



Weekly Wastewater Facilities Inspections Log Sheet

Facility Name: _____ NPDES Permit No.: _____

Instructions:

Use this form to keep records of weekly visual inspections of your wastewater facilities (including pumps, storm water and runoff diversion devices, and devices used to channel contaminated storm water to a wastewater storage or containment structure).

**Any deficiencies observed must be corrected within 30 days*

List the items that need to be inspected below:

_____	_____
_____	_____
_____	_____
_____	_____

	Date	Initials	OK (√ if no problems)	Description of any Deficiencies Observed (put "N/A" if none observed)	Date Deficiency Corrected*
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					

	Date	Initials	OK (√ if no problems)	Description of any Deficiencies Observed (put "N/A" if none observed)	Date Deficiency Corrected*
Week 7					
Week 8					
Week 9					
Week 10					
Week 11					
Week 12					
Week 13					
Week 14					
Week 15					
Week 16					
Week 17					
Week 18					
Week 19					
Week 20					

	Date	Initials	OK (√ if no problems)	Description of any Deficiencies Observed (put "N/A" if none observed)	Date Deficiency Corrected*
Week 21					
Week 22					
Week 23					
Week 24					
Week 25					
Week 26					
Week 27					
Week 28					
Week 29					
Week 30					
Week 31					
Week 32					
Week 33					
Week 34					

	Date	Initials	OK (√ if no problems)	Description of any Deficiencies Observed (put "N/A" if none observed)	Date Deficiency Corrected*
Week 35					
Week 36					
Week 37					
Week 38					
Week 39					
Week 40					
Week 41					
Week 42					
Week 43					
Week 44					
Week 45					
Week 46					
Week 47					
Week 48					

	Date	Initials	OK (√ if no problems)	Description of any Deficiencies Observed (put "N/A" if none observed)	Date Deficiency Corrected*
Week 49					
Week 50					
Week 51					
Week 52					