Town of Windsor Public Works/Engineering

Storm Water Pollution Prevention Inspection – Construction Sites

Job Name:_____ Inspection Date:_____ Time: _____

Contact: Follow-up Date: _____ Time: _____

Address: Follow-up Date: _____ Time: _____

Contractor/Contact: SWPPP Available? Yes/No Updated? Yes/No

Weather: Making Effort to be Prepared? ☐ Yes ☐ No ☐ Not Enough

Nearest Creek: WDID #:

☐ Construction Monthly Inspection ☐ Notice of Violation (NOV) **Deficiency Cleared:** Yes/No Date: _____

☐ Correction Notice (CN) ☐ STOP WORK NOTICE (SWN) **SWN Cleared to Start Date:**_____

☐ Warning Notice (WN) ☐ Follow up Notice **Inspector Initials:** _____

BMP Type	Adequate? (circle)	Action(s) Needed		
Fiber Rolls	Yes No NA	☐ Add	☐ Replace	☐ Dig-In/Stake
Storm Drain Protection	Yes No NA	☐ Install	☐ Add Controls	☐ Repair/Replace
Stockpiles (WM-3)	Yes No NA	☐ Cover	☐ Add Perimeter Controls	☐ Remove stockpiles
Site Perimeter Controls	Yes No NA	☐ Install/Close Gaps	☐ Dig In/Stake In	☐ Repair/Replace
LID Feature Protection	Yes No NA	☐ Present	☐ Absent	☐ Needs Improvement
Site Contamination: (state type and source) _____	Present NA	☐ Clean	☐ Remove	☐ Secure
Track Out (Sediment)	Yes No NA	☐ Clean up	☐ Install Track Out Control	☐ Replace
Debris Bins	Yes No NA	☐ Cover	☐ Add Perimeter Controls	☐ Remove Debris
Concrete Cleanout Area	Yes No NA	☐ Cover	☐ Maintain Area	☐ Add Containment
Bare Soils – Erosion Control	Yes No NA	☐ Add Cover	☐ Improve	☐ Replace
Slopes – Erosion Control	Yes No NA	☐ Add	☐ Improve	☐ Replace
Other:				

ALL DEFICIENCIES MUST BE CORRECTED by (date): _____
OR 24 HRS BEFORE NEXT RAIN EVENT, WHICHEVER IS SOONER. **# Photos Taken _____**

Notes:

Inspector Name: Initials: Phone #: ( )

Follow-Up: Initials: Date:

Corrections Cleared: Initials: Date:

Notes