

Construction Stormwater Compliance Inspection Form

Project Information

Project Name

Location

Contractor/Operator

Permit Number

Date of Inspection

Inspector Name

Weather Conditions

Weather During Inspection

Rainfall (inches) & Date

Site Conditions

Describe the current site conditions

Erosion and Sediment Controls

Control Measure	In Place?	Maintained?	Needed Repair?	Comments/Actions
Silt Fence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Inlet Protection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stabilized Construction Exit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Material Storage and Spill Prevention

Any evidence of spills/leaks?

If yes, describe

Storage areas managed properly?

Waste Management

Trash, debris, or construction waste present?

If yes, describe location and action needed

Corrective Actions Needed

List any issues observed and actions required.

Additional Comments

Inspector Signature

Date

