

SWPPP COMPLIANCE INSPECTION FORM



Project Name: _____ Address: _____ Date: _____

Owner: _____ Contractor (Gen/Sub): _____ Start time: _____

Site Contact: _____ Phone: _____ Stop Time: _____

UPDES Permit #: _____ Expiration: _____ Weather: Sunny Cloudy Raining Snowing Other _____

Date of last rain event: _____ Duration: _____ Approx. Rainfall (in): _____

Inspected By (Print): _____ Local Jurisdiction or County: _____

Reason for Inspection: Scheduled Complaint/Tip Random Receiving Waters: _____

SW sampling SW non-sampling Inspector's Email _____

Operator's Email _____

SWPPP, EROSION, SEDIMENT AND HOUSEKEEPING BMP's INFORMATION	YES	NO	N/A
1. Is the SWPPP on site and accessible, or is the SWPPP location posted in an obvious place and reasonably accessible (in a short time)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are erosion control, sediment control, and good housekeeping BMP's installed on the site as shown in the SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the SWPPP been updated to reflect the current site conditions (modifications dated & initialed on site map, new BMPs on site map, discontinued BMPs crossed off site map, new BMP details & spec's in SWPPP, SWPPP amendment Log, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are on-site inspections being performed and recorded by a qualified person on a weekly or biweekly basis, reporting items required by permit? (Inspector name & qualifications, weather, problems/repairs, corrective action, new BMPs, removed BMPs discharges, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have all corrective action items from previous inspections been addressed and documented within the time frame allotted by the inspector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are SW flows entering and leaving the construction site controlled, managed, or diverted around the site? (e.g. perimeter controls, berms, silt fence, upgradient boundary diversion, down gradient boundary sediment control, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there evidence of sediment discharge such as mud flows or soil deposits from the construction site in downstream locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there evidence of vehicles tracking soil off the construction site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there soil, construction material, landscaping items, or other debris piled on impervious surfaces (roads, drives) that could be washed with SW to a storm drain or water body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there a need to repair, maintain, or improve erosion control BMPs (temporary stabilization, erosion blankets, mulch, vegetated strips, rip rap, surface roughening, pipe slope drain, dust control, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a need to repair, maintain, or improve sediment control BMPs (silt fence, check dams, fiber rolls, sediment trap/basin, inlet protection, waddles, straw bails, curb cut-back, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there a need to repair, maintain, or improve good housekeeping controls (clean track out pad, sweeping, construction materials management, litter/trash control, port-o-potties staked down, fueling areas, concrete wash out area, proper curb ramps, spill prevention, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are there disturbed areas that have not had construction activities for 14 to 21 days without stabilization? (except snow or frozen ground)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are there places where BMPs are needed and should be installed or not needed and should be removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND CORRECTIVE ACTIONS FOR SWPPP COMPLIANCE

Identify the problem and its location. If appropriate, describe (in general terms) what needs to be completed. However, only if qualified (e.g., you are a designer) should you be mandating specific BMPs to install. Include the date when corrections are made.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Inspector, please list all applicable SEV codes _____ Date

City Inspector (Print Name) Signature

Operator: (Print Name) Signature





