



City of Jonesboro
 Engineering Department
 Municipal Building
 PO Box 1845
 300 South Church Street
 Jonesboro, AR 72401
 Phone: (870) 932-2438

Residential Construction Inspection

Site Address: _____ Date of Inspection: _____ Time: _____ AM / PM

Inspector Name: _____ Inspector Title/Company: _____

Type of Inspection: Weekly Pre-storm event Storm event Post-storm event Other

Any discharges occurred since last inspection? Yes No If yes: Sediment Other Pollutant (describe) _____

Any discharges during inspection? Yes No If yes: Sediment Other Pollutant (describe) _____

Site Posted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Posting Legible? <input type="checkbox"/> Yes <input type="checkbox"/> No	SWPPP in Mailbox? <input type="checkbox"/> Yes <input type="checkbox"/> No	All Inspections in Mailbox? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, Corrective Action: _____			

BMP's

BMP	Installed?	Require Maintenance?	Corrective Actions and Notes
Silt Fence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Concrete Washout	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dumpster	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Portable Toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inlet Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Construction Entrance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Soil Stockpile Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ACTIVITIES

BMP/Activity	Implemented?	Require Maintenance?	Corrective Actions and Notes
All slopes and disturbed areas not actively being worked properly stabilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Perimeter sediment controls (e.g. silt fence, wattles, etc.) in proper working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Discharge points and receiving waters free of any sediment deposits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Storm drain inlets clear of sediment and debris and properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Construction exit preventing sediment from being tracked into the street?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trash/litter from work areas collected and placed in container?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Washout facilities (paint, stucco, concrete, etc.) being utilized and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Materials, potential stormwater contaminants, stored inside or under protective cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Non-storm water discharges (wash water, dewatering, etc.) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

"I certify under penalty of law that this document and all attachments such as Inspection Form were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violation"

Signature of Responsible or Cognizant Official: _____ Date: _____