

NPDES STORM WATER CONSTRUCTION COMPLIANCE INSPECTION REPORT FOR CONTRACTORS

NPDES PERMIT NO.: _____ **DATE OF INSPECTION:** _____

PROJECT NAME: _____ **COUNTY:** _____

PROJECT DESCRIPTION (check one): ___ Residential ___ Commercial ___ Other: _____

I. TYPE OF INSPECTION:

- ___ 1) At least once every 7 calendar days, or
- ___ 2) At least once every 14 calendar days and within 24 hrs of the end of a storm event of 0.5 inches or greater.

II. WEATHER CONDITIONS

- 1) Weather conditions during inspection: _____
- 2) Weather conditions since last inspection, including rainfall information: _____

III. SITE AND PLAN REVIEW

Are the following required items available for regulatory review:

- Y N 1) SWPPP
- Y N 2) Copy of the General Permit
- Y N 3) NOI
- Y N 4) DHEC Coverage Letter
- Y N 5) Co-permittee agreements or contractor certification statements
- Y N 6) Weekly inspection forms

IV. BEST MANAGEMENT PRACTICES

- Y N 1) Is the Construction entrance/exit properly installed according to plans
- Y N 2) Is the perimeter silt fence and/or other controls properly installed
- Y N 3) Did any BMPs fail to operate as designed or prove inadequate? *If Yes, Identify BMPs and location(s):

Y* N 4) Are additional BMPs needed? *If Yes, identify BMPs needed and which location(s): _____

Y* N 5) Do any BMPs require maintenance? * If Yes, provide location(s) and description(s): _____

Y N 6) Is construction activity following the phasing and sequencing plan?

Y N 7) Has construction activity on the site ceased for 14 days or more?

Y N* 8) If activity has ceased, have temporary stabilization measures been installed within 14 days? *If **No**, identify location(s) needing stabilization: _____

Y N* 9) Are litter, construction debris, oils, fuels, building products & construction chemicals being properly addressed and/ or removed? *If **No**, identify location(s): _____

V. FINAL STABILIZATION

Y* N Have all land disturbing activities at the site permanently ceased? *If **Yes**, complete the following questions:
Y N 1) Are there any areas of active erosion evident? If **Yes**, location(s): _____

Y N 2) Does the permitted area have 70% permanent vegetative cover (i.e. grass or other cover) **OR** have equivalent measures such as riprap, or geotextiles been installed?

VI. OFFSITE IMPACTS FROM PROJECT

- 1) Are there any offsite impacts? ___ **No** ___ **Yes**, where? ___ Public Right of Way ___ Adjoining Property Owner
___ Wetlands ___ Creek/River ___ Lake/Pond ___ Other (please specify): _____
- 2) If answering “**Yes**” to the previous question, indicate the location and describe the impact: _____

VII. DEFICIENCIES/ CORRECTIVE ACTIONS

Were deficiencies noted in this inspection previously listed in a monthly report? ___ Yes ___ No
Corrective Action needed as a result of this inspection, including date to be completed: _____

VIII. STORM WATER POLLUTION PREVENTION PLAN UPDATES

- Y N** 1) Does the SWPPP need to be modified as a result of the inspection?
Y N 2) Has the SWPPP been modified since the last inspection? If so, note the date(s): _____

IX. COMMENTS

Inspector: _____ **Title/Qualifications:** _____