

## **ATTACHMENT D – Self Inspection Form (Parts 2.3. and 3.10.)**

1. Permit Authorization Number: \_\_\_\_\_

2. Inspection Date: \_\_\_\_\_ Inspection Time Period: \_\_\_\_\_

3. "SWPPP Administrator" Name(s) and Title(s) Performing Inspection:  
\_\_\_\_\_

4. Others Present During Inspection (Name/Affiliation):  
\_\_\_\_\_  
\_\_\_\_\_

5. Type of Inspection (check one):
- |  |                          |
|--|--------------------------|
| Weekly Routine (Part 2.3.1.)                   | <input type="checkbox"/> |
| Biweekly Routine (Part 2.3.2.)                 | <input type="checkbox"/> |
| Post-Storm Event (Part 2.3.2.)                 | <input type="checkbox"/> |
| Temporarily Inactive or Shutdown (Part 2.3.3.) | <input type="checkbox"/> |
| Completed Earthwork/Construction (Part 2.3.3.) | <input type="checkbox"/> |

6. Weather Conditions (temperature, ground conditions (dry, wet, snowcover, etc.), recent (within past 24 hours) or current rainfall/snowmelt event):  
\_\_\_\_\_  
\_\_\_\_\_

7. Storm water runoff occurring: Yes      No

8. Confirm the following areas were inspected for the construction activity by checking the appropriate box.

Site perimeter:	Yes	No
All areas disturbed by construction activity:	Yes	No
BMPs:	Yes	No
Material and/or waste storage areas that are exposed to rainfall or snowmelt:	Yes	No
Discharge locations:	Yes	No
Vehicle/equipment management areas:	Yes	No
Other construction activity support areas:	Yes	No
Locations where vehicles access the site:	Yes	No
Other areas where potential pollutants may be generated:	Yes	No

9. Location(s) and description of discharges of sediment or other potential pollutants from the site:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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10. Location(s) and description of BMPs that need to be maintained (Part 2.3.5.):

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11. Location(s) and description of BMPs that failed to operate as designed or proved inadequate for a particular location (Part 2.3.5.):

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12. Location(s) and descriptions where additional BMPs are needed that were not in place at the time of inspection:

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13. Deviations from the minimum inspection schedule as provided in Parts 2.3.1., 2.3.2., and 2.3.3. of this permit:

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14. Description of corrective action taken for items identified in items #9 through #12 above, respective dates for the corrective action(s) taken for each, and respective measures taken to prevent future recurrences for each (including consequent changes to the SWPPP):

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15. Identify any incidents of noncompliance with the requirements of the General Permit:

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16. Additional Inspection Findings/Notes Not Specified Elsewhere:

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17. SWPPP Administrator Certification Statement and Signature For This Inspection Form:

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 (type or print): \_\_\_\_\_

SWPPP Administrator Title (type or print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_