



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

**SWPPP CONSTRUCTION SITE INSPECTION REPORT**

**1.0 General Information**

<b>1.1 Project Name</b>			
<b>1.2 AKSAS Number</b>		<b>1.3 Location</b>	
<b>1.4 NOI Tracking No.</b>	<b>Contractor's:</b>	<b>DOT&amp;PF's:</b>	
<b>1.5a Date of Inspection</b>	<b>Date:</b>	<b>1.5b Start/End Times:</b>	
<b>1.6 Inspectors' Names</b>	<b>Contractor:</b>	<b>DOT&amp;PF:</b>	
<b>1.7 Inspectors' Titles</b>	<b>Contractor:</b>	<b>DOT&amp;PF:</b>	
<b>1.8 Inspectors' Contact Information</b>	<b>Contractor:</b>	<b>DOT&amp;PF:</b>	
<b>1.9a AK-CESCL Cert. No.</b>	<b>Contractor:</b>	<b>DOT&amp;PF:</b>	
<b>1.9b AK-CESCL Exp. Date</b>	<b>Contractor:</b>	<b>DOT&amp;PF:</b>	
<b>1.10 Describe construction activities</b>			
<b>1.11 Type of Inspection:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Post-storm Event <input type="checkbox"/> Reduced Inspection Frequency Period			

**2.0 Weather Information**

**2.1 Describe the weather since the last inspection. Check all appropriate boxes.**

Clear     Cloudy     Rain     Sleet     Fog     Snow     High Winds     Other:

**2.2 Storm events. If there were any storm events provide:**

*Storm event = rainfall event that produces  $\geq 0.5$  inches in 24 hrs. separated from last event by 3 days of dry weather*

<b>Estimated Storm Start Date &amp; Time:</b>								
<b>Estimated Storm Duration</b>								
<b>Approximate Amount of Precipitation (in):</b>								

Attach additional pages as needed

**2.3 Weather at time of this inspection?**     Clear     Cloudy     Rain     Sleet     Fog     Snow     High Winds     Other:

Temperature:

### 3.0 Overall Site Issues

**For complete instructions, please see instructions on Constructions Forms web page, by separate form**

- **Overall Site Issue** -- These are general site issues that must be assessed during inspections.
- **Implemented?** – If a BMP should be installed at the time of the inspection and you marked “No” in the “BMP Installed” column, then you must check “Yes” in the “BMP Action Required?” column. If there is good reason to mark “no” in the “BMP Installed” column (such as the BMP is no longer needed and was removed) then you can mark “no” in the “BMP Action Required?” column and explain in the “Comments” column.
- **Corrective Action Required?** - When maintenance or some other corrective action is required, check “Yes” in this column.
- **Corrective Action Required, Complete by Date** - When a corrective action is required, before certifying the report, fill in the date when the corrective action can reasonably be expected to be completed. When a corrective action is NOT required, leave the “Complete by Date” blank.
- **If Corrective Action is required, describe Action and Location** – Anytime you check “Yes” in the “Corrective Action Required?” column, you must fill in the “Describe Corrective Action and Location” column as well.
- **Corrective Action Log** - When a Corrective Action is required as noted in this report, you must also enter all the information for this action in the Corrective Action Log and document on the Log the actual date of completed correction.

	Overall Site Issue	Implemented?	Corrective Action Required?	If Corrective Action is required, describe Action and Location	Comments
3.1	Have stabilization measures been initiated on slopes and disturbed areas not actively being worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  Complete by Date:		
3.2	Are natural resource areas (e.g., streams, wetlands, mature trees, etc.) required by the SWPPP to be delineated in the field, identified with barriers or markings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  Complete by Date:		
3.3	Are perimeter controls and sediment barriers adequately installed (keyed into substrate) and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  Complete by Date:		
3.4	Are storm drain inlets properly protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  Complete by Date:		
3.5	Are the construction exits preventing sediment from being tracked into the street?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  Complete by Date:		
3.6	Is trash/litter from work areas collected and disposed of properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  Complete by Date:		

	Overall Site Issue	Implemented?	Corrective Action Required?	If Corrective Action is required, describe Action and Location	Comments
3.7	Are washout facilities (e.g., paint, concrete) available, clearly marked, and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.8	Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other potential pollutants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.9	Are materials that are potential stormwater contaminants stored inside or under cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.10	Are non-stormwater discharges (e.g., wash water, dewatering) properly controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.11	Has Spill Response kit been used since the last inspection? If yes, has stock been maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.12	Are the NOI postings legible and do they contain the correct information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.13	Are any additional BMPs needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
3.14	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		

4.0 Discharge Points					
	Overall Site Issue	Response	Corrective Action Required?	If Corrective Action is required, describe Action and Location	Comments

4.1	At the time of inspection, are the discharge points and receiving waters free of pollutant discharges (sediment deposits, sediment plume or oil sheen)? (See next page for list of discharge points)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
4.2	Since the last inspection, are the discharge points and receiving waters free of evidence that pollutants had left the project site (for example, sediment deposits, oily residue)? (See next page for list of discharge points)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		

<b>4.3 Location of Discharge Points</b>	
<b>List the project discharge point locations</b>	<b>Inspected?</b>
	Yes No

### 5.0 Site-specific BMPs

- **BMP Identifier** -- This column can be used at the inspector's option.
- **BMP and Location** - Describe and give the location of the structural and non-structural BMPs identified in your SWPPP in the BMP column below (Include areas that are required to be inspected by the CGP, such as material storage areas that are exposed to precipitation.)
- **BMP Installed?** – If a BMP should be installed at the time of the inspection and you marked “No” in the “BMP Installed” column, then you must check “Yes” in the “BMP Action Required?” column. If there is good reason to mark “no” in the “BMP Installed” column (such as the BMP is no longer needed and was removed) then you can mark “no” in the “BMP Action Required?” column and explain in the “Comments” column.
- **BMP Action Required?** - If a BMP needs repair, modification, replacement, maintenance or a new BMP is needed or a SWPPP amendment is needed, then a BMP Action is required.
- **BMP Action Required, Complete by Date** - Before certifying the report, fill in the date when the BMP Action can reasonably be expected to be completed. When a BMP Action is NOT required, leave the “Complete by Date” blank.
- **If BMP Action is required, describe Action and Location** – Anytime you check “Yes” for “BMP Action Required”, then you must also fill in the “Describe BMP Action and Location” column.
- **Corrective Action Log** - When a BMP Action is required as noted in this report, you must also enter all the information for this action in the Corrective Action Log, and document on the Log the actual date of completing correction

BMP Identifier (optional)	BMP & Location	BMP Installed?	BMP Action Required?	If BMP Action is required, describe Action and Location	Comments
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Complete by Date:		



**6.0 Inspection Certification**

**6.1 Scope of Inspection**

<p>Did you inspect all areas of the project that are required to be inspected by the CGP including areas disturbed by construction activity, areas used for storage of materials that are exposed to precipitation, evidence of or potential for pollutants to enter a stormwater conveyance system, sedimentation and erosion control measures, discharge locations, and locations where vehicles enter or exit the site?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If you did not inspect any required areas, list those locations here and explain why they weren't inspected.</p>
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**6.2 Project Compliance**

- *If there are incidences of non-compliance identified in this inspection report then you must summarize below the incidence(s) of non-compliance.*
- *If there is an Action Item described in the non-compliance box below that does not already have a "Complete by Date" assigned elsewhere in this report, then add a Complete by Date within the box.*

<p>Non-Compliance</p>
<p><b>Incidence(s) of Non-compliance:</b></p>  <p><b>Action Item(s) and Complete by Date(s):</b></p>

- *Check the box below if there are no incidences of non-compliance with the CGP:*

**I certify that on the date of this inspection, this project was found to be in compliance with the terms of the applicable Construction General Permit.**

**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 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 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."

**Contractor's Duly Authorized Representative**

**DOT&PF's Duly Authorized Representative**

**Print name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** Superintendent

**Title:** Project Engineer

**Signature** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_