



Project Sponsor: _____
Project No.: _____
Contractor: _____
Division: _____

STATE OF SOUTH CAROLINA STATE REVOLVING FUND (SRF) PROGRAM
MONTHLY CONSTRUCTION INSPECTION REPORT

Inspection Month and Year: _____ Inspection No.: _____
 Scheduled Construction Complete (%): _____ Actual Complete (%): _____

Brief Description of Monthly Construction Activity:

Overall Project Performance (Deficiencies, Quality of Construction):

Comments and/or Recommendations:

Change Order No.	Date Submitted to DHEC	Date Approved by DHEC

Subcontractors on Site	Construction Type

 Inspector's Signature Date

*Submit one report for each contract and include with the DHEC Form 3585, Draw Request Form.
 Do not submit daily log sheets with this report.*
 Submit to:
 SCDHEC, Water Facilities Permitting Division, SRF Section, 2600 Bull Street, Columbia, SC 29201