

## Attachment B – Self Inspection Report Form

### General Inspection Information

<b>MPDES Permit Authorization Number</b>			
<b>Inspection Date and Time</b>			
<b>Name of SWPPP Administrator Completing Inspection</b>			
<b>Weather Conditions at Time of the Inspection</b>	<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: _____	
	Temperature: _____		
<b>Is a storm water discharge occurring?</b>	Yes	No	Observations: _____
<b>If yes, is the discharge to an impaired waterbody?</b>	Yes	No	

### Inspection Frequency

#### Routine Inspections

**Weekly Routine Inspections** – Once Every 7 Calendar Days

**Biweekly Routine and Post Storm Event Inspections** – once every 14 calendar days, and a post-storm event inspection within 24 hours of the end of a rainfall event of 0.25 inches or greater, and/or within 24 hours of runoff from snowmelt.

Is this inspection the result of precipitation event – rainfall or snowmelt?  **Yes**  **No**

If rainfall event, \_\_\_\_\_ inches determined by  **a rain gage on site** or  **the weather service**: \_\_\_\_\_

**Has there been a change in the inspection schedule originally identified in the SWPPP?**  **Yes**  **No**

If yes, provide explanation:

#### Reductions in Inspection Frequency

**Once every 30 Calendar Days**

- a. Are construction activities temporarily inactive or shutdown?  **Yes**  **No**
- b. Are all earth disturbing activities complete?  **Yes**  **No**
- c. Are there portions of the project that are temporarily inactive or shutdown?  **Yes**  **No**
- d. Are there portions of the project that have all earth disturbing activities complete?  **Yes**  **No**

For items “a” to “d” above, have temporary or final stabilization measures been implemented?  **Yes**  **No**

If so, date measures where implemented?

**Severe Winter Condition Delay**

If yes, provide explanation of why inspection was not completed.

**Additional comments:**

## Inspection Findings

### Major Construction Activities at the time of the inspection:

#### Pollutants present at the time of the inspection:

##### Soils

- Areas of Shallow Grade (3:1 or less)
- Areas of Steep Grade (3:1 or greater)
- Slopes
- Ditch
- Stockpiles
- Contaminated Soils
- Import and Export Operations
- Entrance / Exit Locations
- Other Explain \_\_\_\_\_

##### Materials

- Loading and Unloading Operations
- Storage of building materials
- Storage of chemicals
- Portable Toilets
- Concrete Batch Plant
- Asphalt Batch Plant
- Worker Trash
- Demolition Materials / Debris
- Other Explain \_\_\_\_\_

##### Activities

- Concrete Truck Washout
- Masonry - Stone / Brick / Concrete
- Spray / Wand Applications
- Finish Work – Dry wall / Painting
- Equipment Washing
- Washing of Buildings
- Maintenance of Equipment
- Refueling Operations
- Application of herbicides, pesticides, fertilizers
- Application of solvents or detergents
- Construction Dewatering
- Other Explain \_\_\_\_\_

#### BMPs present at the time of the inspection:

##### Erosion Control BMPs

- Surface Roughening
- Diversion Ditches
- Velocity Checks / Check Dams
- Preservation of Existing Vegetation
- Minimizing Ground Disturbance
- Mulch – Straw / Compost
- Tackifiers / Soil Binders
- Temporary Seeding
- Erosion Control Blankets
- Rough Cut Street Controls / Water Bars
- Channel Liner
- Stream Crossing
- Terracing
- Culvert
- Outfall / Outlet Protection (Rip Rap)
- Other \_\_\_\_\_

##### Run On / Runoff Control BMPs

- Temporary Slope Drain
- Rock Run Down
- Clean Water Diversion
- Drainage Swales
- Other \_\_\_\_\_

##### Sediment Control BMPs

- Silt Fence
- Straw Wattles
- Rock Wattles / Rock Socks
- Curb Socks
- Straw Bales
- Earthen Berms
- Vegetative Buffers
- Drainage Ditch / Ditch Berm
- Gravel Pack
- Tarps, Plastic, Visqueen
- Compost Socks
- Brush Barrier
- Sandbag Barrier
- Inlet Protection
- Vehicle Tracking Control Pad
- Stabilized Vehicle Entrance
- Stabilized Parking Area
- Stabilized Construction Roadway
- Street Sweeping
- Sediment Trap
- Sediment Basin
- Other \_\_\_\_\_

##### Administrative Controls

- Concrete and Liquid Waste Washouts
- Worker Toilets
- Construction Fencing
- Dust Control
- Secondary Containment
- Dumpsters / Waste Receptacles
- Stabilized Staging Area
- Material Storage and Stockpile Area
- Paving and Painting Controls
- Saw Cutting and Grinding Controls
- Spill Prevention and Response Procedures
- Traffic Control
- Back Charging / Penalties
- Other \_\_\_\_\_

##### Post Construction BMPs

- Detention Pond(s)
- Retention Pond(s)
- Drainage Swales
- Infiltration System(s)
- Dry Well(s)
- Other \_\_\_\_\_

**BMP Maintenance and Corrective Actions**

BMP Requiring Maintenance and/or Corrective Actions and Location of BMP	Maintenance Needed?		Corrective Action Required?		Date when Maintenance or Corrective Action(s) are Completed	Description of Corrective Actions
1.	Yes	No	Yes	No		
2.	Yes	No	Yes	No		
3.	Yes	No	Yes	No		
4.	Yes	No	Yes	No		
5.	Yes	No	Yes	No		
6.	Yes	No	Yes	No		
7.	Yes	No	Yes	No		
8.	Yes	No	Yes	No		
9.	Yes	No	Yes	No		
10.	Yes	No	Yes	No		

**If additional space is required to document the condition and effectiveness of BMPs at the time of the inspection, use additional copies of this page.**

**Discharges of Sediment or Other Pollutants and Updates**

Were discharges of sediment or other pollutants observed during the inspection? Yes No

If yes, is the discharge to an impaired waterbody? Yes No

If discharge observed, please explain. Include locations of discharges and a description and dates of completed corrective actions.

Did the observed discharges require a noncompliance report be submitted to DEQ? Yes No

If yes, provide the date the noncompliance report was submitted.

Did the inspection require completing updates to the SWPPP or site map? Yes No

If yes, have these updates been completed? Yes No

**Signatory and Certification**

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 gather and evaluate the information submitted. Based on my inquiry of the 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.

SWPPP Administrator Name (Print):

SWPPP Administrator Name (Signature):

Date: