STORMWATER MANAGEMENT PROGRAM'S
POST CONSTRUCTION REQUIREMENT (PCR)
FIELD VERIFICATION LOG

COMPLETE THE FOLLOWING SECTIONS AND SUBMIT TO: CITY OF BUELLTON'S PUBLIC WORKS DEPARTMENT PRIOR TO OCCUPANCY CLEARANCE REQUEST

Project Name, Project Address, SCM ID, SCM Surface Type and SCM Description

GENERAL INFORMATION:						
Project Name:			**Project Address:**		**Photographs:** (Check ☑ Yes or No)	☐ Yes ☐ No
Inspection Date:		**Inspection Time** (Military)**:**		**Inspector: (Check ☑ as appropriate)**	☐ City Staff ☐ Authorized Contract Staff ☐ Authorized Enforcement Agency	
Inspector Name:				**Inspector Title:**		

SCM ID	**SCM Surface Type**	**SCM Installed** (Check ☑ Yes or No)	**SCM Description**	**Comments**
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		

Notes: