



## Stormwater Management Plan Field Inspection Report

<i>Project Name &amp; Location:</i>	<i>Inspection Date:</i>
	<i>Stormwater Permit Number:</i>
<i>Permittee's Name &amp; Address:</i>	<i>Permittee's Inspector Name, Title &amp; Contact Information:</i>

***Reason for Inspection:***

- ☐ Weekly Inspections (weekly inspections exclude required storm event inspections) – *Active Construction*  
☐ Required Maximum 14 Calendar Day Inspection – *Active Construction*  
☐ Required Maximum 30 Calendar Day Inspection – *Completed Projects*  
☐ Required Rainfall Event Inspection  
☐ Required Snowmelt Event Inspection  
☐ Other \_\_\_\_\_

***SWMP Management***

- |  |                              |                             |                |
|--|------------------------------|-----------------------------|----------------|
| - Changes made to SWMP during or after construction?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <i>Date(s)</i> |
| - Changes approved and noted on plans?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____          |
| - BMP details included with SWMP for all BMP's used?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____          |
| - All BMP's installed as shown and specified on details? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                |

**Best Management Practices (BMP's) – Sediment Control**

<i>BMP Type &amp; Location</i>	<i>Repairs/Maintenance Needed? Corrective Action Required?</i>	<i>Date on which repairs or corrective action first identified?</i>	<i>Notes (include date for Completion of Action)</i>
Inlet Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Erosion Bales	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Straw Logs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Silt Fence	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sediment Trap/Basin	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Construction Entrance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dewatering Structure	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

# **MATERIALS HANDLING, SPILL PREVENTION, WASTE MANAGEMENT, AND GENERAL POLLUTION PREVENTION**

<i>BMP Type &amp; Location</i>	<i>Repairs/Maintenance Needed? Corrective Action Required?</i>	<i>Date on which repairs or corrective action first identified?</i>	<i>Notes (include date for Completion of Action)</i>
Stockpile Management	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Materials Delivery & Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spill Prevention & Control	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Concrete Washout	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Concrete Saw Water Containment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Solid Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sanitary Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Maintenance & Fueling	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Sweeping & Vacuuming	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## **Stabilization of Exposed Soil**

<i>Stabilization Methods</i>	<i>Stabilization Area/Location</i>	<i>Have you initiated stabilization?</i>	<i>Notes</i>
Seeding		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mulching		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blankets		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check Dams		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Earth Berms		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<i>Stabilization Methods</i>	<i>Stabilization Area/Location</i>	<i>Have you initiated stabilization?</i>	<i>Notes</i>
Diversion		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Embankment Protection		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outlet Protection		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Description of Discharges

Was a stormwater discharge or other discharge occurring from any part of your site at the time of the inspection? ☐ Yes   ☐ No

If "yes" , provide the following information for each point of discharge:

<i>Discharge Location: (add additional sheets as necessary)</i>	<i>Observations</i>
1.	<p>Describe the discharge:</p> <p>At points of discharge as well as the channels and banks of surface waters in the immediate vicinity, are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, describe what you see, specify location(s) where these conditions were found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue:</p>

### Authorized Permit Representative Signature

"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 gathered and evaluated 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."

Signature of Authorized Permit Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_