



Weekly/Post-Rainfall Inspection Report

Greene County Environmental Division
 940 Boonville Ave. Springfield, MO 65802
 (417) 868-4147

Project Name:	
MO State LDP #:	Greene County Grading Permit #:
Inspection Date:	Inspector Name:
<input type="checkbox"/> Weekly <input type="checkbox"/> Post Rainfall Event: Rainfall Total _____ inches <input type="checkbox"/> Other:	

Inspection Checklist	Satisfactory	If No, Describe Corrective Action Needed
Documentation		
Is the SWPPP on site? Are weekly inspection records attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Are the required permits and/or notices posted on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Perimeter Control BMPs		
Silt sock, silt fence, mulch berms are installed correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Evidence of overtopping or concentrated flow discharging sediment past the perimeter controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Perimeter controls need repair, replacement, or removal of accumulated sediment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Non-Perimeter Control BMPs		
Is dewatering of trenches, basins, or pits occurring on site? Is discharge being diverted to vegetated filter, settlement basin, sediment bag, or other BMP prior to discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Stormwater inlets are protected in such a way as to trap sediment, but allow water to enter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Has disturbance occurred outside the limits of disturbance shown on the plans? Has vegetation been preserved where possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Temporary sediment basins/sediment traps are sized appropriately and have stabilized discharge points.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Material, Waste, Borrow, and Equipment Storage Areas		
Are stockpiles stabilized, and/or runoff controlled by a BMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Litter and construction debris are contained within a trash dumpster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Un-cured concrete wash out is contained within a lined structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Portable Toilets are located away from drainage ways and inlets? Toilets are secured from tipping? Toilets are being pumped/serviced regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Outfalls/ Discharge Points		
Do stormwater discharge points show evidence of erosion, sediment deposition, or impacts to the receiving stream?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

Is the receiving stream free from impacts for 50 feet downstream of the outfall? Note: This does not authorize trespassing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Was discharge occurring during the inspection? If yes, note any color, turbidity, odor, floating debris, foam, or oil sheen observed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is sediment track out controlled at entrance/exit? Are public streets substantially free from sediment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Stormwater Flow Paths		
Detention basin outlet structure is in place with restrictor plate/riser pipe and filter gravel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Rip rap, TRM, or HDPE scour protection is installed at pipe discharge points?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Ditch checks, erosion control blanket, turf reinforcement mats or sod are in place in drainage channels and swales?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Temporary and Permanent Stabilization		
Has work temporarily ceased on any portion of the site? If work has ceased for more than 14 days have stabilization measures been put in place such as temporary seeding, mulching sediment basins/traps etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Has work permanently ceased on any portion of the site? If work has ceased for more than 14 days have permanent stabilization measures (seed, mulch, hydroseeding and hydromulch, ECB, TRM etc. been put in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Please note the date that corrective actions will be completed by (within 7 calendar days):		
Please attach photographs, with descriptions, showing current condition and any deficiencies that need corrective action.		

Name: _____ **Title:** _____

Signature: _____ **Date:** _____