

STORM WATER SITE INSPECTION

Inspections Made At Least Once Every Seven Calendar Days And After Rainfall Of 13mm (0.5") Or More

Inspection Date and Time: _____

Project No.: _____ County: _____

DNR Authorization Number: IA _____ - _____

Inspection Made By: _____ Title: _____

Type of Inspection: Weekly $\geq 0.5"$ Rain (Approx. Amt: _____ Date: _____) Other: _____

Comments and Observations: _____ _____ _____ _____ _____ _____
Deficiencies Found and Additions Required (Include Specific Locations): _____ _____ _____ _____ _____ _____ _____
Contractor Notification (Name, Notification Date, and Type of Notification): _____
Date of Corrective Action (Within 3 Days of Inspection) and Corrective Action Performed: _____ _____

Inspector's Signature: _____ Date: _____

Contractor's Signature: _____ Date: _____

Distribution: Original – Project File; Copy - Contractor

