



**Florence County
NPDES Storm Water Construction
Compliance Inspection Report
(For Sites Covered Under CGP SCR10000)**

Permittee Inspection Report

Primary

Secondary

Project Name: NPDES Coverage #: SCR10 Permittee Name: Permittee Address: Inspection Date/Time:	Inspector Name and Title: Qualifications: Contact #: Last Inspection Date: Weather during inspection:
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Section 1:

For each question below, mark the corresponding box: Yes, No, N/A. For all items marked "No", note Ref letter, and provide the Corrective action and Location of the deficiency, the original date noted, and the date it was corrected. For all items marked N/A, provide an explanation as to why this question is not applicable to your project.

NOTE: Reference letters may be used multiple times for different corrective actions and locations.

Ref	Storm Water Plans and Related Documents	Yes	No	N/A
A	Are coverage letter, NOI, approvals, certifications, and a copy of the NPDES Construction General Permit (CGP) on site? 3.1.1.H.V.			
B	Is the OS-SWPPP available on site or is its location posted as required? 3.1.6.			
C	Is there a rain gauge on site (or appropriate alternative) and are results being logged as required? 3.1.1.H.V.h. & 4.2.D.			
D	Are previous inspection reports on site and being conducted once every calendar week? 3.1.1.H.H. & 4.2.B.			
E	Does the OS-SWPPP match the current site conditions and are all BMPs identified? 3.1.1.H.III.			
F	Have all areas of the site that are disturbed or used for storage of materials exposed to precipitation been inspected? 4.2.A.I.			
G	Is the construction sequence being followed? 3.1.1.E. & 3.2.3.			
Ref	Corrective Actions and Locations 4.2.F.	Date Inspected	Date Corrected	

Stormwater Pollutant Controls		Yes	No	N/A
H	Have erosion and sediment controls that are identified in the OS-SWPPP been installed, maintained, and operating as designed? 3.1.1.E., 3.2.6., & 4.2.F			
I	Have stormwater controls that are identified in the OS-SWPPP been installed, maintained, and operating as designed? 4.2.F			
J	Do all BMPs provided operate as designed and prove to be adequate for the location they are installed? 4.2.F.			
K	Do all areas have the necessary BMPs to control pollutants? 4.2.F			
L	Are the BMPs required by the OS-SWPPP appropriate for the existing Site conditions? 3.2.6 & 4.2.F.			
M	Soil Stabilization: Implemented and maintained as required? 3.1.1.E.			
N	Vehicle Tracking: Installed and maintained as shown on the OS-SWPPP? 3.1.1.E.			
O	Have all stormwater conveyance systems been inspected for evidence of, or potential for, pollutants entering these systems? 4.2.A.II.			
Ref	Corrective Actions and Locations 4.2.F.	Date Inspected	Date Corrected	

Non-storm Water Pollutant Controls		Yes	No	N/A
P	Concrete, Stucco, Paint (etc) Washouts: Located, installed and maintained? 3.1.1.E. & 3.2.10.D			
Q	Solid & Hazardous Wastes: Are trash, debris and hazardous materials properly managed? 3.1.1.E., 3.2.5 & 3.2.10 E.			
R	Sanitary Waste: Are portable toilets properly located and maintained? 3.1.1.E. & 3.2.10.D.			
Ref	Corrective Actions and Locations 4.2.F.	Date Inspected	Date Corrected	

For any items listed in this section, a full description of the off site sedimentation is required. This includes, but may not be limited to: Location, estimated amount of sediment that has left the site, apparent cause of the sedimentation, and what corrective actions need to be taken to prevent this from recurring.

Off Site Sedimentation		Yes	No	N/A
S	Are sediment and/or other pollutants controlled from leaving the site? 3.1.1.E & 4.2.F.			
T	Have BMP's kept sediment and other pollutants out of Waters of the State and US? 4.2.F.			
U	Is tracking of sediment onto adjacent streets controlled? 4.2.A.V.			
Ref	Corrective Actions and Locations 4.2.F.	Date Inspected	Date Corrected	

Section 2:

Complete the following sections as necessary to comply with the permit. If weather information is kept on a separate log, it is not necessary to place on inspection report. If there are no discharges during inspection, state "No Discharges" in this section. **ALL INSPECTION REPORTS ARE TO BE SIGNED BY INSPECTOR.**

Comments:
Weather information since last inspection including: date and time of event, duration, and amount of precipitation 4.2.D:
Description of discharges occurring during inspection 4.2.F:

Inspector Signature:
<i>I certify that the information contained in this report is true and accurate to the best of my ability. I understand that providing false information may result in loss of certification and/or penalties.</i>