



CONSTRUCTION SITE ASSESSMENT REPORT

Name of Permittee:		
Construction Site Name (Project):	Construction Site ID No.:	
Location:	County:	
Contractor:	Field Office Phone:	

Time of inspection (MM/DD/YY):	Assessment Type:	
Start:	Other (Specify):	
End:	Name of Individual(s) performing the assessment:	
Weather:	Sunny Clear Rain Cloudy Windy Other:	

Description of present phase of construction:					
	Modifications Required	Yes	No	NA	Comments/Recommendations <small>Note: For each item checked "Yes", complete the follow-up information on page 2.</small>
1	Bridges				
2	Domestic Water Systems				
3	Dry Utilities				
4	Erosion Control				
5	Entry Monuments				
6	Habitat Mitigation				
7	Landscape & Irrigation				
8	Mobilization & Site Preparation				
9	Reclaimed Water Systems				
10	Rough Grading				
11	Sanitary Sewer				
12	Signalization				
13	Storm Drainage				
14	Street Improvements				
15	Street Lights				
16	Structural Retaining Walls				
17	Walls & Fencing				
18	OTHER				

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Page 2 of 2

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Use the space below for detailed comments/notes and follow-up action items.

Exact place of assessment	Observed Conditions	Description of any maintenance or repair