

Erosion and Sediment Control SITE INSPECTION FORM

Project: _____ Permit No.: _____

CESCL/Inspector: _____ Date: _____ Time: _____

Inspection Type: Routine Sediment/Turbidity reported leaving site Other – explain:

Weather: _____

Precipitation: Since last inspection: _____ inches In last 24 hours: _____ inches

General Description of Site Conditions: _____

Has the ESC Applicant or CESCL/Inspector changed since the last report? YES NO

Will BMPs need to be modified, corrected, maintained, removed, or added to prove adequate for the particular application or operate as designed? YES NO

If YES, list the action items to be completed on the following table:

Actions to be Completed	Location(s)	Date to Be Completed By
1.		
2.		
3.		
4.		
5.		
6.		

If BMP changes are needed, has ESCP been updated? YES NO

Has DEQ been informed of changes as necessary (if site has 1200C permit)? YES NO

If any portion of the site will have land disturbing activities permanently or temporarily cease for 14 or more consecutive days, state location(s) and initial date of cessation:

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Are there stormwater discharges from the site? Document and describe (whether yes or no).

Was water quality sampling (turbidity and pH) part of this inspection? YES NO

Attach pH and turbidity sampling results if yes.

Is output from site over 10% more turbid than receiving water body? YES NO

Immediate turbidity corrective action(s):

I certify that this report is true, accurate, and complete, to the best of my knowledge and belief. Name of

Inspector (Print) _____ Title/Qualification _____

Contact Information _____

Signature _____ Date _____

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Applicable	Site BMPs	Overall Condition		Needs Repair?		Location/Comments/Observations
Clearing Limits						
<input type="checkbox"/>	Preserve existing vegetation	P	F	Y	N	
<input type="checkbox"/>	High visibility plastic or metal fence	P	F	Y	N	
<input type="checkbox"/>	Tree protection during construction	P	F	Y	N	
<input type="checkbox"/>	Other	P	F	Y	N	
Construction Access						
<input type="checkbox"/>	Stabilized/refresh constr. entrance	P	F	Y	N	
<input type="checkbox"/>	Wheel wash	P	F	Y	N	
<input type="checkbox"/>	Const. road/parking area stable	P	F	Y	N	
<input type="checkbox"/>	Other	P	F	Y	N	
Sediment Controls						
<input type="checkbox"/>	Silt fence	P	F	Y	N	
<input type="checkbox"/>	Vegetated strip	P	F	Y	N	
<input type="checkbox"/>	Straw wattles	P	F	Y	N	
<input type="checkbox"/>	Other	P	F	Y	N	
Stabilize Soils						
<input type="checkbox"/>	Seeding	P	F	Y	N	
<input type="checkbox"/>	Nets, matting, and blankets	P	F	Y	N	
<input type="checkbox"/>	Plastic covering	P	F	Y	N	
<input type="checkbox"/>	Sodding, topsoil, or mulch	P	F	Y	N	
<input type="checkbox"/>	Straw	P	F	Y	N	
<input type="checkbox"/>	Other	P	F	Y	N	
Protect Slopes						
<input type="checkbox"/>	Seeding	P	F	Y	N	
<input type="checkbox"/>	Nets, matting, and blankets	P	F	Y	N	
<input type="checkbox"/>	Plastic stockpile covering	P	F	Y	N	
<input type="checkbox"/>	Interceptor swale above slope	P	F	Y	N	
<input type="checkbox"/>	Straw wattles on slopes	P	F	Y	N	
<input type="checkbox"/>	Overland flow biobags or wattles	P	F	Y	N	
<input type="checkbox"/>	Other	P	F	Y	N	
Protect Inlets & Outlets						
<input type="checkbox"/>	Storm drain inlet protection	P	F	Y	N	
<input type="checkbox"/>	Outlet protection	P	F	Y	N	
<input type="checkbox"/>	Other	P	F	Y	N	
Control Pollutants						
<input type="checkbox"/>	Concrete handling	P	F	Y	N	
<input type="checkbox"/>	Sawcutting and surfacing pollution prevention	P	F	Y	N	
<input type="checkbox"/>	Material delivery, storage and containment	P	F	Y	N	
<input type="checkbox"/>	Sweep road/parking/onsite drive	P	F	Y	N	
<input type="checkbox"/>	Trash	P	F	Y	N	
<input type="checkbox"/>	Other	P	F	Y	N	

Checked box = applicable

P=Pass, F=Fail, Y=Yes, N=No

SWPPP SITE INSPECTION FORM

Project: _____ Permit No.: _____

CESCL/Inspector: _____ Date: _____ Time: _____

Applicable	Site BMPs	Overall Condition		Needs Repair?		Location/Comments/Observations
Discharge & Dewatering						
<input type="checkbox"/>	Level spreader	P	F	Y	N	
<input type="checkbox"/>	Infiltration	P	F	Y	N	
<input type="checkbox"/>	Sediment trap or basin	P	F	Y	N	
<input type="checkbox"/>	Discharge to sanitary sewer	P	F	Y	N	
<input type="checkbox"/>	Dewatering treatment BMPs	P	F	Y	N	
<input type="checkbox"/>	Active treatment	P	F	Y	N	
<input type="checkbox"/>	Other					
Protect Low Impact Development BMPs						
<input type="checkbox"/>	Buffer zones	P	F	Y	N	
<input type="checkbox"/>	High visibility fence	P	F	Y	N	
<input type="checkbox"/>	Silt fence	P	F	Y	N	
<input type="checkbox"/>	Other	P	F	Y	N	

Checked box = applicable

P=Pass, F=Fail, Y=Yes, N=No