

DEPARTMENT OF TRANSPORTATION

Construction Site Stormwater Inspection Form
For Water Pollution Control Managers

Report No.			
<p>Instructions: Conduct the inspection in the presence of the Department designated personnel 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 have a Resident Engineer, list the individual(s) responsible for construction administration.</p>			
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):			
Precipitation total identified from the precipitation event preceeding this inspection:			<input type="checkbox"/> N/A
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:			

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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:		

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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 for the current inspection period? If yes, briefly describe the spill in question.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was appropriate 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
Was a non-reportable spill report completed during the inspection period? If yes, briefly describe the spill and actions taken.	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
Have non-structural BMPs been implemented during the inspection period (i.e. Sweeping, drip pan, equipment diapers, etc.)? If yes, briefly describe.	<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 _____ Date _____ Reviewed By: Water Pollution Control Manager _____ Date _____	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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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. [40 CFR 122.22(d)]