CITY OF SPRINGFIELD

408 School Avenue
Springfield, Florida 32401
(850)872-7570 (850)872-7663 Fax

Stormwater Construction Site Inspection Form

Project Name:	Permit #	
Address:		
Inspection Date:	Start/End Time:	
Inspector(s) Name:		
Inspector(s) Title:		
Inspector(s) Contact Information:		
Name/Title of Contractor Representative At Site During Inspection:		
Type of Inspection: ☐ Regular ☐ Pre-Storm Event ☐ During Storm Event ☐ Post-Storm Event		
Weather Information		
Has it rained since the last inspection? ☐ Yes ☐ No (If Yes Provide The Following Information)		
Storm start date & time:	Storm Duration (hours):	Approximate Rainfall (inches):
Weather at time of this inspection:		
Site Compliance Questions		
1. Does the project have an approved permit? ☐ Yes ☐ No		
2. Land Disturbance Size? _____		
3. Is the erosion and sediment control system installed per approved plans? ☐ Yes ☐ No		
4. Is erosion being controlled on site? ☐ Yes ☐ No		
5. Is sediment being contained on site? ☐ Yes ☐ No		
6. Is the potential for turbidity in adjacent streams minimized? ☐ Yes ☐ No		
7. Is trash/litter from work areas collected and placed in covered dumpsters? ☐ Yes ☐ No		
8. Are washout facilities (e.g. paint, stucco, concrete) available, clearly marked and maintained? ☐ Yes ☐ No		
9. Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material? ☐ Yes ☐ No		
10. Are materials that are potential storm water contaminants stored inside or under cover? ☐ Yes ☐ No		

11. Are non-storm water discharges (e.g. wash water, dewatering) properly controlled? _☐_Yes _☐_No
12. Are storm drain inlets properly protected? _☐_Yes _☐_No
13. Is the construction exit preventing sediment from being tracked into the street? _☐_Yes _☐_No

Non-Compliance not described above:

CERTIFICATION STATEMENT

"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 property 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 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."

Print Name/Title: _____

Signature:_____ Date:_____

*** Attach Site Photos***