



**City of Carmel
Engineering Department**

Permit # _____

**SELF Inspection Form
Stormwater Performance Bond Release**

INSTRUCTIONS: PLEASE CONDUCT THE SELF INSPECTION AND ADDRESS ALL AREAS OF THE FORM. ANY ITEMS FROM THE CHECK LIST THAT ARE INCOMPLETE OR NOT ADDRESSED WILL SLOW OR STOP THE APPLICATION PROCESS.

Name of Project:			
Project Location:			
Contact Name:		Contact Phone, Email:	
Developer / Owner Name:		Office Phone:	
Developer / Owner Address:		Office Fax:	

Date of inspection: _____

Self Inspection Check List:			
	Items to be inspected:	NO / FAIL - NOTES	YES / PASS
<input type="checkbox"/>	ALL land disturbing activities completed and 100% stabilized?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	a) Permanent seeding/stand of vegetation = 100% Coverage, 70% Density	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b) Seeding/planting has been in accordance with approved plan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Have all temporary measures been removed and the accumulated sediment been removed and or re-graded to restore proper flow of water?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Are open swales draining well as designed with no signs of standing water?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Are open swales and high flow areas free from signs of erosion or the need of repair/maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Area all storm structures and all storm pipe(s) free from any sediment, silt or mud?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Are streets completely free of any sediment, mud, or gravel?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Are pipe outfall points at pond/stream in good condition? (Adequate Rip-Rap area)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Is the same pipe outfall area free from accumulated silt, sediment deposits?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Permanent stormwater quality measures are implemented and fully operational?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Structural devices / BMP's are operational, and maintained?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Has all trash been removed from site?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Has all hazardous and non-hazardous construction materials/wastes been removed from the site?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Have all leaks and spills been remediated and reported to the proper agencies if necessary?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I certify all information is accurate:

Company performing the Inspection:		
Inspector Signature:		
Inspector Name Printed:		
Inspection Completion Date:		
Final Conclusion Pass / Fail:	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass