



# SWPPP Construction Site Self Inspection Report



General Information			SWPPP Permit No.			
<b>Project Name</b>						
<b>Inspector's Name and Title</b>				<b>Inspector's Phone No.</b>		
<b>Inspector's Email</b>				<b>Inspector's Cell No.</b>		
<b>Describe the present phase of construction</b>						
<b>Inspection Date</b>		<b>Day of Week</b>		<b>Time Start/Stop</b>		
<b>Type of Inspection</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event <span style="float: right;">(By the end of the next business day)</span>					
<b>Weather at time of this inspection</b>						
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High winds <input type="checkbox"/> Other    Temperature: _____						
<b>Has there been a storm event since the last inspection?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide information below: <b>Storm Date:</b> _____ <b>Time:</b> _____ <b>Length of Storm (hrs):</b> _____ <b>Approx precipitation (in):</b> _____						
<b>Are there any discharges at the time of this inspection?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe: _____						
<b>Have any discharges occurred since the last inspection?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe: _____						

<b>Websites of Interest:</b> The following sites provide helpful information on local organizations, Rule 5, and Stormwater Pollution Prevention Plans.
<b>Indiana Stormwater Quality Manual (IDEM),</b> <a href="http://www.in.gov/idem/stormwater">www.in.gov/idem/stormwater</a>
<b>Office of Pollution Prevention &amp; Technical Assistance (OPPTA)</b> <a href="http://www.in.idem/compliance/ctap">www.in.idem/compliance/ctap</a>
<b>Rule 5: Article 15. NPDES General Permit Rule Program</b> <a href="http://www.ai.org/legislative/iac/T03270/A00150PDE">www.ai.org/legislative/iac/T03270/A00150PDE</a>
<a href="http://www.Mishawaka.in.gov">www.Mishawaka.in.gov</a>



# SWPPP Construction Site Self Inspection Report



<b>Overall Site Issues:</b> Below are some general site issues you should be assessing during construction site self inspections. Customize as needed.				
	<b>BMP / Activity</b>	<b>Installed?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed &amp; Notes</b>
1	Is the Notice of Intent (NOI) posted on site with location of SWPPP and contact person listed for viewing the SWPPP or weekly inspection reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Are all construction exits preventing sediment from being tracked onto the adjacent streets?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Are perimeter controls and sediment barriers adequately installed and maintained? (entrenched into ground)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Are storm drain inlets properly protected? (on-site and adjacent)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Are discharge points and receiving waters free of any sediment deposits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Are all slopes and disturbed areas not actively being worked properly stabilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Are washout facilities (e.g., concrete, paint, stucco) available, clearly marked and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Is trash/litter from work areas collected and contained in dumpsters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Are natural resources (e.g., streams, wetlands, mature trees) area protected with barriers or similar BMPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Are vehicle and equipment fueling, cleaning and maintenance areas free of spills, leaks, or other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	



## SWPPP Construction Site Self Inspection Report



<b>Overall Site Issues:</b> Below are some general site issues you should be assessing during construction site self inspections. Customize as needed.				
	<b>BMP / Activity</b>	<b>Installed?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed &amp; Notes</b>
12	Are materials that are potential stormwater contaminants stored inside or under cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Are previously disturbed areas stabilized with vegetation and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Have individual building lots installed BMPs during lot development? (list lot # or address and deficiencies noted)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Has individual building lot # installed construction exit/perimeter protection, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Site-specific BMPs:</b> Number the structural and non-structural BMPs identified in your SWPPP on your site map and list them below (add as many BMPs as necessary). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required BMPs at your site. Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log. Customize as needed.				
	<b>BMP/Activity</b>	<b>Installed Correctly?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed &amp; Notes</b>
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



# SWPPP Construction Site Self Inspection Report



**Site-specific BMPs:** Number the structural and non-structural BMPs identified in your SWPPP on your site map and list them below (add as many BMPs as necessary). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required BMPs at your site. Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log. Customize as needed.

	<b>BMP/Activity</b>	<b>Installed Correctly?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed &amp; Notes</b>
9		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any incidents of non-compliance not described above (use another page is necessary)

### CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system design to assure that quality 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 the information, the information submitted is, to the best of my knowledge and believe, true, accurate, and completed. I am aware that there are significant penalties for submitting false information, including the possibly of fine and imprisonment for knowing violantions.”

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_