



## 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 Compliance with 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 disturbing 1 acre or more or with significant threat to water quality. High priority sites require monthly inspections during wet season.)

#### Adequate    Non-Compliant    Comments/Date for Correction

#### 13. Erosion Control Measures:

- |  |                          |                          |                                |
|--|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> Jute Netting / Fiber Blankets               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Mulch                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hydroseed / Soil Binders / Compost Blankets | <input type="checkbox"/> | <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"/> _____ |
| <input type="checkbox"/> Tree Protection Fencing                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Riparian Area Barrier                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Other: _____                                | <input type="checkbox"/> | <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"/> _____ |
| <input type="checkbox"/> Silt Fences / Compost Berms           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Check Dams                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Stabilized construction entrance      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Dust Control                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Street Sweeping                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Sedimentation Basin                   | <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:**

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

**Adequate    Non-Compliant    Comments/Date for Correction**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**16. Active Treatment Systems (if any):**

- Daily log shows treatment objectives met
- Other: \_\_\_\_\_

**Adequate    Non-Compliant    Comments/Date for Correction**

- \_\_\_\_\_
- \_\_\_\_\_

**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**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**18. Non-Stormwater Management:**

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

**Adequate    Non-Compliant    Comments/Date for Correction**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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 Notice     Notice to Comply     Notice of Violation

Stop work order     Administrative fine    Enforcement Action No.: \_\_\_\_\_

Referred to (check one):     Regional Water Board     Other: \_\_\_\_\_

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**Resolution:**     Problem fixed     Need more time     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: \_\_\_\_\_