

**UPDES STORM WATER INSPECTION EVALUATION FORM
FOR
POST CONSTRUCTION COMPLIANCE**



Lindon City
Public Works
946 W Center St
Lindon, UT 84042
801-796-7954

Site Name:		Date of Evaluation:		UTR Permit #		
Site Address:		Permit Effective Date:		Permit Expiration Date:		
Facility Contact Information						
	NAMES		PHONE #'S		E-MAIL	
CONTACT:						
CONTACT:						
BUSINESS TYPE: Subdivision <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> SITE INSPECTION: Passes <input type="checkbox"/> Fails Make Repairs Call for Reinspection <input type="checkbox"/>						
Snout Required for site		YES <input type="checkbox"/>	NO <input type="checkbox"/>	{ White Plastic Oil/Water Separator }		
Orifice Required for site		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Orifice Size: { Restriction Plate that Slows Flow from Site }		
Items Inspected	Checked		Maintenance		Review	Observations and Remarks
	Yes	No	Req'd	Not Req'd		
1. Class V Injection Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Fuel Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A. Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Pumping area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Chemical Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A. Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Used Antifreeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Parking Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A. Clear of Trash/Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Signs of Spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Garbage Bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Curb Inlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Man Holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Detention/Retention Ponds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A. Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Any signs of debris, or pollutants coming into the city storm drain system / Notes:						
I certify under penalty of law that this document and all attachments 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 provided 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 violations.						
Inspector:	Title:		Site Contact:			
Inspector Signature: _____	Date: _____	Contact Signature: _____	Date: _____			

Email completed form to stormwater@lindoncity.org or send to Lindon City Attention: Stormwater 946 West Center Lindon Utah 84042