



**Minnesota Pollution  
Control Agency**

520 Lafayette Road North  
St. Paul, MN 55155-4194

# Weekly Stormwater Management Structure Inspections Log Sheet

**NPDES/SDS Feedlot Program**  
National Pollutant Discharge Elimination System/  
State Disposal System (NPDES/SDS)

*Doc Type: Self Audit*

**Instructions:** Use this form to keep track of weekly visual inspections of the stormwater management structure(s) (including stormwater and runoff diversion devices, and devices used to channel contaminated stormwater to a wastewater storage or containment structure).

Facility name: \_\_\_\_\_ NPDES Permit No.: \_\_\_\_\_

**List the items that need to be inspected below:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Keep track of your inspections in the following table by filling out one row each week when you inspect the stormwater management structures. Provide the following information:

1. Date of the inspection.
2. Initials of the inspector.
3. Check whether problems were found.
4. Use the "Notes" column to describe problems, if you find any, and how they might be fixed.
5. Fill in the "Date corrected" column with the date when you correct the problem.

| Week | Date<br>(mm/dd/yy) | Initials | Problems<br>found  | Notes<br>(If yes, note any problems found and possible solutions.) | Date<br>corrected<br>(mm/dd/yy) |
|------|--------------------|----------|--|--|---------------------------------|
| 1    |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 2    |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 3    |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 4    |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 5    |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 6    |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 7    |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 8    |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 9    |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |

| Week | Date<br>(mm/dd/yy) | Initials | Problems<br>found  | Notes<br>(If yes, note any problems found and possible solutions.) | Date<br>corrected<br>(mm/dd/yy) |
|------|--------------------|----------|--|--|---------------------------------|
| 10   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 11   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 12   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 13   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 14   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 15   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 16   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 17   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 18   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 19   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 20   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 21   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 22   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 23   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 24   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 25   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 26   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 27   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 28   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 29   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 30   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 31   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 32   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |

| Week | Date<br>(mm/dd/yy) | Initials | Problems<br>found  | Notes<br>(If yes, note any problems found and possible solutions.) | Date<br>corrected<br>(mm/dd/yy) |
|------|--------------------|----------|--|--|---------------------------------|
| 33   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 34   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 35   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 36   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 37   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 38   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 39   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 40   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 41   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 42   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 43   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 44   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 45   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 46   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 47   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 48   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 49   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 50   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 51   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |
| 52   |                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |