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| **NPDES Storm Water Construction**  **Compliance Inspection Report** For Sites Covered Under CGP SCR100000 | Project Name: **Permit Coverage #:** Permittee Name:Site Address/Location: |
| Inspection Date/Time:Inspector Name:Qualifications:Contact #:Last Inspection Date: | Weather during inspection: **Rainfall (in.) since last inspection:**  **Were all discharge points inspected? 4.2.F.**  **YesStop outline NoStop outline**  **Were photos taken during inspection?**  **YesStop outline NoStop outline** |
| **4.2.F. List below all items from the previous inspection reports that were not addressed:** | |
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## Inspection Report

## Section 1:

*For each question below, mark the corresponding box: Yes, No, N/A. For all items marked “No”, note Ref letter, and provide the Corrective action and Location of the deficiency, the original date noted, and the date it was corrected. For all items marked N/A, provide an explanation as to why this question is not applicable to your project.*

*NOTE: Ref letters may be used multiple times for different corrective actions and locations.*

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| **Ref** | | **Storm Water Plans and Related Documents** | | Yes | No | | N/A |
| **A** | | Is coverage letter, NOI, approvals, certifications, and a copy of the NPDES Construction General Permit (CGP) on site? (Readily available electronic copy of CGP acceptable) 3.1.1.H. | |  |  | |  |
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| **B** | | Is the OS-SWPPP available on site or is its location posted as required? 3.1.6. | |  |  | |  |
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| **C** | | Is there a rain gauge on site (or appropriate alternative) and are results being logged as required? 3.1.1.H.V.h. & 4.2.D. | |  |  | |  |
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| **D** | | Are previous inspection reports on site and being conducted once every calendar week? 3.1.1.H.H. & 4.2.B. | |  |  | |  |
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| **E** | | Does the OS-SWPPP match the current site conditions and are all BMPs identified? 3.1.1.H.III. | |  |  | |  |
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| **F** | | Have all areas of the site that are disturbed or used for storage of materials exposed to precipitation been inspected? 4.2.A.I. | |  |  | |  |
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| **G** | | Is the construction sequence being followed? 3.1.1.E. & 3.2.3. | |  |  | |  |
| **Ref** | **Corrective Actions and Locations 4.2.F.** | | **Date Inspected** | | | **Date Corrected** | |
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|  | | **Stormwater Pollutant Controls** | | Yes | No | | N/A |
| **H** | | Have erosion and sediment controls that are identified in the OS-SWPPP been installed, maintained, and operating as designed? 3.1.1.E., 3.2.6., & 4.2.F | |  |  | |  |
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| **I** | | Have stormwater controls that are identified in the OS-SWPPP been installed, maintained, and operating as designed? 4.2.F | |  |  | |  |
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| **J** | | Do all BMPs provided operate as designed and prove to be adequate for the location they are installed? 4.2.F. | |  |  | |  |
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| **K** | | Do all areas have the necessary BMPs to control pollutants? 4.2.F | |  |  | |  |
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| **L** | | Are the BMPs required by the OS-SWPPP appropriate for the existing site conditions? 3.2.6 & 4.2.F. | |  |  | |  |
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| **M** | | Soil Stabilization: Implemented and maintained as required? 3.1.1.E. | |  |  | |  |
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| **N** | | Vehicle Tracking: Installed and maintained as shown on the OS-SWPPP? 3.1.1.E. | |  |  | |  |
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| **O** | | Have all stormwater conveyance systems been inspected for evidence of, or potential for, pollutants entering these systems? 4.2.A.II. | |  |  | |  |
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| **Ref** | **Corrective Actions and Locations 4.2.F.** | | **Date Inspected** | | | **Date Corrected** | |
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|  | | **Non-storm Water Pollutant Controls** | | Yes | No | | N/A |
| **P** | | Concrete, Stucco, Paint (etc) Washouts: Located, installed and maintained? 3.1.1.E. & 3.2.10.D | |  |  | |  |
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| **Q** | | Solid & Hazardous Wastes: Are trash, debris and hazardous materials properly managed? 3.1.1.E., 3.2.5 & 3.2.10 E. | |  |  | |  |
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| **R** | | Sanitary Waste: Are portable toilets properly located and maintained? 3.1.1.E. & 3.2.10.D. | |  |  | |  |
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| **Ref** | **Corrective Actions and Locations 4.2.F.** | | **Date Inspected** | | | **Date Corrected** | |
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For any items listed in this section, a full description of the off site sedimentation is required. This includes, but may not be limited to: Location, estimated amount of sediment that has left the site, apparent cause of the sedimentation, and what corrective actions need to be taken to prevent this from recurring. If there are no discharges during inspection, state “No Discharges” in this section

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|  | | **Off Site Sedimentation** | | Yes | No | | N/A |
| **S** | | Are sediment or other pollutants being properly controlled from leaving the site? 3.1.1.E & 4.2.F. | |  |  | |  |
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| **T** | | Have BMPs prevented sediment and other pollutants from entering Waters of the State and US? 4.2.F. | |  |  | |  |
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| **U** | | Is tracking of sediment onto adjacent streets being properly controlled? 4.2.A.V. | |  |  | |  |
| **Ref** | **Corrective Actions and Locations 4.2.F.** | | **Date Inspected** | | | **Date Corrected** | |
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| 4.2.F. Description of discharges occurring during inspection: | | | | | | | |
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| Comments: |
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***ALL INSPECTION REPORTS ARE TO BE SIGNED BY INSPECTOR.***

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| Inspector Signature: |
| *I certify that the information contained in this report is true and accurate to the best of my ability. I understand that providing false information may result in loss of certification and/or penalties.* |