

**NPDES STORM WATER CONSTRUCTION COMPLIANCE INSPECTION REPORT FOR CONTRACTORS**

**NPDES PERMIT NO.:** \_\_\_\_\_ **DATE OF INSPECTION:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**PROJECT DESCRIPTION (check one):** \_\_\_ Residential \_\_\_ Commercial \_\_\_ Other: \_\_\_\_\_

**I. TYPE OF INSPECTION:**

- \_\_\_ 1) At least once every 7 calendar days, or
- \_\_\_ 2) At least once every 14 calendar days and within 24 hrs of the end of a storm event of 0.5 inches or greater.

**II. WEATHER CONDITIONS**

- 1) Weather conditions during inspection: \_\_\_\_\_
- 2) Weather conditions since last inspection, including rainfall information: \_\_\_\_\_

**III. SITE AND PLAN REVIEW**

*Are the following required items available for regulatory review:*

- Y N 1) SWPPP
- Y N 2) Copy of the General Permit
- Y N 3) NOI
- Y N 4) DHEC Coverage Letter
- Y N 5) Co-permittee agreements or contractor certification statements
- Y N 6) Weekly inspection forms

**IV. BEST MANAGEMENT PRACTICES**

- Y N 1) Is the Construction entrance/exit properly installed according to plans
- Y N 2) Is the perimeter silt fence and/or other controls properly installed
- Y N 3) Did any BMPs fail to operate as designed or prove inadequate? \*If Yes, Identify BMPs and location(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Y\* N 4) Are additional BMPs needed? \*If Yes, identify BMPs needed and which location(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Y\* N 5) Do any BMPs require maintenance? \* If Yes, provide location(s) and description(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Y N 6) Is construction activity following the phasing and sequencing plan?
- Y N 7) Has construction activity on the site ceased for 14 days or more?

**Y N\* 8)** If activity has ceased, have temporary stabilization measures been installed within 14 days? \*If **No**, identify location(s) needing stabilization: \_\_\_\_\_  
\_\_\_\_\_

**Y N\* 9)** Are litter, construction debris, oils, fuels, building products & construction chemicals being properly addressed and/ or removed? \*If **No**, identify location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. FINAL STABILIZATION**

**Y\* N** Have all land disturbing activities at the site permanently ceased? \*If **Yes**, complete the following questions:

**Y N** 1) Are there any areas of active erosion evident? If **Yes**, location(s): \_\_\_\_\_  
\_\_\_\_\_

**Y N** 2) Does the permitted area have 70% permanent vegetative cover (i.e. grass or other cover) **OR** have equivalent measures such as riprap, or geotextiles been installed?

**VI. OFFSITE IMPACTS FROM PROJECT**

1) Are there any offsite impacts? \_\_\_ **No** \_\_\_ **Yes**, where? \_\_\_ Public Right of Way \_\_\_ Adjoining Property Owner  
\_\_\_ Wetlands \_\_\_ Creek/River \_\_\_ Lake/Pond \_\_\_ Other (please specify): \_\_\_\_\_

2) If answering “**Yes**” to the previous question, indicate the location and describe the impact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. DEFICIENCIES/ CORRECTIVE ACTIONS**

Were deficiencies noted in this inspection previously listed in a monthly report? \_\_\_ Yes \_\_\_ No  
Corrective Action needed as a result of this inspection, including date to be completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII. STORM WATER POLLUTION PREVENTION PLAN UPDATES**

**Y N** 1) Does the SWPPP need to be modified as a result of the inspection?  
**Y N** 2) Has the SWPPP been modified since the last inspection? If so, note the date(s): \_\_\_\_\_

**IX. COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Inspector:** \_\_\_\_\_ **Title/Qualifications:** \_\_\_\_\_