



## STORM WATER SITE INSPECTION

Inspections Made At Least Once Every Seven Calendar Days

Inspection Date and Time: \_\_\_\_\_ DNR Auth. No.: IA \_\_\_\_\_ - \_\_\_\_\_

Project Number: \_\_\_\_\_ County: \_\_\_\_\_

Inspection Made By: \_\_\_\_\_ Title: \_\_\_\_\_

Precipitation since previous inspection:

Comments and Observations (Include area inspected, status of site, and erosion/sediment control work performed since previous inspection):

Deficiencies Found (items requiring maintenance or inadequate controls) and Additions Required (new items needed due to status of work) (Include specific locations):

Can Corrective Action(s) be made within 72 hours after inspection? If no, document why it is impracticable.

Note: Permit requires Corrective Actions be completed within 7 calendar days following inspection:

Date of Corrective Action (start within 3 days of inspection) and Corrective Action Performed (document either current week or previous week):

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.

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ESC Basics	ECT
<input type="checkbox"/>	<input type="checkbox"/>

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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