

**Erosion/Sediment Control /Water Quality
INSPECTION REPORT**

(Sites must be inspected every 7-14 days or within 24hrs after a 1/2 inch rain)

DATE _____ TIME _____ MS4 Operator: _____ SITE INSPECTOR NAME: _____

SITE/LOT: _____ NPDES PERMIT NUMBER= _____ Certified Inspector: _____

Check Best Management Practices Inspected on Site

Silt Fence (Filter Sox) _____
Inlet Protection _____
Gravel Construction Entrance _____
Grassed Swale _____
Sediment Basin _____
Sediment Trap _____
Dust Control _____
Mulching _____
Tem. Seeding/Permanent Seeding _____
Check Dams _____
Topsoil/fill areas: _____
Non-erosion Controls: _____

SITE INSPECTION

YES ___ NO ___ after walking the site was any off site sediment evident?
YES ___ NO ___ Are erosion/sediment control practices installed?
YES ___ NO ___ Are Practices installed according to the approved plan?
YES ___ NO ___ Is the approved Erosion/Sediment Control Plan on site and is it being followed?

YES ___ NO ___ Is there an area for concrete truck clean out? Trash dumpster? Storage areas?
YES ___ NO ___ Changes to the approved SWP3? (List any changes to the SWP3 Plan below)

YES ___ NO ___ Is maintenance required? (List all maintenance required below and file this report on site)

Weather: HOT: _____ DRY: _____ RAINING: _____
CLOUDY: _____ COLD: _____ SNOW: _____ TEMPERTURE: _____
_F

Comments/Changes

Next inspection date is scheduled for _____ (date).
