



CITY OF CARPINTERIA

OFFICIAL CLASSIFICATION

- ☐ Storm Water Inspection
- ☐ Correction Notice
- ☐ Storm Water Re-Inspection

- ☐ Warning Notice
- ☐ Stop Work Notice

- ☐ Notice of Violation
- ☐ Re-Inspection Fee

Stormwater Construction Site Inspection

Project Name: _____

Project Address: _____

Project/Permit #: _____ Date: _____

☐ No storm water deficiencies identified.

**I HAVE INSPECTED THIS PROJECT SITE. THE FOLLOWING ISSUES AND DEFICIENCIES
HAVE BEEN IDENTIFIED AND REQUIRE CORRECTIVE ACTION:**

STORMWATER BMPs:

- | | | | | |
|---|--|--|-------------------------|--------------------|
| ☐ Storm Drain Protection | Install | Maintain | Replace | Spill Kit Required |
| ☐ Perimeter Controls | Install | Maintain | Replace | |
| ☐ Housekeeping | Sweep | Clean | Remove Garbage & Debris | |
| ☐ Stockpiles | Cover | Perimeter Controls | Remove | |
| ☐ Debris Bins | Cover | Perimeter Controls | | |
| ☐ Tracking | Clean-up | Install Tracking Controls | | |
| ☐ Portable Toilet | Secondary Containment Required | | | |
| ☐ Sediment & Erosion | Install Appropriate Controls | Dust Controls | | |
| ☐ Concrete | Install BMPs for Pumper/Concrete Truck | Cover/Maintain Concrete Washout Containers | | |

☐ Other _____

***ALL DEFICIENCIES MUST BE CORRECTED PRIOR TO NEXT RAIN EVENT OR NO LATER THAN
SPECIFIED DUE DATE, WHICHEVER OCCURS FIRST.**

DATE REQUIRED (SEE NOTE*): _____

Inspector: _____ Phone #: _____

Contractor Signature: _____ Date: _____

Inspection Type: ☐ Monthly
☐ Pre-Rain

☐ Deficiency Re-Inspection
☐ Following First 0.25" Rain (Within 2 business days)