



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:

- Jute Netting / Fiber Blankets
 Mulch
 Hydroseed / Soil Binders / Compost Blankets
 Mark Areas of Vegetation to be Preserved
 Tree Protection Fencing
 Riparian Area Barrier
 Other: _____

Adequate Non-Compliant

-

Comments/Date for Correction

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

14. Sediment Control Measures:

- Fiber Rolls / Wattles / Compost Socks
 Silt Fences / Compost Berms
 Check Dams
 Stabilized construction entrance
 Dust Control
 Street Sweeping
 Sedimentation Basin

Adequate Non-Compliant

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Comments/Date for Correction

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/> Inlet filters (Bags, sand, gravel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Run-on and Run-off Control:

<input type="checkbox"/> Earth Dikes / Drainage Swales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sampling is conducted, if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Active Treatment Systems (if any):

<input type="checkbox"/> Daily log shows treatment objectives met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Good Site Management:

<input type="checkbox"/> Material Storage (wood, cement, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Petroleum Product Storage (oil, fuel)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hazardous Material Storage (paint, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Waste Systems Management	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Soil Stockpiles	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Vehicle Servicing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	

18. Non-Stormwater Management:

<input type="checkbox"/> Concrete washout area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vehicle and equipment cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dewatering operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____