

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):

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

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

- 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):

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: _____

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

Inspector: _____ Title/Qualifications: _____