**Field Inspection Report**

**Inspection Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **General Information (OKR10 Part 4.5.13.E)** | | | | | |
| **Name of Project:** |  | | | **DEQ Permit No.:** |  |
| **Inspector Name:** |  | | **Inspector Title:** | | |
| **Inspector’s Contact Information:** | |  | | | |
| **Inspection Location:** (if multiple inspections are required) | |  | | | |
| **Inspection Frequency:**  **Standard Frequency**:Weekly Every 14 days and within 24 hours of a 0.50” rain  **Reduced Frequency**: Once per month (for stabilized areas) | | | | | |
| **Weather at the time of this inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Was this inspection after a 0.50” storm event?** Yes No, **Total rainfall that triggered the inspection** (in inches)**:** | | | | | |
| **Are there any discharges at the time of inspection?** Yes No | | | | | |

List all areas where soil stabilization is required to begin because construction work in that area has permanently stopped or temporarily stopped and all areas where stabilization has been implemented:

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| **Stabilization of Exposed Soil (OKR10 Part 4.5.13.D)** | | | |
| **Stabilization Area** | **Stabilization Method** | **Have You Initiated Stabilization?** | **Notes** |
|  |  | Yes  No If yes, provide date: |  |
|  |  | Yes  No If yes, provide date: |  |
|  |  | Yes  No If yes, provide date: |  |
|  |  | Yes  No If yes, provide date: |  |
|  |  | Yes  No If yes, provide date: |  |

**(Notes:** *For each area where stabilization has been initiated, describe the progress that has been made, and what additional actions are necessary to complete stabilization. Note the effectiveness of stabilization in preventing erosion. If stabilization has been initiated but not completed, make a note of the date it is to be completed. If stabilization has been completed, make a note of the date it was completed. If stabilization has not yet been initiated, make a note of the date it is to be initiated, and the date it is to be completed.)*

Provide a list/description of all structural and non-structural BMPs that your SWP3 indicates will be installed and implemented at your site. You must separately identify the **location** of each control. During Inspection, identify whether they are **installed and operating properly**, or any **corrective action** is necessary. Provide the **date** on which the condition that triggered the need for maintenance or corrective action was first identified. In the notes section you must describe the **specifics about the problem** you observed.

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| **Condition and Effectiveness of BMP Controls & Pollution Prevention (OKR10 Part 3.3, 4 & 5)** | | | | | |
| **Sl.**  **No.** | **BMP Description & Location** | **Is BMP Installed & Operating Properly?** | **Corrective Action (CA) Required?** | **Date on Which Maintenance or CA First Identified?** | **Notes** |
| 1. | Silt Fence/Fiber Rolls/Berm/Wattles  Location: | Yes  No | Yes  No |  |  |
| 2. | Silt Dykes/Check Dam/Rock Dams  Location: | Yes  No | Yes  No |  |  |
| 3. | Stabilized Construction Entrance /Exit  Location: | Yes  No | Yes  No |  |  |
| 4. | Inlet Protection on all storm drain  Location: | Yes  No | Yes  No |  |  |
| 5. | Sand Bag Barrier/Gravel Bag Barrier  Location: | Yes  No | Yes  No |  |  |
| 6. | Vegetated Swales  Location: | Yes  No | Yes  No |  |  |
| 7. | Compost Blankets/Geotextiles & Mats  Location: | Yes  No | Yes  No |  |  |
| 8. | Vegetative Buffers  Location: | Yes  No | Yes  No |  |  |
| 9. | Sediment Trap/ Sediment Basin  Location: | Yes  No | Yes  No |  |  |
| 10. | Concrete Washout Pit  Location: | Yes  No | Yes  No |  |  |
| 11. | Dust Control/Prevention | Yes  No | Yes  No |  |  |
| 12. |  | Yes  No | Yes  No |  |  |
| 13. |  | Yes  No | Yes  No |  |  |
| 14. |  | Yes  No | Yes  No |  |  |
| 15. |  | Yes  No | Yes  No |  |  |
| 16. |  | Yes  No | Yes  No |  |  |

(**Note:** *The permit differentiates between conditions requiring repairs and maintenance, and those requiring corrective action. The permit requires maintenance in order to keep controls in effective operating condition and requires repairs if controls are not operating as intended. Corrective actions are triggered only for specific, more serious conditions – whether a required stormwater control was never installed, or was installed incorrectly, or not installed in accordance with the requirements of OKR10*)

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| **Pollution Prevention and Waste Management (OKR10 Part 3.3.3)** | | |
| **Items of Inspection** | **Response & Reason** | **Action(s) Needed** |
| Is the site free of floatables, litter, and construction debris? | Yes  No If no, reason: |  |
| Are material storage and handling areas, including fueling areas, free of spills and leaks? | Yes  No If no, reason: |  |
| Are spill kits available where spills and leaks are likely to occur? | Yes  No If no, reason: |  |
| Are dumpsters and waste receptacles covered when not in use? | Yes  No If no, reason: |  |
| Has preventative maintenance been conducted on equipment and machinery? | Yes  No If no, reason: |  |
| Are material stockpiles sufficiently contained? | Yes  No If no, reason: |  |
| Has there been any sediment tracked-out from the site onto the surface of paved street, sidewalks or other paved areas outside of the site? | Yes  No If no, reason: |  |
| Is the project free from visible erosion and/or sedimentation? | Yes  No If no, reason: |  |

Complete the following section if a discharge is occurring at the time of the inspection:

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| **Description of Discharges** **(OKR10 Part 4.5.13.D.2.f)** | |
| Was a stormwater discharge or other discharge occurring from any part of your site at the time of the inspection?  Yes  No, **If yes, provide the following information for each point of discharge:** | |
| **Specify Discharge Location** | **Observations (Visual Quality of the Discharge)** |
| 1. | Describe the discharge (color, odor, floating, settled/suspended solids, foam, & oil sheen):  Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge?  Yes  No, If yes, describe what you see, specify the location(s) where these conditions were found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue: |
| 2. | Describe the discharge (color, odor, floating, settled/suspended solids, foam, & oil sheen):  Are there any visible signs of erosion and/or sediment accumulation that can be attributed to your discharge? Yes  No, If yes, describe what you see, specify the location(s) where these conditions were found, and indicate whether modification, maintenance, or corrective action is needed to resolve the issue: |

**Contractor or Subcontractor Certification and Signature:**

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.

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| **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Affiliation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |