



SWPPP COMPLIANCE INSPECTION FORM



BACKGROUND INFORMATION

Project Name:		Project PIN:		MS4 Name:	
Project Location:				County:	
Owner:		General Contractor:		UPDES Permit #:	
Project Contact:		Phone:		Permit Expiration:	

INSPECTION INFORMATION

Date of Inspection:		Start time:		Start time:		Date of Last Rain Event:	
Reason for Inspection:	<input type="checkbox"/> Scheduled <input type="checkbox"/> > 0.5" Rain <input type="checkbox"/> Random			Duration (hrs):			
Weather:	<input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy			Approx. Rainfall (in):			

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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2. Are erosion control, sediment control, and good housekeeping BMP's installed on the site as shown in the SWPPP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5. Have all corrective action items from previous inspections been addressed and documented within the time frame allotted by the inspector?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7. Is there evidence of sediment discharge such as mud flows or soil deposits from the construction site in downstream locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
8. Is there evidence of vehicles tracking soil off the construction site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
14. Are there places where BMPs are needed and should be installed or not needed and should be removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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.

Owner:				
	(Print Name)	(Title)	(Signature)	(Date)
General Contractor:				
	(Print Name)	(Title)	(Signature)	(Date)

