



Standard Stormwater Facility Inspection Report Form

Reason for Inspection: First Inspection Routine Inspection Response to Complaint Follow-up Follow-up Inspection Due: _____

NAME OF FACILITY _____ SITE ADDRESS _____

CONTACT NAME _____ PHONE _____ BUSINESS TYPE/ACTIVITY _____ SIC _____

Is the property owner different than the facility owner? yes no If yes, complete the following: High Priority Facility
NAME _____ PHONE _____
MAILING ADDRESS _____

Is the facility covered under any other programs or permits? (Check all that apply.) None Sanitary sewer
 Air quality Hazmat business plan Underground storage tanks Above ground storage tanks
 Fire department(hazmat storage) Hazmat waste generator Retail food facility Other

Is the facility covered under a storm water permit? Does not need coverage No, but may need to be (Refer to Water Board staff)
 Individual General: Does the facility have a SWPPP? yes no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
BMP effectiveness: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
NSW = Non-Stormwater Discharge

ACTIVITY AREAS	Potential	Effect-iveness	Actual Discharge	REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement
	N/A	PTNL	BMP	
A. Outdoor Process/Manufacturing Areas				<input type="checkbox"/>
B. Outdoor Material Storage Areas				<input type="checkbox"/>
C. Outdoor Waste Storage/Disposal Areas				<input type="checkbox"/>
D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas				<input type="checkbox"/>
E. Outdoor Parking Areas and Access Roads				<input type="checkbox"/>
F. Outdoor Wash Areas				<input type="checkbox"/>
G. Rooftop Equipment				<input type="checkbox"/>
H. Outdoor Drainage from Indoor Areas				<input type="checkbox"/>
I. Other (describe):				<input type="checkbox"/>

COMMENTS/REMARKS/REQUIREMENTS Structural control present Maintenance required in storm drain system yes no

See attached for more comments.
PRIORITY FOR RE-INSPECTION: 1; First 2; Second 3; Third Referred to: _____ Details: _____
ENFORCEMENT: None Verbal Notice Administrative Action Administrative Action w/ Penalty &/or Cost Recovery Legal Action
 Warning Notice

Facility Representative: _____ Inspector: _____