



**UPDES STORM WATER INSPECTION
EVALUATION FORM FOR
SWPPP COMPLIANCE**

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Inspection #: _____

Site Name: _____ UPDES Permit #: _____

Site Address: _____

Local Jurisdiction or County: _____ Inspection Cycle: High Priority 7 Days 14 Days

Permit Effective Date: _____ Permit Expiration Date: _____ Total Project Area: _____ Total Disturbed Area: _____

Project Type: Subdivision Commercial Industrial Linear (Road/Pipe/Power) Land Disturbance

OPERATOR CONTACT INFORMATION

Operator: _____ Phone: _____ E-mail: _____

On-site Facility Contact: _____ Phone: _____ E-mail: _____

Important Contacts: _____ Phone: _____ E-mail: _____

Important Contacts: _____ Phone: _____ E-mail: _____

SWPPP PRE-SITE REVIEW INFORMATION

1. Has a pre-construction review of the SWPPP been conducted by the appropriate municipal agency? Yes No

2. Are contact names, positions, responsibilities, and telephone numbers of the Stormwater Team and all other site Operators listed in the SWPPP? Yes No

3. Does the SWPPP include a site map showing storm drains, slopes/surface drainage patterns, SW discharge points, construction boundaries, limits of disturbance, surface waters (name of receiving water), TMDL requirements, buffer zones, structural controls, and does it define/explain non-structural controls? Yes No

4. Does the SWPPP have an estimate of the area to be disturbed, a sequence of construction activities, the SW runoff coefficient before and after construction, a description of the soil types, controls for discharges from (asphalt/concrete) batch plants if any, list UIC Class 5 Injection Well activities and use, show wetland areas, and have a description of the nature of the construction activity? Yes No

5. Does the SWPPP and site map show erosion and sediment controls placement & details, buffer zone documentation (e.g. erosion blankets, mulch, slope drains, check dams, sediment basins, grass-lined channels, fiber rolls, sediment traps, silt fence, inlet protection, curb cut-back, dust control, chemical treatments etc?) Yes No

6. Does the SWPPP and site map show and describe good housekeeping controls and storage areas of polymers, flocculants or other treatment chemicals, spill prevention and mitigation measures, staff training procedures and logs. (e.g. track out pad, street sweeping, material storage, construction waste containment and removal, sanitary waste, concrete washout pits, etc) Yes No

7. Are post-construction elements included in the SWPPP? (i.e. grass swales, detention basins, vegetated filter strips, infiltration, depression storage, landscaping/xeriscaping, discontinuous concrete or hard surface SW conveyance, etc.) Yes No

8. Are the SWPPP Certifications signed by the proper and responsible officers and parties (see permit Appendix G Part G. 16,1,2 & 1.3) Yes No

9. Are the NOI , a copy of the State permit, Appendix logs and forms in the SWPPP? Yes No

NOTICE OF TERMINATION (NOT) INSPECTION

Site Name: _____ Evaluation Date: _____

Site Address: _____

Inspected By: _____ Title/Organization: _____

1. Has the site been properly stabilized according to permit requirements? Yes No

2. Have all temporary BMPs been removed? Yes No

3. Have post-construction (permanent storm water system) elements been constructed and inspected in accordance with approved project drawings? Yes No

4. Is the site acceptably clean? Yes No

COMMENTS:

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 (Print Name) _____ Title: _____ Signature: _____ Date: _____

Operator: (Print Name) _____ Title: _____ Signature: _____ Date: _____

Operator: (Print Name) _____ Title: _____ Signature: _____ Date: _____

ADDITIONAL COMMENTS AND CORRECTIVE ACTIONS FOR SWPPP COMPLIANCE

By: _____ Date: _____

Project Name: _____

Project Address: _____

Lined area for additional comments and corrective actions.