



INSPECTION CHECKLIST FOR CONSTRUCTION STORMWATER CONTROLS

1. Inspection Date: _____ Inspector: _____
2. Inspection Type: Routine Pre-Wet Season Pre-Storm During Storm After Storm
 Complaint Agency Referral Follow-up Other: _____
3. Current Weather Conditions: _____ 3a. Rainfall with runoff since last inspection? Yes No
4. Site Name: _____ 4a. Project No./Permit No.: _____
 Location: _____
5. Site Contact: _____ 5a. Site Phone No.: _____
6. Mailing Address: _____
7. Developer: _____ 7a. Developer Phone No.: _____
8. Developer Mailing Address: _____
9. Permit Type: Building Permit Grading Permit Site Development Capital Improvement
10. Project Type: Commercial/Industrial Residential Landscaping Public Improvement
 Utility (water/sewer/PG&E) Grading Demolition Other: _____

11. Verification of Coverage under the Statewide Construction Activity NPDES Permit

- Does the project disturb 1 acre of land, or more? Yes No NOI filed? Yes No
 SWPPP dated: ____ / ____ / ____ SWPPP on site? Yes No Comments/Follow up to Regional Water Board:

12. High Priority Site? Yes No (Sites with significant threat to water quality)
- 12a. Hillside site disturbing $\geq 5,000$ s.f. but < 1 acre? Yes No (Based on agency's map of hillside development areas or criteria; if agency does not have map or criteria, sites with slopes $\geq 15\%$. Inspect monthly during wet season starting 10/1/16.)
- NOTE: Sites disturbing 1 acre or more, high priority sites, and hillside sites disturbing $\geq 5,000$ square feet require monthly inspections during wet season (Oct. 1 thru April 30).*

13. Erosion Control Measures:

	Adequate	Non-Compliant	Comments/Date for Correction
<input type="checkbox"/> Jute Netting / Fiber Blankets	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mulch	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hydroseed / Soil Binders / Compost Blankets	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mark Areas of Vegetation to be Preserved	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tree Protection Fencing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Riparian Area Barrier	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	

14. Sediment Control Measures:

	Adequate	Non-Compliant	Comments/Date for Correction
<input type="checkbox"/> Fiber Rolls / Wattles / Compost Socks	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Silt Fences / Compost Berms	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Check Dams	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Stabilized construction entrance	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dust Control	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Street Sweeping	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sedimentation Basin	<input type="checkbox"/>	<input type="checkbox"/>	

- Inlet filters (Bags, sand, gravel)
- Other: _____

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Comments/Date for Correction

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15. Run-on and Run-off Control:

- Earth Dikes / Drainage Swales
- Sampling is conducted, if required
- Other: _____

- Adequate** **Non-Compliant**
-
-

Comments/Date for Correction

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16. Active Treatment Systems (if any):

- Daily log shows treatment objectives met
- Other: _____

- Adequate** **Non-Compliant**
-
-

Comments/Date for Correction

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17. Good Site Management:

- Material Storage (wood, cement, etc)
- Petroleum Product Storage (oil, fuel)
- Hazardous Material Storage (paint, solvents)
- Waste Systems Management
- Soil Stockpiles
- Vehicle Servicing
- Other: _____

- Adequate** **Non-Compliant**
-
-
-
-
-
-

Comments/Date for Correction

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18. Non-Stormwater Management:

- Concrete washout area
- Vehicle and equipment cleaning
- Dewatering operations
- Other: _____

- Adequate** **Non-Compliant**
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-
-

Comments/Date for Correction

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19. Are the discharge points free of any evidence of illicit discharge? Yes No Comments: _____

20. Describe sediment discharge from site: _____

21. Enforcement /Follow-Up Date problem first identified: ___ / ___ / ___ . Next follow-up inspection date: ___ / ___ / ___ .

Corrective action(s) to be taken to remedy problems and date for completion: _____

Comments: _____

Enforcement Actions: None/In compliance Verbal Warning Written Warning/ Notice of Violation Notice to Comply/ Stop work order

Notice to Comply with Monetary Penalty Legal action Enforcement Action No.: _____

Referred to (check one): Regional Water Board Other: _____

Resolution: Problem fixed Need more time (include rationale in comments) Escalate enforcement Date resolved: ___ / ___ / ___

Was there rain with runoff after problem identified and before resolution? Yes No

22. Inspector's Signature: _____ Date: _____

23. Name of Site Superintendent (Print): _____

24. Signature of Site Superintendent: _____ Date: _____