



Stormwater Construction Site Inspection Report

Inspections by the operator or an authorized designee are required on a schedule as prescribed in the State Construction General Permit, are to be maintained in accordance with the permit, and are to be made available during VSMP authority inspections.

[Revised Nov. 2015]

General Information

| | |
|---|---|
| Project Name: | Date of Inspection: |
| Permit #: | Date of Previous Inspection: |
| Inspector's Name: | <input type="checkbox"/> Inspector must be authorized by the Permit Operator to perform inspections |
| Inspector's Title: | |
| Inspector Qualification: <input type="checkbox"/> RLD#: | Expiration date: <input type="checkbox"/> Other: |
| Inspector's Phone #: | Inspector's email address: |
| Describe present phase of construction: | |
| Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Post Corrective Action <input type="checkbox"/> Pre-storm <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event | |

Weather Information

| | | |
|--|-----------------------|---|
| Has there been a storm event since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Storm Start Date & Time: | Storm Duration (hrs): | Approximate Amount of Precipitation (in): |
| Weather at time of this inspection: <input type="checkbox"/> Temperature: | | |
| <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds | | |
| <input type="checkbox"/> Other: | | |

Site Compliance Summary

| | |
|--|--|
| Are there pollutant discharges at the time of inspection or since the last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, describe the event(s), corrective action and schedule, and agencies notified: | |
| Are perimeter controls and sediment barriers adequately installed and maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is Silt Fence properly installed & maintained (keyed in soil, proper stake spacing, maintained) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is the construction exit preventing sediment from being tracked into the street? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does inspection indicate any controls are failing or require modification? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If no, describe corrective action and schedule: | |

| | | |
|--|--------------|--|
| Have there been any changes to the approved ESC or SWM plans <input type="checkbox"/> Yes <input type="checkbox"/> No | Description: | Date approved by Town: ____/____/____ |
|--|--------------|--|

Overall Site Issues

Below are some general site issues that should be assessed during inspections. Customize this list as needed for conditions at your site.

| BMP/activity | Implemented? | Maintenance Required? | Corrective Action Needed and Notes |
|--|---|---|------------------------------------|
| 1. All inactive slopes and disturbed areas have been stabilized. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Are natural resource areas (e.g., streams, wetlands, mature trees, etc.) protected with barriers or similar BMPs? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Are all sanitary waste receptacles placed in secondary containment and free of leaks? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Are discharge points and receiving waters free of any sediment deposits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. 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 | |
| 6. 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 | |
| 7. 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 | |
| 8. 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 | |
| 9. Are vehicle and equipment fueling, and maintenance areas free of spills, leaks, potentially harmful material? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. 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 | |
| 11. 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 | |
| 12. (Other) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13. (Other) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

BMP and Pollution Prevention Plan Inspection and Maintenance

| BMP/Control Measure/Pollution Plan Item | Implemented? | Maintenance Required? | Corrective Action Needed and Notes |
|---|---|---|------------------------------------|
| 1. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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 | |

Add additional sheets as necessary to include all BMPs.

Certification Statement

This report shall be kept by the Operator as a part of the SWPPP for a minimum of three (3) years from the date that the general permit coverage expires or is terminated. (9VAC25-880-70.II.F)

"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."

Signature of Inspector

Printed Name and Title

Date

____ of ____

BMP and Pollution Prevention Plan Inspection and Maintenance (continued)

| BMP/Control Measure/Pollution Plan Item | Implemented? | Maintenance Required? | Corrective Action Needed and Notes |
|--|---|---|---|
| 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 | |
| 17. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |