



**Marin County Stormwater  
Pollution Prevention Program**  
A Joint Effort of Marin's Municipalities

**INSPECTION CHECKLIST FOR CONSTRUCTION STORMWATER CONTROLS**

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

1. Inspection Type:  Routine  Pre-Wet Season  Pre-Storm  During Storm  
 After Storm  Complaint  Agency Referral  Other: \_\_\_\_\_

2. Project Name: \_\_\_\_\_ 2a. Project No./Permit No.: \_\_\_\_\_

Location: \_\_\_\_\_

3. Site Contact: \_\_\_\_\_ 3a. Site Phone No.: \_\_\_\_\_

4. Mailing address: \_\_\_\_\_

5. Developer: \_\_\_\_\_ 5a. Developer Phone No.: \_\_\_\_\_

6. Developer Mailing Address: \_\_\_\_\_  
*Street City State Zip*

7. Permit Type:  Building Permit  Grading Permit  Other \_\_\_\_\_  Capital

8. Project Type:  Commercial/Industrial  Residential  Landscaping  Public Improvement  
 Utility (water/sewer/PG&E)  Grading  Demolition  Other: \_\_\_\_\_

**9. Verification of Compliance with Statewide Construction Activity NPDES Permit**

Does the project disturb 1 acre of land, or more?  Yes  No NOI filed?  Yes  No

SWPPP dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ SWPPP on site?  Yes  No

Comments/Follow up to Regional Water Board: \_\_\_\_\_

<u>10. Site Materials Handling and Storage:</u>	<b>Adequate</b>	<b>Non-Compliant</b>	<b>Comments/Date for Correction</b>
<input type="checkbox"/> Construction Materials (wood, cement, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Petroleum Products (oil, fuel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Hazardous materials (paint, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Concrete washout area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Waste Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Soil and other Stockpiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Vehicle Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

