

SWPPP Stormwater Construction Site Inspection Report

General Information	
Project Name:	Date of Inspection:
	VSMP Permit #:
Inspector:	
Title:	Inspector's Contact #:
Inspector's Qualifications <input type="checkbox"/> DEQ Certification Type _____ DEQ Certification # _____ Exp. _____ <input type="checkbox"/> RLD # _____ Exp. _____ <input type="checkbox"/> Other _____	Inspection Frequency (select one) <input type="checkbox"/> Once every four business days <input type="checkbox"/> Once every five business days and within 48 hours following a storm event of 0.25" or greater in 24 hours <input type="checkbox"/> Monthly where areas have been temporarily stabilized or activities are suspended due to continuous frozen conditions.
Describe present phase of construction:	
Weather Information	
Has there been a measurable storm event (0.25" or greater in 24 hours) since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Storm Start Date & Time: _____ Approximate Amount of Precipitation (in): _____ Storm Duration (hrs): _____	
Weather at time of this inspection? Temperature: _____ <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____	
Are there any [stormwater] discharges at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____	
Have any land-disturbing activities occurred outside of the approved ESC plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____	

	BMP / Control Measure	BMP Installed?	Maintenance Required?	Corrective Action Needed and Locations
	<i>*List all that appear on the approved ESC plan</i>			<i>*Initial and date when necessary Corrective Action has been taken</i>
1	Construction Entrance (3.02)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Silt Fence (3.05)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Culvert Inlet Protection (3.08)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outlet Protection (3.18)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Temporary Rock Check Dams (3.20)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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#	BMP / Control Measure	BMP Installed?	BMP Maintenance Required?	Corrective Action Needed and Locations <i>*Initial and date when Corrective Action has been taken</i>
7		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any control measures that failed to operate as designed or proved inadequate or inappropriate for a particular location?				
Describe any additional corrective actions required (including any changes to the SWPPP that are necessary) as a result of the inspection or to maintain permit compliance:				
Describe any corrective actions required from a previous inspection that have not been implemented:				
<i>Continued on Page 3</i>				

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BMP/activity	Implemented?	Maintenance Required?	Corrective Action Needed and Locations
<i>Evaluate in accordance with the approved ESC plan.</i>			
<i>*Initial and date when Corrective Action has been taken</i>			
1	Are all slopes and disturbed areas that are at final grade or will remain dormant for 14 days or more stabilized within 7 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are completed earthen structures, such as embankments, dikes and diversions stabilized immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are soil stockpiles and/or borrow areas adequately controlled with perimeter control measures and stabilization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Are perimeter controls installed where needed and properly maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Is there sediment deposition on any property outside of the construction activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is the construction exit preventing sediment from being tracked into the street?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Is trash/litter from work areas collected and placed in covered dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Are washout facilities (e.g., paint, stucco, concrete) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Are materials that are potential stormwater contaminants stored inside or under cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check here if there are NO incidents of noncompliance; the facility is in compliance with the SWPPP and the General Permit.

CERTIFICATION STATEMENT

"I certify under penalty of law that I have read and understand this document and that this document and all attachments were prepared 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 Name (Print): _____ **Title:** _____

Signature: _____ **Date:** _____

Operator Name (Print): _____ **Title:** _____

***Signature:** _____ **Date:** _____

The Operator must sign inspection reports unless a Delegation of Authority has been included in the SWPPP.

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Pictures: