

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 IMP ACTS 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: _____