



# CONSTRUCTION SITE INSPECTION REPORT

**Notice:** Use of this specific form is voluntary, but the information contained on this form must be collected and kept by the permittee under s. Appendix D, Section 8.4 (3) g., for a construction site covered under the City of Sheboygan Construction Site Storm Water Discharge. This form is provided for the convenience of the permittee to document inspection throughout the construction process. Multiple copies of this form may be made to compile the inspection report.

Inspections of implemented erosion and sediment control best management practices must be performed weekly and within 24 hours after a precipitation event 0.5 inches or greater which results in runoff.

Weekly written reports of all inspections conducted by or for the permittee are recommended to be maintained throughout the period of general permit coverage.

The information maintained in accordance with s. NR 216.48 (4) must be submitted to the Department upon request.

If you have questions regarding this form or construction site erosion control requirements may contact the Engineering Department at (920) 459-3394.

<b>Name of Permittee:</b>	<b>Permit Number:</b>
<b>Construction Site Name (Project):</b>	<b>Field Office Phone:</b>
<b>Location:</b>	<b>Contractor:</b>

**Note: Weekly inspection reports, along with erosion control and stormwater management plans, are required to be maintained on site and made available upon request.**

<b>Date of inspection (mm/dd/yy):</b>	<b>Type of inspection:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Precipitation Event _____ <input type="checkbox"/> Reinspection <input type="checkbox"/> Other (specify) _____
<b>Time of inspection: Start:</b> _____ a.m./p.m. <b>End:</b> _____ a.m./p.m.	<b>Name(s) of individual(s) performing inspection:</b>

**Weather:**

**Description of present phase of construction:**

Modifications Required	Yes	No	Not Applicable	Comments/Recommendations about the overall effectiveness of the erosion and sediment control measures. <b>Note:</b> For each item checked "Yes", complete the follow-up information on page 2.
Ditch Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Erosion Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Erosion Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grading Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inlet Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mulch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Offsite Sediment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent Seeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule / Phasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Silt Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Silt Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stabilized Outlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temp. Diversion Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temp. Settling Basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary Seeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tracking Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turbidity Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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<b>Construction Site Name (Project):</b>	<b>Field Office Phone:</b>
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*Use the space below for detailed follow-up action items.*

Exact place of erosion/sediment control inspected	Type of erosion/sediment control and its observed condition	Description of any necessary maintenance or repair to erosion/sediment control, including anticipated date of completion
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