

Post-Construction Inspection Report

General Information		
Project Name		Approximate Acreage:
Owner/Permittee		
Watershed Management Permit No.:		
Site Location		
Date of Site Visit		Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No
Observer's Name & Title		
Enforcement Officer		
No.	Development Component	Addressed?
1	Have record drawings been submitted for the development?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2	Are all stormwater detention facilities functional and are they consistent with the record drawings from the permitted plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3	Are the outlet control structures for the detention facilities appropriately sized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4	Are the outlet control structures for the detention facilities functional and free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5	Is there any evidence of failed construction, such as the settlement of berms, slope instability/erosion, accumulated sediment in the detention facility, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6	Are all overland flow routes free of obstruction and are they consistent with the record drawings from the permitted plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7	Are all volume control practices functional and are they consistent with the record drawings from the permitted plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8	Are all other stormwater management system components functional and are they consistent with the record drawings from the permitted plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9	Are onsite wetland buffers in place and free of any prohibited activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10	Have all erosion and sediment control practices that are no longer needed been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11	Other, based on site conditions: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

No.	Location and Recommended Corrective Measure	Completed/Initial
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>
6		<input type="checkbox"/>
7		<input type="checkbox"/>
8		<input type="checkbox"/>
9		<input type="checkbox"/>
10		<input type="checkbox"/>
11		<input type="checkbox"/>