (person, contractor, subcontractor or other party), the date and time the corrective action was completed, and how it was verified.
- Begin maintaining, repairing, and/or implementing design changes to BMPs within 72 hours of identification of failures or other shortcomings and complete the changes as soon as possible, prior to the next forecasted storm event.
- Do not consider a corrective action closed until completion has been verified.
- **Outstanding corrective actions remain subject to follow-up and escalation in accordance with the Contract and applicable County stormwater enforcement procedures.**

VERIFICATION

- Verify completion of each corrective action by field inspection, photographic documentation, document review, or all, as appropriate; select the applicable verification method for each corrective action.
- The individual identified under Verified By is responsible for the verifications documented on the summary page.

PHOTOS

- Include time-stamped photos when used for verification.