



UPDES STORM WATER INSPECTION EVALUATION FORM FOR POST CONSTRUCTION COMPLIANCE

Site Name:		Date of Evaluation		UTR Permit #		
Site Address:		Permit Effective Date:		Permit Expiration Date:		
Facility Contact Information						
	NAMES		PHONE #'S		E-MAIL	
CONTACT:						
CONTACT:						
BUSINESS TYPE: SUBDIVISION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/>						
Snout Required for site YES <input type="checkbox"/> NO <input type="checkbox"/>						
Orifice Required for site YES <input type="checkbox"/> NO <input type="checkbox"/> Orifice Size:						
Items Inspected	Checked		Maintenance		Review	Observations and Remarks
	Yes	No	Req'd	Not Req'd		
1. Class V Injection Wells						
2. Fuel Storage						
A. Containment						
B. Pumping area						
3. Chemical Storage						
A. Used Oil						
B. Used Antifreeze						
4. Parking Lot						
A. Clear of Trash/Debris						
B. Signs of Spills						
5. Garbage Bins						
6. Curb Inlets						
7. Man Holes						
8. Pipes						
9. Detention/Retention Ponds						
A. Vegetation						
B. Banks						
Any signs of debris, or pollutants coming into the city storm drain system:						
Notes:						
Inspector:			Site Contact:			
Signature	Title		Signature		Date	