

**RAINFALL EVENT LOG**

Project Name: \_\_\_\_\_

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

\* All rainfall events greater than 1/2 inches of rain require inspection 24 hours after the rain event

STORM EVENT DATE	AMOUNT OF RAINFALL*	Inspection Required?
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO
		YES NO

**USE ADDITIONAL PAGES AS NECESSARY**

**EROSION & SEDIMENT CONTROL  
SITE INSPECTION CHECKLIST**

**Site Name:** \_\_\_\_\_ **Addition/Phase:** \_\_\_\_\_

**Project Number:** \_\_\_\_\_ **Contractor:** \_\_\_\_\_

**Inspection Date/Time:** \_\_\_\_\_ **Inspector:** \_\_\_\_\_

**Inspection:**    \_\_\_ **Weekly** \_\_\_ **Rain Event**    **Last Event: Date** \_\_\_\_\_ **Amount** \_\_\_\_\_

**1. General / Site Conditions**

<b>a.</b> Is the NPDES Permit Posted on site?	YES	NO
<b>b.</b> Is the SWPPP available on site?	YES	NO
<b>c.</b> Are previous corrective actions done adequately?	YES	NO
<b>d.</b> Is the street, curb/gutter, or adjacent property free of sediment?	YES	NO
<u>Comments:</u>		

**2. Erosion Control**

<b>a.</b> Have areas of non-disturbance been delineated with flags, stakes, signs, or silt fence?	YES	NO
<b>b.</b> Have temporary seed and mulch been used to stabilize exposed areas within the necessary timeline? (7, 14, 21 days)	YES	NO
<b>c.</b> Have temporary or permanent drainage ditches been stabilized within 200 feet of the property edge, or point of discharge.	YES	NO
<b>d.</b> Are all pipe outlets provided with temporary or permanent energy dissipation?	YES	NO
<u>Comments:</u>		

**3. Sediment Control**

<b>a.</b> Are sediment control practices in place on all down gradient perimeters?	YES	NO
<b>b.</b> Are inlet protection devices installed for the entire site?	YES	NO
<b>c.</b> Are the inlet protection devices well maintained? (Does not require replacement or sediment removal)	YES	NO
<b>d.</b> Are temporary stockpiles protected with sediment controls and not placed in ditch, swale, or curb and gutter?	YES	NO
<b>e.</b> Is the silt fence installed correctly? (trenched into soil)	YES	NO
<b>f.</b> Is silt fence well maintained? (Does not require replacement, or sediment removal)	YES	NO
<b>g.</b> Is the construction site entrance in-place and functioning properly?	YES	NO
<b>h.</b> If present, is the temporary sediment basin functioning properly? (Does not require sediment removal)	YES	NO
<u>Comments:</u>		

**4. Dewatering and Basin Draining**

<b>a.</b> No dewatering has occurred since the last inspection?	YES	NO
<b>b.</b> Have appropriate dewatering practices been used to remove sediment from the discharge?	YES	NO
<u>Comments:</u>		

**5. Pollution Prevention Management Measures**

<b>a.</b> Are trash cans and/or recycling storage containers on site, used, and maintained?	YES	NO
<b>b.</b> Is there a designated concrete truck washout area?	YES	NO
<b>c.</b> Has the concrete truck wash water been contained?	YES	NO
<b>d.</b> Are petroleum, hydraulic, or other chemicals stored in proper containers and provided secondary containment?	YES	NO

***Stormwater Basics for Builders  
A Hands-on Workshop***

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Comments:

**ESC SITE INSPECTION LOG**

Project Name: \_\_\_\_\_

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

INSPECTION DATE	INITIALS	MAINTENANCE REQUIRED?	APPROPRIATE EMPLOYEES NOTIFIED?	PHOTOS TAKEN?	NOTES
		YES NO	YES NO	YES NO	
		YES NO	YES NO	YES NO	
		YES NO	YES NO	YES NO	
		YES NO	YES NO	YES NO	
		YES NO	YES NO	YES NO	
		YES NO	YES NO	YES NO	
		YES NO	YES NO	YES NO	
		YES NO	YES NO	YES NO	
		YES NO	YES NO	YES NO	

**USE ADDITIONAL SHEETS AS NECESSARY**

**EROSION & SEDIMENT CONTROL  
BMP MAINTENANCE LOG**

Project Name: \_\_\_\_\_

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

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DATE	MAINTENANCE ACTION TAKEN	DATE COMPLETED	CREW MEMBERS	PHOTOS TAKEN?
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

**USE ADDITIONAL PAGES AS NECESSARY**

**EROSION AND SEDIMENT CONTROL  
EMERGENCY CONTACT FORM**

Project Name: \_\_\_\_\_  
Project Number: \_\_\_\_\_

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	NAME	TITLE	PHONE NUMBER	
			OFFICE	CELL
PROJECT OWNER				
DESIGN ENGINEER				
MASS GRADING CONTRACTOR				
Homebuilder				
MUNICIPAL				
COUNTY				
STATE				
WATERSHED ORGANIZATION				

**USE ADDITIONAL PAGES AS NECESSARY**

