

Attachment B – Self Inspection Report Form

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

Inspection Frequency							
Routine Inspections							
<input type="checkbox"/> Weekly Routine Inspections – Once Every 7 Calendar Days							
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If rainfall event, _____ inches determined by <input type="checkbox"/> a rain gage on site or <input type="checkbox"/> the weather service: _____							
Has there been a change in the inspection schedule originally identified in the SWPPP? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide explanation: _____							
Reductions in Inspection Frequency							
<input type="checkbox"/> Once every 30 Calendar Days							
a. Are construction activities temporarily inactive or shutdown? <input type="checkbox"/> Yes <input type="checkbox"/> No							
b. Are all earth disturbing activities complete? <input type="checkbox"/> Yes <input type="checkbox"/> No							
c. Are there portions of the project that are temporarily inactive or shutdown? <input type="checkbox"/> Yes <input type="checkbox"/> No							
d. Are there portions of the project that have all earth disturbing activities complete? <input type="checkbox"/> Yes <input type="checkbox"/> No							
For items “a” to “d” above, have temporary or final stabilization measures been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If so, date measures where implemented? _____							
<input type="checkbox"/> 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:

<p>Pollutants present at the time of the inspection:</p> <p>Soils</p> <p><input type="checkbox"/> Areas of Shallow Grade (3:1 or less) <input type="checkbox"/> Areas of Steep Grade (3:1 or greater) <input type="checkbox"/> Slopes <input type="checkbox"/> Ditch <input type="checkbox"/> Stockpiles <input type="checkbox"/> Contaminated Soils <input type="checkbox"/> Import and Export Operations <input type="checkbox"/> Entrance / Exit Locations <input type="checkbox"/> Other Explain _____</p> <p>Materials</p> <p><input type="checkbox"/> Loading and Unloading Operations <input type="checkbox"/> Storage of building materials <input type="checkbox"/> Storage of chemicals <input type="checkbox"/> Portable Toilets <input type="checkbox"/> Concrete Batch Plant <input type="checkbox"/> Asphalt Batch Plant <input type="checkbox"/> Worker Trash <input type="checkbox"/> Demolition Materials / Debris <input type="checkbox"/> Other Explain _____</p> <p>Activities</p> <p><input type="checkbox"/> Concrete Truck Washout <input type="checkbox"/> Masonry - Stone / Brick / Concrete <input type="checkbox"/> Spray / Wand Applications <input type="checkbox"/> Finish Work – Dry wall / Painting <input type="checkbox"/> Equipment Washing <input type="checkbox"/> Washing of Buildings <input type="checkbox"/> Maintenance of Equipment <input type="checkbox"/> Refueling Operations <input type="checkbox"/> Application of herbicides, pesticides, fertilizers <input type="checkbox"/> Application of solvents or detergents <input type="checkbox"/> Construction Dewatering <input type="checkbox"/> Other Explain _____</p>	<p>BMPs present at the time of the inspection:</p> <p>Erosion Control BMPs</p> <p><input type="checkbox"/> Surface Roughening <input type="checkbox"/> Diversion Ditches <input type="checkbox"/> Velocity Checks / Check Dams <input type="checkbox"/> Preservation of Existing Vegetation <input type="checkbox"/> Minimizing Ground Disturbance <input type="checkbox"/> Mulch – Straw / Compost <input type="checkbox"/> Tackifiers / Soil Binders <input type="checkbox"/> Temporary Seeding <input type="checkbox"/> Erosion Control Blankets <input type="checkbox"/> Rough Cut Street Controls / Water Bars <input type="checkbox"/> Channel Liner <input type="checkbox"/> Stream Crossing <input type="checkbox"/> Terracing <input type="checkbox"/> Culvert <input type="checkbox"/> Outfall / Outlet Protection (Rip Rap) <input type="checkbox"/> Other _____</p> <p>Run On / Runoff Control BMPs</p> <p><input type="checkbox"/> Temporary Slope Drain <input type="checkbox"/> Rock Run Down <input type="checkbox"/> Clean Water Diversion <input type="checkbox"/> Drainage Swales <input type="checkbox"/> Other _____</p>	<p>Sediment Control BMPs</p> <p><input type="checkbox"/> Silt Fence <input type="checkbox"/> Straw Wattles <input type="checkbox"/> Rock Wattles / Rock Socks <input type="checkbox"/> Curb Socks <input type="checkbox"/> Straw Bales <input type="checkbox"/> Earthen Berms <input type="checkbox"/> Vegetative Buffers <input type="checkbox"/> Drainage Ditch / Ditch Berm <input type="checkbox"/> Gravel Pack <input type="checkbox"/> Tarps, Plastic, Visqueen <input type="checkbox"/> Compost Socks <input type="checkbox"/> Brush Barrier <input type="checkbox"/> Sandbag Barrier <input type="checkbox"/> Inlet Protection <input type="checkbox"/> Vehicle Tracking Control Pad <input type="checkbox"/> Stabilized Vehicle Entrance <input type="checkbox"/> Stabilized Parking Area <input type="checkbox"/> Stabilized Construction Roadway <input type="checkbox"/> Street Sweeping <input type="checkbox"/> Sediment Trap <input type="checkbox"/> Sediment Basin <input type="checkbox"/> Other _____</p> <p>Administrative Controls</p> <p><input type="checkbox"/> Concrete and Liquid Waste Washouts <input type="checkbox"/> Worker Toilets <input type="checkbox"/> Construction Fencing <input type="checkbox"/> Dust Control <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Dumpsters / Waste Receptacles <input type="checkbox"/> Stabilized Staging Area <input type="checkbox"/> Material Storage and Stockpile Area <input type="checkbox"/> Paving and Painting Controls <input type="checkbox"/> Saw Cutting and Grinding Controls <input type="checkbox"/> Spill Prevention and Response Procedures <input type="checkbox"/> Traffic Control <input type="checkbox"/> Back Charging / Penalties <input type="checkbox"/> Other _____</p> <p>Post Construction BMPs</p> <p><input type="checkbox"/> Detention Pond(s) <input type="checkbox"/> Retention Pond(s) <input type="checkbox"/> Drainage Swales <input type="checkbox"/> Infiltration System(s) <input type="checkbox"/> Dry Well(s) <input type="checkbox"/> Other _____</p>
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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.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
2.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
3.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
4.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
5.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
6.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
7.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
8.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
9.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
10.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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: