

**CONSTRUCTION
STORM WATER INSPECTION REPORT
(State Board Order 2009-0009-DWQ, NPDES No. CAS000002)**

WDID NUMBER: _____ INSPECTOR(S): (Select) _____

INSPECTION DATE: _____ WEATHER CONDITION: _____ ARRIVAL TIME: _____ DEPARTURE TIME: _____

NAME OF LRP REP. PRESENT DURING THE INSPECTION: _____ TITLE: _____ PHONE NO: _____

WAS CONSENT GIVEN?: TO ACCESS THE SITE: TO TAKE PHOTOS: NAME OF PERSON GIVING CONSENT IF DIFFERENT FROM THE LRP REP.ABOVE _____

DESIGN STORM (5 YR/24 HR): _____ PHOTOS ATTACHED: IF "NO", WHY?: _____

CONSTRUCTION SITE NAME _____ CONSTRUCTION SITE ADDRESS AND ZIP CODE _____

PERMITTED CONST. AREA: _____ DISTURBED AREA: _____

COMPANY _____ LEGALLY RESPONSIBLE PARTY'S NAME (LRP) _____ PHONE NO _____

PRIMARY DEVELOPER _____ DEVELOPER CONTACT NAME _____ PHONE NO _____

NAME OF QSD _____ CERTIFICATION NO _____ IS QSD CERTIFICATION ACTIVE?:

NAME OF QSP _____ CERTIFICATION NO _____ IS QSP CERTIFICATION ACTIVE?:

COI NEEDED?: NO EXPLAIN _____

TYPE OF CONSTRUCTION: (Select) - IF LUP, WHAT TYPE: (Select)

PREVIOUSLY INSPECTED?: IF "YES", WHEN?: _____

PREVIOUS ENFORCEMENT ACTION: _____ IF "YES", WHEN?: _____

RISK LEVEL: <u>(Select)</u>
A. Have you verified the risk level?
B. Is it correct?
C. If "NO", what is the correct risk level?
D. Has the LRP been notified?

PURPOSE OF INSPECTION

(Select)

IF "OTHER", SPECIFY:

CONCLUSION/COMMENTS

RECOMMENDATION

ISSUE NTC ISSUE NNC ISSUE NOV OTHER: _____ NEXT INSPECTION DATE : _____

(Select)

INSPECTOR'S NAME _____ SIGNATURE _____ REPORT DATE _____

(Select)

REVIEWER'S NAME _____ SIGNATURE _____ REVIEW DATE _____

RESULTS OF INSPECTION

Storm Water Pollution Prevention Plan	Permit section	Y e s	N o	N / A	U N	COMMENTS
1. Is the SWPPP on site during the construction?	Order-XIV.(C)					
2. Is SWPPP prepared prior to start of soil disturbance?	Order-II.(B)					
3. Are the PRDs documents included in the SWPPP?	Attachment B.(J)					
4. Has LRP listed in the SWPPP the name of any Approved Signatory with a copy of the written agreement or other mechanism that provides this authority from LRP?	Order-VII.(B)(4)					
5. Is the SWPPP written and certified by a QSD?	Order-VII.(B)(1)					
6. Is the QSD information included?	Order VII.(B)(2)					
7. Is the QSP information included??	Order VII.(B)(3)					
8. Are all the information listed about the contractors, subcontractors?	Order VII.(B)(5)					
9. Does calculation in Appendix 1 support the risk assessment?	Order VIII					
10. Are Post-Construction Requirements included in the SWPPP?	Order I.(L)					
11. Is the SWPPP amendments (if any) signed by the QSD?	Order VII.(B)(6)					
12. Is the SWPPP complete?	Order XIV.(A)					

Are the following site specific BMPs (listed in the SWPPP) implemented?

Erosion Control:	ATTACHMENT				Y e s	N o	N / A	U N	COMMENTS
	LUP	Risk 1	Risk 2	Risk 3					
Wind									
Effective soil cover	A.(j).(4)	C.(D)	D.(D)	E.(D)					
Solar resistant plastic cover material									

Sediment Control:	ATTACHMENT				Y e s	N o	N / A	U N	COMMENTS	
	LUP	Risk 1	Risk 2	Risk 3						
Perimeter control	A.(J)	C.(E)	D.(E)	E.(E)						
Tracking										
Sediment basin										
Linear sediment controls along the toe, face and at grade breaks of exposed slopes	Type 2 & 3 (Table 2)	N/A	(Table 1)							
Traffic limited to protected entrances and exits	Type 2 & 3		(5)							
Are immediate access roads free of sediment and other construction materials			(7)							
Run-On and Run-off Controls	Type 2 & 3*	C.(F)	D.(F)	E.(F)						
Good Site Management "Housekeeping":	ATTACHMENT				Y e s	N o	N / A	U N	COMMENTS	
	LUP	Risk 1	Risk 2	Risk 3						
	A.(J) (2)	C.(B)	D.(B)	E.(B)						
Are all the inspection, maintenance repair and sampling performed or supervised by the QSP?	A.(J) (7)	C.(G) (1-3)	D.(G) (1-3)	E.(G) (1-3)						
Are good housekeeping documents in REAP(s)?	N/A	N/A	D.(B) (7)	E.(B)						

* Run-on and runoff controls are not required for Type 1 LUPs unless the evaluation of quantity and quality of run-on and runoff deems them necessary or visual inspections show that the site requires such controls.

Monitoring Requirements:	Attachment					Y e s	N o	N / A	U N	COMMENTS	
	LUP			Risk 1	Risk 2						Risk 3
	1	2	3								
Routine daily and weekly inspections	A. (M)			C. (I)	D. (I)	E. (I)					
Storm Event inspection:											
Pre											
During	N/A	A. (M)	A. (M)	C. (I)	D. (I)	E. (I)					
After											
Sample Collection:											
Storm water discharge		A. (M)									
Receiving water	N/A	N/A	A. (M)	C. (I)	D. (I)	E. (I)					
Non visible pollutants	A. (M)	A. (M)									
Bioassessment	N/A			N/A	N/A	E(I) (17)					
Non-storm water management :	Order - III Order - V.(A).(1) Attachment					Y e s	N o	N / A	U N	COMMENTS	
	LUP	Risk 1	Risk 2	Risk 3							
	A	C(C)	D(C)	E(C)							
Reporting Requirements:	Order. - XVI Order - V.(B) Attachment					Y e s	N o	N / A	U N	COMMENTS	
	LUP	Risk 1	Risk 2	Risk 3							
NAL exceedances:	F(3)	N/A	D(I)(15)	E(I)(15)							
Quarterly non-SW discharge reporting	N/A	C(I)(6) (a)	D(I)	E(I)							
Annual reporting	Order. - XVI	Order. - XVI	Order. - XVI	Order. - XVI							
Effluent Standards (numeric):	2-3 A. (F)	N/A	D. (A)	E. (A)							
REAP:	Attachment					Y e s	N o	N / A	U N	COMMENTS	
	Risk 2		Risk 3								
Are REAPs prepared by the QSP for all phases of the construction?	D(H)		E(H)								

Post-construction:	Order	Y e s	N o	N / A	U N	COMMENTS
Phase I						
A. Have LIDs been implemented?	XIII					
B. Are the LIDs effective/adequate?						
C. If "NO", has LRP or City/County been contacted?						
D. Final stabilization: <input type="checkbox"/> 70% <input type="checkbox"/> RUSLE/RUSLE2 <input type="checkbox"/> Custom						
Phase II						
A. Is the water balance calculation included	XIII					
B. Is the post-const runoff volume equal or less than pre-const runoff volume?						
C. Final stabilization <input type="checkbox"/> 70% <input type="checkbox"/> RUSLE/RUSLE2 <input type="checkbox"/> Custom						
TMDL	Appendix 4					

VERIFY THE SITE'S STORMWATER DISCHARGE ROUTE (CHECK NOI):

- STORM DRAIN: ENTER SYSTEM'S OWNER NAME: _____
- DIRECTLY TO WATERS OF U.S.: NAME WATER BODY: _____
- INDIRECTLY TO WATERS OF U.S: NAME TRIBUTARY: _____

ON 303 (D) LIST? YES NO

IF YES, WHAT POLLUTANTS: _____

ADDITIONAL COMMENTS