

DEPARTMENT OF TRANSPORTATION

Construction Site Stormwater Inspection Form

Report No.			
Instructions: When possible, conduct the inspection in the presence of the Contractor's designated Water Pollution Control Manager and discuss your observations. Ask clarifying questions when needed. Provide a brief description of deficiencies in the appropriate "Comment Section." Utilize the "Additional Comments" section at the end of the document as necessary. Attach digital photographs of deficiencies or other noted issues of concern with the inspection form. Areas disturbed by construction activities that are not permanently stabilized and discharge into a receiving waterway or storm drain system shall have inspection priority. For projects that do not require a Water Pollution Control Manager, list the individual(s) responsible for overseeing the implementation of stormwater pollution control measures. For projects that do not have a Resident Engineer, list the individual(s) responsible for construction administration.			
Site Information			
Project Location (Description from Contract Documents):			
Contract Number:			
Construction General Permit CSW/Tracking Number:			<input type="checkbox"/> N/A
NDOT Inspector and Crew Number:			
Resident Engineer:			
Contractor's Water Pollution Control Manager:			
Date & Time of Inspection:			
Date of Previous Inspection:			
Site Conditions at the Time of Inspection			
Weather Conditions:	<input type="checkbox"/> CLEAR	<input type="checkbox"/> P. CLOUDY	<input type="checkbox"/> OVERCAST <input type="checkbox"/> RAIN
Precipitation Intensity:	<input type="checkbox"/> NONE	<input type="checkbox"/> LIGHT	<input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY
Precipitation Reference (specify type and location):			
24-hour Precipitation Total:			
Wind:	<input type="checkbox"/> NONE	<input type="checkbox"/> LIGHT	<input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY
Temperature Range (°F)	<input type="checkbox"/> <32	<input type="checkbox"/> 32-50	<input type="checkbox"/> 51-75 <input type="checkbox"/> >75
Is there a potential for construction stormwater runoff to discharge into an impaired or TMDL listed waterway? (See SWPPP)			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, which waterway(s):			
Were deficiencies identified during the previous inspection? If yes, describe the corrective action(s) implemented, or the steps taken in the non-compliance escalation process.			<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
Are there areas exhibiting significant erosion (rills, gullies, sheet erosion, etc.) as a result from construction activities?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, do any of these areas discharge into a waterway?			<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, which waterway(s) (if name is known)?			
Is stormwater runoff being discharged onto the project area from adjacent areas?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any noticeable pollutant-related concerns regarding stormwater discharging from and/or onto the project area? If yes, briefly explain.			<input type="checkbox"/> YES <input type="checkbox"/> NO
SWPPP Elements			
Is the SWPPP onsite & available?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the SWPPP signed and certified?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the SWPPP complete and up-to-date?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the Construction General Permit information properly posted at the construction site?			<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
Best Management Practice (BMP) Categories			
Sediment Control			
Are sediment control measures required? If no, proceed to next sub-section.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are sediment control measures properly implemented?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:			
Erosion Control			
Are erosion control measures required? If no, proceed to next sub-section.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are erosion control measures properly implemented?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:			

DEPARTMENT OF TRANSPORTATION

Construction Site Stormwater Inspection Form

Track-Out Control		
Are track-out measures required? If no, proceed to next sub-section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are BMPs properly implemented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comments:		
Material Stockpiles		
Are there material stockpiles? If no, proceed to next sub-section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are BMPs properly implemented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comments:		
Concrete Washout		
Are concrete washout areas required? If no, proceed to next sub-section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are BMPs properly implemented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comments:		
Construction Material Storage		
Are construction materials stored onsite? If no, proceed to next sub-section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are BMPs properly implemented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comments:		
Chemical Storage		
Are chemicals, e.g. equipment fluids, paints, solvents, etc., stored onsite? If no, proceed to next sub-section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are BMPs properly implemented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comments:		
Fueling Areas		
Is there a temporary fueling area onsite? If no, proceed to next sub-section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are BMPs properly implemented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comments:		
Construction Equipment		
Is there evidence of equipment leaks and/or spills? If no, proceed to the next sub-section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are BMPs properly implemented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comments:		
Waste Material Storage		
Are waste materials stored onsite? If no, proceed to next sub-section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are BMPs properly implemented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comments:		
Sanitation Facilities		
Are portable toilets staged onsite? If no, proceed to next sub-section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are BMPs properly implemented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comments:		

DEPARTMENT OF TRANSPORTATION

Construction Site Stormwater Inspection Form

Temporary Batch Plants	
Are there temporary batch plants associated with the project? If no, proceed to next sub-section.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Location of temporary batch plants?	<input type="checkbox"/> ONSITE <input type="checkbox"/> OFFSITE
Are BMPs properly implemented?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:	
Illicit Discharge Detection and Elimination / Spill Response	
Are there any illicit discharges? If yes, briefly describe the discharge in question.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any spills meeting the reportable quantity threshold? If yes, briefly describe the spill in question.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was appropriate corrective action taken to address the illicit discharge or spill?	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
Was a spill report filed with NDEP?	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
Final Check	
Were all non-stabilized and construction staging areas inspected? If no, provide a brief explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Comments Section	
Inspector	Water Pollution Control Manager
Reviewed By:	
Resident Engineer	
Stormwater Division	