Storm Water Pollution Prevention Plan (SWPPP) Inspection Form

						UPDES Permit #:	
						Expiration Date:	
						Receiving Water:	
Site Name:				**Sensitive Water? (**if so increased insp. frequency**):**			
Site Address:			**Local Jurisdiction/County:**				
Operator:		**Project Type:**		**Total Project Area:**			
Insp. Frequency (weekly **OR** bi-weekly & within 24 hrs of a storm event**):**				**Disturbed Area:**			
Reason for Inspection (weekly/bi-weekly, rain, etc**):**			**Inspection Date:**			**Start/End Time:**	
Weather:	**Date of last Rain Event:**		**Duration:**		**Rainfall (in):**		
Reduced insp. frequency (why)?		**Reduced insp. frequency (where)?**					
Comments (unsafe conditions, other inspectors, general site concerns, other**):**							

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 Name:		**Title:**		(Signature)	(Date)

Inspection Considerations/Questions	**Yes / No**	**Corrective Action Date:** or N/A	**Description of Corrective Action:** Any actions to correct/prevent the problem from reoccurring	**BMP Removal Date:** or N/A	**SWPPP & Site Map Updated:** Log any changes in SWPPP
1. Are there areas onsite needing stabilization?					
2. Are stabilized areas free from erosion concerns?					
3. Are material, waste, borrow, & equipment storage areas organized & any chemicals contained per SWPPP?					
4. Are there any conditions that could lead to spills, leaks, or illicit discharge?					
5. Are there any locations of active discharges or evidence of past illicit discharges? (note nature of discharge)					
6. Are storm water drainage paths free of sediment and debris? Has sediment been tracked offsite?					
7. Are sediment deposits visible in inlet boxes or downgradient areas?					
8 Are there places where BMPs require maintenance? (note specific locations below)					
9. Are there places where BMPs are needed and should be installed? (once installed, add BMP to list below)					
10. Are storm water controls installed per SWPPP?					

Storm Water Controls	**Storm Water Control Condition (Indicate OK / Needs Maintenance):** If applicable, describe the problem (identify the cause of BMP failure)	**Corrective Action Date:** or N/A	**Description of Corrective Action:** Any actions to correct/prevent the problem from reoccurring	**BMP Removal Date:** or N/A	**SWPPP & Site Map Updated:** Log any changes in SWPPP
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