

Marshall University

Construction Stormwater Inspection Form

I. PROJECT INFORMATION	II. INSPECTION INFORMATION
Project Name: _____ Contractor's Name: _____ Address of Building Site: _____	Weather: _____ Date: _____ <input type="checkbox"/> Sunny <input type="checkbox"/> Overcast/Partly Cloudy Time: _____ <input type="checkbox"/> Raining

III. REASON FOR INSPECTION		
<input type="checkbox"/> Weekly	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Other
<input type="checkbox"/> Post Rain Event	<input type="checkbox"/> Response to Complaint	

IV. INSPECTION CHECKLIST				
Inspection Points	Yes	No	N/A	Description and Comments
Is there evidence of sediment or muddy water running off from the site?				
Is there a potential for contaminated runoff in the event of rainfall? (e.g. vehicle fuel or fluid leaks, material spills, paint waste, unprotected stockpiles, etc.?)				
Is a rocked construction access installed and maintained, and no mud, debris, trash on public roads?				
Are erosion controls (mulching, seeding, blankets, etc.) and perimeter controls (wattles, silt fences, etc.) properly installed and maintained?				
Is a concrete/stucco washout containment area provided and used?				
Are portable toilets out of the street and away from drainage paths, so that liquid cannot enter the storm drain system if tipped?				
Are all operational storm drain inlets effectively protected from sediment inflow?				
If site is greater than 1 acre, is the SWPP and GPP available on site?				
Are all obligate signs/postings required by the permit present?				

Inspection OK (No shaded boxes checked, no action taken)
 Inspection Not OK (shaded box(es) checked, describe action taken)

ACTION TAKEN:

Verbal Warning Informed contractor of potential stormwater pollution violation
 Written Warning Gave contractor stormwater pollution violation letter
 Stop Work Notice Issued a stop work notice to cease project

Inspector Signature: _____

Date: _____