

SAN JOAQUIN COUNTY STORM WATER CONSTRUCTION INSPECTION REPORT

102

_____ Date of Inspection

_____ Time of Inspection

_____ Name of General Contractor

_____ Property Owner Street Address

_____ Contractor Contact and Phone No.

_____ Property Owner City, State, and Zip Code

_____ Site Street Address/ APN

_____ Property Owner Phone No.

_____ Site City, State, and Zip Code

Dry Hot Clear Overcast Cold Raining
Weather Conditions During Inspection (circle all that apply)

_____ Type of Construction (Residential/ Commercial)

State-Permitted Project?: _____

Time Elapsed Since Last Inspection?: _____

BMP Checklist:

BMP	In Place/Okay	Absent	Needs Maintenance	Not Applicable
Straw Wattles at Curbline				
Filter Bags in Drain Inlets				
Rock Bags in Gutters				
Restricted Construction Entrance				
Concrete Washout				
Portable Bathroom Placement				
SWPPP Onsite				

Notes:

_____ Signature

_____ Date