ANDERSON COUNTY/NPDES STORM WATER CONSTRUCTION INSPECTION REPORT

NPDES PERMIT NO.: ______________________________ DATE OF INSPECTION: __________

PROJECT NAME: ______________________________ COUNTY: ________________________

PROJECT DESCRIPTION (check one): ___ Residential ___ Commercial ___ Other: ______________

I. WEATHER CONDITIONS

1) Weather conditions during inspection: ________________________________________________________________

2) Weather conditions since last inspection, including rainfall information: ________________________________

II. SITE AND PLAN REVIEW

Are the following required items available review:

Y N 1) OS-SWPPP
Y N 2) Copy of SC DHEC Construction General Permit
Y N 3) NOI
Y N 4) DHEC NPDES Coverage Approval Letter
Y N 5) Contractor Certification Forms
Y N 6) Local Approvals (additional letters, approvals, or certifications when necessary)
Y N 7) USACOE Approvals (for impacts to Waters of the State or Jurisdictional wetlands, when necessary)
Y N 8) Weekly inspection forms / record keeping / logs

III. BEST MANAGEMENT PRACTICES

Y N 1) Is the Construction entrance/exit properly installed according to plans
Y N 2) Is the perimeter silt fence and/or other controls properly installed
Y N 3) Did any BMPs fail to operate as designed or prove inadequate? *If Yes, Identify BMPs and location(s):

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Y* N 4) Are additional BMPs needed? *If Yes, identify BMPs needed and which location(s):

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Y* N 5) Do any BMPs require maintenance? * If Yes, provide location(s) and description(s):

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Y N 6) Is construction activity following the phasing and sequencing plan?
Y N 7) Has construction activity on the site ceased for 14 days or more?
Y N* 8) If activity has ceased, have temporary stabilization measures been installed within 14 days? *If No, identify location(s) needing stabilization:
Y  N*  9) Are litter, construction debris, oils, fuels, building products & construction chemicals being properly addressed and/or removed? *If No, identify location(s):
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__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

IV. FINAL STABILIZATION
Y*  N  Have all land disturbing activities at the site permanently ceased? *If Yes, complete the following questions:
Y  N  1) Are there any areas of active erosion evident? If Yes, location(s):
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Y  N  2) Does the permitted area have 70% permanent vegetative cover (i.e. grass or other cover) OR have equivalent measures such as riprap, or geotextiles been installed?

V. OFFSITE IMPACTS FROM PROJECT
1) Are there any offsite impacts? ___ No ___ Yes, where? ___ Public Right of Way ___ Adjoining Property Owner ___ Wetlands ___ Creek/River ___ Lake/Pond ___ Other (please specify): ____________________________
2) If answering “Yes” to the previous question, indicate the location and describe the impact: ____________________________
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______________________________________________________________________________________________
______________________________________________________________________________________________

VI. DEFICIENCIES/ CORRECTIVE ACTIONS
Were deficiencies noted in this inspection previously listed in a monthly report? ___Yes ___No
Corrective Action needed as a result of this inspection, including date to be completed: ____________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

VII. STORM WATER POLLUTION PREVENTION PLAN UPDATES
Y  N  1) Does the OS-SWPPP need to be modified as a result of a Minor change from the inspection?
Y  N  2) Does the C-SWPPP need to be modified as a result of a Major change from the inspection?
Y  N  3) Has the OS-SWPPP been modified since the last inspection? If so, note the date(s): ____________________________
Y  N  4) Has the C-SWPPP been modified since the last inspection? If so, note the date(s): ____________________________

VIII. COMMENTS
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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__________________________________________________________________________________________________

Inspector: _________________________________ Title/Qualifications: ___________________