



Jefferson County, Missouri

Maple Street Annex
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Hillsboro, Missouri 63050

Dennis Gannon
County Executive

DEPARTMENT OF PUBLIC WORKS

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Stormwater Division
Help Line
636-797-6228

Erosion and Sediment Control Inspection Form

Date of Inspection: _____	Site Name: _____	Weather: _____
Site Location: _____		
Permit #: _____	Permittee / Owner: _____	
Inspected By: _____	Date of Last Rain: _____	

Stormwater Pollution Prevention Plan (SWPPP)	Adequate	Inadequate
SWPPP and inspections are on-site / easily available and up to date?	<input type="checkbox"/>	<input type="checkbox"/>
Erosion/sediment control BMPs properly installed and maintained per the SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>
Site entrances/exits properly constructed and maintained per the SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>
Paved streets and adjacent properties free of sediment?	<input type="checkbox"/>	<input type="checkbox"/>
Construction debris and trash properly disposed?	<input type="checkbox"/>	<input type="checkbox"/>
Temporary sanitary bathrooms properly located and maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Disturbed areas stabilized after activity has ceased for 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Stream buffer is free of waste/other products and maintained per the SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater inlet protection properly installed/maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials such as solvents, paints, fertilizers, etc. properly stored in secondary containment?	<input type="checkbox"/>	<input type="checkbox"/>
Concrete, paint, stucco washouts properly managed and clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>
Have temporary BMP's no longer needed been removed?	<input type="checkbox"/>	<input type="checkbox"/>

Based on the requirements of Chapter 505 of the Jefferson County Code of Ordinances.

Erosion and Sediment Control Inspection Form

Department of Public Works, Stormwater Division

Phone: 636-797-6228, Fax: 636-797-6227

Original Inspection Date:	Location:	Description of Deficiency:	Resolution:

*The permittee shall correct the deficiencies within one (1) calendar day of the inspection in emergency conditions and four (4) calendar days of the inspection for routine maintenance.

Additional Comments:

Certification Statement:

“I certify under penalty of law that 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.”

Inspector’s Signature: _____ **Date:** _____

Additional Actions Taken Verbal Discussion Stop Work Posted

Date _____

