



SWPPP COMPLIANCE INSPECTION FORM

Project Name:		Address:		Date:		
Owner:		Contractor (Gen/Sub):		Start time:		
Site Contact:		Phone:		Stop time:		
Other Site Contacts:						
Other Site Contacts:						
UPDES Permit #:		Expiration:	Weather: Sunny	Cloudy	Raining	
Date of last rain event:		Duration:	Approx. Rainfall (in):			
Inspected By (Print):		Local Jurisdiction or County:				
Other Inspectors:						
Other Inspectors:						
Total Project Area:			Total Disturbed Area:			
Project Type: (circle)		Subdivision	Commercial	Industrial	Linear (Road/Pipe/Power)	
Reason for Inspection:		Scheduled	Complaint/Tip	Random	Receiving Waters:	
Inspection Code (circle):	SW sampling	Inspector Code (circle):	(S) State	Type Code (circle):	1 - Municipal	
	SW non-sampling		(L) Local		2 - Industrial	
					3 - State	
SWPPP, EROSION, SEDIMENT AND HOUSEKEEPING BMPs INFORMATION						
				YES	NO	N/A
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)?						
2. Are erosion control, sediment control, buffer controls and good housekeeping BMP's installed on the site as shown in the SWPPP?						
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.)?						
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.)						
5. Have all corrective action items from previous inspections been addressed and documented within the time frame allotted ?						
6. Are SW flows entering and leaving the construction site controlled, managed, or diverted around the site? (e.g. buffer zones perimeter controls, berms, silt fence, up gradient boundary diversion, down gradient boundary sediment control, etc.)						
7. Is there evidence of sediment discharge such as mud flows or soil deposits from the construction site in downstream locations?						
8. Is there evidence of vehicles tracking soil off the construction site?						
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?						
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)?						
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)?						
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)?						
13. Are there disturbed areas that have not had construction activities for 14 to 21 days without stabilization? (except snow or frozen ground)?						
14. Are there places where BMPs are needed and should be installed or not needed and should be removed?						
COMMENTS AND CORRECTIVE ACTIONS FOR SWPPP COMPLIANCE						
<i>Identify the problem and its location. If appropriate, describe (in general terms) what needs to be completed. However, only if qualified (e.g., you are a designer) should you be mandating specific BMPs to install. Include the date when corrections are made.</i>						
Inspector, please check all applicable SEV codes on the bottom of the next page.						
<i>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.</i>						
Operator:		(Print Name)	(Title)	(Signature)	(Date)	
Inspector:		(Print Name)	(Title)	(Signature)	(Date)	

(Attach additional sheets of narrative, pictures and checklists, as necessary)

