



Structural Control Inspection Form Cover Sheet

Instructions: Include 1 cover sheet per address and attach inspection forms for each structural control inspected.

Inspection Date: _____ Inspection Time: _____

Project Name: _____

Site Address: _____ City: _____ State: _____ Zip: _____

Owner Name: _____ Owner Phone Number: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Designer Name: _____ Designer Company: _____

Are maintenance records being kept?:

Y__ N__ N/A____ Reason if N or N/A: _____

Date of previous inspection: _____

Was previous inspection reviewed prior to conducting this inspection?: Y__ N__ N/A__

Are there any outstanding corrective actions?: Y__ N__ N/A__

If yes, explain: _____

Site Contact Name: _____ Site Contact Phone Number: _____

Site Contact Email: _____

Inspector: _____ Inspector Phone Number: _____

Inspector Email: _____

Inspector Company/Firm: _____

Inspection Forms Included In Packet			
Mark All That Apply			
Dry Detention Basin	<input type="checkbox"/>	Hydrodynamic Separator	<input type="checkbox"/>
Bioretention System	<input type="checkbox"/>	Permeable Pavers/Pavement	<input type="checkbox"/>
Sand Filter	<input type="checkbox"/>	Wet Basin	<input type="checkbox"/>
Other	<input type="checkbox"/>		
		Underground Detention	<input type="checkbox"/>
		Vegetated Swale	<input type="checkbox"/>
		Constructed Wetland	<input type="checkbox"/>